THE LIVED EXPERIENCE OF SECONDARY SCHOOL TEACHERS

IN SUPPORTING STUDENTS WITH MENTAL HEALTH ISSUES:

A DESCRIPTIVE PHENOMENOLOGICAL STUDY

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The Lived Experience Of Secondary School Teachers

In Supporting Students With Mental Health Issues:

A Descriptive Phenomenological Study

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CERTIFICATE OF ORIGINALITY

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ABSTRACT

Many mental disorders emerge in adolescence. Schools are an important growth and developmental context for adolescents. Teachers are regarded as potential advocates for adolescents with mental health issues in school. Previous quantitative studies have shown that teachers have a limited comprehension of mental health, and interventions have not resulted in significant enhancements in their behavior when related to assisting students' mental wellness. A qualitative study could thoroughly examine the experiences, emotions, and perspectives of secondary school teachers when it comes to helping their students with mental health challenges, particularly in Asian nations. Nevertheless, there is a lack of comprehensive investigation of the experiences, emotions, and perspectives of secondary school in this context. This constraint prevents the creation and execution of effective interventions aimed at improving teachers' ability to address their students' mental health issues that are context-specific and culturally appropriate. In China, teachers are expected to take on a holistic role, which includes being mentors, counselors, and role models. They are seen as moral guides who influence the character and values of their students, in addition to their academic achievements. Moreover, the success of students is frequently viewed as a direct indicator of a teacher's effectiveness and dedication. This cultural expectation places significant pressure on teachers, making teacher's role both challenging and critically important. However, Chinese people place great importance on students' academic performance. The high expectations placed on teachers to ensure academic excellence can lead to a significant amount of stress and pressure, which in turn restricts their ability to effectively manage mental health difficulties due to limited time and resources. In addition, the cultural expectation of preserving one's reputation and avoiding humiliation might discourage teachers from acknowledging and

addressing mental health issues. In such a context, secondary school teachers in China may have specific difficulties when it related to assisting adolescents with mental health concerns. Againist this unique background, this study investigated the experiences of secondary school teachers in providing help to students with mental health concerns in one metropolitan city in China: Changsha. The aim was to investigate the lived experience of secondary school teachers in assisting students with mental health issues within a Chinese context.

This study employed a descriptive phenomenological approach, following the tradition of Husserl. A total of sixteen secondary school teachers were recruited through purposive sampling in Changsha, Hunan, China. Individual, face-to-face interviews were conducted with each participant to gather detailed insights. These sessions were tape-recorded to ensure accuracy and then transcribed verbatim for thorough analysis. Colaizzi's seven-step descriptive phenomenological method was employed to elucidate central themes. After the initial analysis, the identified themes were presented back to the participants. This step was crucial for validation, allowing participants to confirm that the themes accurately represented their experiences and perspectives.

The present study identified three central themes: (1) Living in Fear of Unpredictable Mental Health Issues in the Classroom; (2) Navigating the Treacherous Terrain of Supporting Student Mental Wellness; and (3) Staying Agile in Hopes of Keeping the Students Safe: "Getting the Job Done." In the first theme, teachers came to realize that certain students have mental health issues, which are challenging to identify. These students might exhibit complexity and potentially dangerous outcomes, leading to the teacher experiencing fear. In the second theme, the teacher describes the barriers that hinder secondary school teachers' effective intervention, such as challenges within the

school system, teachers' professional limitations, and obstacles stemming from students' families. In the third theme, some secondary school teachers have found ways to adapt and overcome those barriers. They adopt flexible and inclusive approaches to cater to the diverse requirements of students suffer from mental health conditions. Furthermore, they had a sense of relief when their endeavors had a beneficial effect on the safety and well-being of their students.

Each of the three themes formed the basis for further searching existing literature keywords to determine the existing knowledge and gaps in knowledge. There is an abundance of literature concerning secondary school teachers in supporting students with mental health issues. However, our study identified some aspects that give novel insights into this phenomenon, which are specific to the Chinese cultural context. For example, in their efforts to support students with mental health issues, teachers often worry that their actions or inactions could have a potential negative impact on their professional reputation. This concern is deeply influenced by the cultural emphasis on "saving face" in Chinese society. The concept of face differs between Eastern and Western cultures. In China, the face represents one's social stature, and people place great emphasis on it during social interactions. Chinese people believe poor handling of important matters or failure to perform within expectations may lead to losing face. In China, the roles and responsibilities of teachers generally include high academic performance and the healthy development of students, goals that are universally recognized and expected from all teachers. Therefore, teachers might feel immense pressure due to concerns that students' mental health issues could impact their own careers and social reputation. This excessive concern for reputation could also lead to strained relationships with students and parents. Under such pressure, teachers may

become stricter or lack empathy when managing student issues, which could, in turn, exacerbate the students' mental health problems.

The findings have various implications for education, nursing/health practice, policy, and future study. This study indicates that teachers frequently have a sense of helplessness when it comes to providing assistance to students who suffer from mental health concerns. This study suggests that teachers often feel fear and powerless in supporting students with mental health issues. If school nurses are involved, it could alleviate the burden on teachers because of the specialized nature of the nurses' expertise. In China, the primary responsibility of school nurses is to focus on students' physical health. Therefore, for education, we could integrate school nurses into a home-school collaboration to support students with mental health problems. For nursing practice, interdisciplinary teams, including teachers, school nurses, counselors, and administrators, could be established to provide holistic support to students with mental health issues. Policymakers need to provide more precise and detailed guidelines for handling school mental health crises. These should outline the roles and responsibilities of teachers, school nurses, and other staff members to ensure a coordinated response. Future research could explore school nurses' training and resource needs in home-school collaborations and interdisciplinary teams and evaluate the impact of those practices and policies in China.

PUBLICATIONS

Publications

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Chapter 1: Introduction

1.1 Introduction

This research explored secondary school teachers' lived experience in assisting adolescents who are experiencing mental health problems. This first chapter commences with an in-depth description of the background of the author, enabling the reader to comprehend the underlying motivations and inferences that drive this study. It then provides an overview of the study's origins and examines the context in which the investigation is conducted. In addition, this chapter outlines the perceived characteristics of the secondary school environment and specifies the research question, as well as the study's aims and potential implications. Ultimately, it provides a comprehensive summary of the thesis' contents.

1.2 Researcher's Background

I have accumulated a decade of experience working in the psychiatric department. The Department of Psychiatry at the Second Xiangya Hospital of Central South University has been approved by the Ministry of Science and Technology as a National Key Discipline and the National Clinical Research Center for Mental and Psychological Disorders. It also has been approved by the National Health Commission as the National Medical Center for Mental Disorders. Therefore, patients with mental health issues from all over the country come here for treatment. The patients in this psychiatric department also have certain representativeness, which may reflect the current situation of mental illness in China. I have been working in an open ward for patients with anxiety, depression, mild schizophrenia, and mild bipolar disorder. In the first five years of my working period, the patients in the ward were mainly adults and a few adolescents.

However, in the past five years, more and more adolescents or young adults have been admitted to the psychiatric department. I began to worry about why there are more and more young patients now. I started to pay attention to these young patients. Throughout my child's development, I am consumed by concern regarding the potential occurrence of mental health problems. Because I work in the psychiatric department, I am confident that I can assist my child due to my extensive expertise in mental illness-related work and the colleagues I have in this field. However, what is the condition of the young patients in our ward? Therefore, I communicated with those young patients in the psychiatric department and talked about their difficulties and challenges. One of their significant concerns is the problem of school. They feel lonely at school before they get sick and hospitalized. Neither teachers nor classmates can understand their situation. I began to consider that if my child is ill, I hope that the teachers at school can provide him with more comprehensive support. However, how do teachers actually assist students with mental health issues in real life?

1.3 Background

There is a lack of understanding regarding the experience of Chinese secondary teachers in providing support to students grappling with mental health challenges. Therefore, the objective of this study is to shed light on the lived experiences of secondary school teachers in Changsha, China. The study employed a descriptive phenomenological approach in the tradition of Husserl, and it involved conducting in-depth individual interviews with secondary school teachers to interpret and describe their actual experiences of supporting students who experience mental health problems in school.

1.3.1 Mental Health Problems are Increasing among Adolescents

According to World Mental Health (WMH) Survey, a lot of mental illnesses manifest during childhood and teenagers (Kessler et al., 2009). Globally, mental health problems are highly prevalent among adolescents and young adults worldwide, affecting about 14% of individuals in this age range. Moreover, these mental disorders contribute significantly to the overall disease burden experienced by the global 10-19-year-old population (Kieling et al., 2024; WHO, 2021). Depression, anxiety, and behavioral disorders are significant public health challenges for adolescents; they are among the top health problems that cause the most important burden of illness, functional impairment, and disability in this age group (WHO, 2021). An analysis that combined data from 11 different cohort studies suggested that adolescents who suffer from depression are nearly three times more likely to experience depression again later in life as adults (Johnson et al., 2018). For example, there was a threefold higher probability of having a mental disorder in adulthood among those who had a psychiatric disorder in childhood compared with those with no previous disorders (Costello et al., 2003). Also, mental disorders that emerge in the childhood/adolescent period tend to be more severe when they continue into adulthood (Cirone et al., 2021). One study of adolescents in the U.K. found a steady increase in depressive symptoms from 9% to 14.8% and self-harm from 11.8% to 14.4% from 2005 to 2015 (Patalay & Gage, 2019). The proportion of adolescents in the United States who were exhibiting signs of depression or depressive symptoms increased by about 4.6 percentage points over the 5-year period from 2011 to 2016 (Lu, 2019). Suicide is a major public health issue disproportionately affecting young people between the ages of 15 and 29. Within this age range, suicide is one of the top four reasons why individuals in this group die (WHO, 2021). Suicide rates among individuals aged 15 to 24 in the United

States increased from 2011 to 2020 (Centers for Disease Control and Prevention, 2021). A 2014 review identified that the burden of externalizing problems among adolescents appears stable over ten years. However, there was an increase in internalizing problems (Bor et al., 2014). In the past few years, the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) virus has significantly altered the global landscape, resulting in a heightened exposure and manifestation of common mental health problems (Patel et al., 2023). The COVID-19 pandemic has exacerbated several risk factors like social isolation, cyberbullying, and domestic abuse for children's mental health and well-being while simultaneously removing or diminishing critical protective factors like social support outside the home and mental health services that would normally help mitigate these risks (Mansfield et al., 2021; Singh et al., 2020). A cross-sectional study study revealed a very high prevalence of mental health issues among Chinese adolescent students during the COVID-19 pandemic: close to half (43.7%) of the students surveyed were experiencing symptoms of depression, over a third (37.4%) were exhibiting symptoms of anxiety, almost a third (31.3%) were dealing with a combination of both depressive and anxiety symptoms (Zhou et al., 2020). Thus, these data underscore youth mental health problems as a substantial and increasing public health concern.

In the 21st century, there have been several social changes, such as the rise of social media, global economic uncertainty, increased social competition, and changes in family structure, which may contribute to a persistent rise in mental health burden in current generations of adolescents. For example, the number of adolescents in the United States who have visited emergency departments due to suicidal attempts and/or suicidal thoughts has more than doubled in the 8-year period since the widespread adoption of smartphones and a significant increase in social media use

(Burstein et al., 2019; Haidt & Lukianoff, 2018). One longitudinal cohort design study carried out in Iceland demonstrated a positive correlation between the amount of time individuals spend using social media and the likelihood of developing symptoms of depression and physical manifestations of anxiety (Thorisdottir et al., 2020). Another cohort study in the U.K. found that increased daily social media use, particularly beyond 3 hours per day, was associated with a substantial rise in depressive symptom scores, with an even more pronounced effect among adolescents (Kelly et al., 2018). Meanwhile, a recent review found that children reported difficulty staying calm, anxiety, and increased reliance on digital entertainment during the COVID-19 pandemic (Imran et al., 2020).

Secondly, global economic uncertainty and rapid changes are causing adolescents to worry about future job opportunities. With the development of automation and artificial intelligence, many traditional jobs are disappearing or being redefined. Adolescents may feel confused and uneasy when choosing a major and planning their careers, uncertain whether the skills they are learning will adapt to the future job market. In addition, the intensification of social competition is another important factor leading to increased stress among adolescents. Adolescents often need to put in more effort to achieve success. They may feel the need to excel in academics, sports, arts, and other areas to ensure more opportunities and choices in the future. However, excessive competition and high expectations for success can cause them to feel overwhelmed and unable to cope, leading to anxiety and depression. Furthermore, the rising divorce rate and the increase in single-parent families can lead to the breakdown of family structures. Adolescents need a stable family environment to provide emotional support and security during their growth. When parents divorce or separate, family relationships can become tense and complicated, and this may lead

adolescents to feel lonely and uneasy. One recent study, which randomly recruited children in grades 5 – 8 from 18 schools in Anhui Province in China, found that children of divorced parents experience more severe mental health issues and self-injurious behaviors than children of migrating parents (Wang et al., 2021).

Adolescent mental health issues not only affect their mental wellness but also have significant impacts on their physical health. For example, individuals who have mental health problems tend to have poorer physical health outcomes compared to the general population who do not have mental health issues (Correll et al., 2017; Firth et al., 2019). There is a substantial correlation between mental health issues and a heightened possibility of having severe physical health diseases. This combination of mental and physical health issues can result in a dramatically shortened lifespan, with people with mental health problems potentially living up to 30 years less than the general population on average (Correll et al., 2017; Firth et al., 2019). Accordingly, it may be necessary to shift etiological research and prevention policy to focus more on childhood mental wellbeing. However, a substantial proportion of American adolescents and children (7.7 million) who are struggling with identifiable and treatable mental health conditions are not accessing the appropriate mental health care services and support they need (Ghandour et al., 2019; Whitney & Peterson, 2019). To summarize, to reduce the burden and hazards of untreated mental disorders, it is recommended that prevention and early intervention before/at the onset of mental disorders should be made widely available. A strong consensus exists among international policymakers that schools should be leveraged as an important setting for the early detection and intervention of mental health issues in adolescents (J. K. Anderson et al., 2019); consequently, what follows is the discussion of schools, teachers, and adolescent mental health issues.

1.3.2 Schools as an Important Developmental Context for Adolescents

Schools have a vital responsibility in promoting, supporting, and addressing the mental health needs of adolescent students. On the one hand, schools provide excellent settings to encourage children's mental well-being, academic performance, and the vital connection between them. For example, adolescent mental health problems are associated with educational failure (Riglin et al., 2013); in turn, educational failure may contribute to a higher possibility of mental health issues. According to a systematic review, there is a strong association between a child being excluded from school and a child experiencing psychological or behavioral challenges (OR: 1.13–31.9) (Whear et al., 2014). Moreover, identifying students with mental distress in school settings increases their chances of receiving the support they need (Ali et al., 2019; D'Souza et al., 2005; Ford et al., 2008; Lyon et al., 2016) when compared to students with mental illness identified through community healthcare service (Husky et al., 2011).

According to Bronfenbrenner's ecological model, both the individual and their surrounding environment change over time, and these changes provide us with an insight into how the different systems influence the individual and their development in a more or less explicit way (Bronfenbrenner, 1979; Christensen, 2016). According to Bronfenbrenner's ecological framework, schools are a critically important part of the immediate environment that has a profound impact on the development of adolescents, alongside other key microsystems like the family (Figure 1) (Nordio, 1978). Schools provide an important context for developing peer relationships, social interaction, academic achievement, and cognitive, emotional, behavioral, and physical growth (Fazel et al., 2014), given the wide consensus that mental health reciprocally affects all of these developmental outcomes in young people, many advocates for

more consolidated guidelines to support the mental well-being of students within education systems. For example, the House of Commons Education and Health Committees (HCEHC) in the U.K. suggested that the education system is uniquely situated and well-equipped to promote and support positive mental health and overall well-being among adolescents (Committee, 2017).

Further, according to the Education Act (2002), schools have a critical role and responsibility when it comes to promoting positive mental health and addressing the mental health needs of their students (Education, 2014). A World Health Organization (WHO) policy document conveys that the psychosocial environment within schools can have a significant impact on the mental health and overall well-being of young people (WHO, 2003)(p.4). The WHO further emphasizes that the relational, social, and interpersonal dynamics within schools play a crucial role in shaping the mental health and well-being of young people (WHO, 2003)(p.4). Additionally, many "benevolent childhood experiences," which are positive experiences during childhood, also can have long-term, beneficial consequences for their overall health and functioning as adults. These experiences can buffer stress and protect future adult health, and they are often grounded within the school environment. For example, having a trusting adult can provide emotional support and guidance (Dallos & Comley-Ross, 2005), regular routines can help students develop good habits and enhance well-being, a good sense of self can boost confidence and self-esteem, and liking school can foster positive social relationships and a love for learning. These benevolent childhood experiences not only help students manage current stress but also lay a solid foundation for their future mental health, highlighting schools have a critical responsibility and opportunity to shape the mental health of young people, both in the immediate and long-term. Therefore, it has been suggested that teachers

serve as an optimal or "ideal" source for providing mental health support to students. Additionally, based on a systematic review of 49 school-based mental health studies, teachers play a substantial role in the delivery of mental health support and interventions within the school setting. A significant proportion of school-based mental health programs and initiatives rely on the active participation and engagement of teachers (Franklin et al., 2012). In summary, teachers play a pivotal and foundational role in supporting the mental health of students within the school setting. Given the significance of teachers in this domain, the next section will delve deeper into examining the specific responsibilities and actions that teachers take when addressing students' mental health problems and needs.
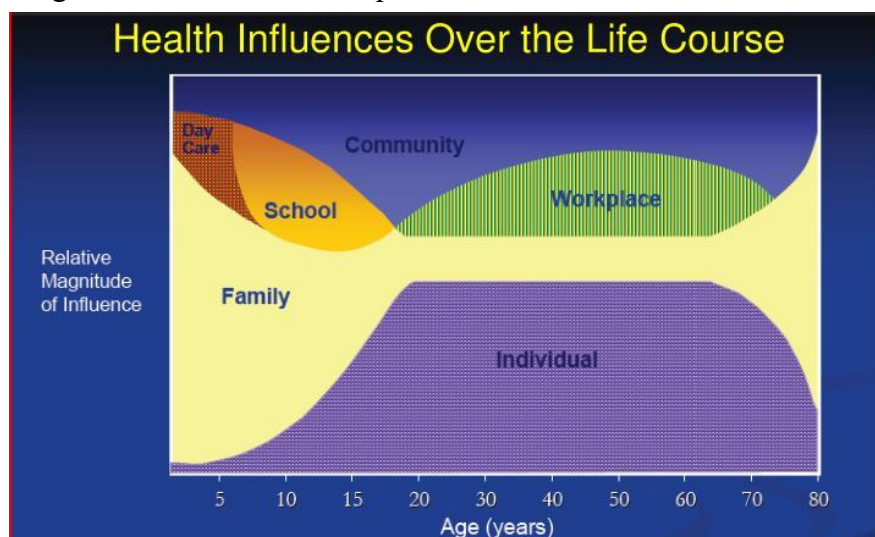
Figure 1: Influence of health from different sources across the life course (Nordio, 1978)

1.3.3 Teachers' Role in Supporting Students' Mental Health

Teachers' significant involvement and close relationships with students allow them to develop a deep understanding and awareness of their students' behaviors, moods, and overall well-being (Shelemy, Harvey, et al., 2019b). Meanwhile, since teachers are often the first contact point for parents and other psychological professionals within schools, they are ideal for referring students to mental health services (Brann et

al., 2021). Researchers have investigated the correlation between teacher-student relationships and depression among adolescents; they found that students whose teacher-student relationships declined the most reported the most significant increase in depression; in contrast, students who reported a rise in the teacher-student relationship had lower depressive symptoms during this same timeframe (Joyce & Early, 2014; Reddy et al., 2003). Moreover, researchers have also indicated that teacher support acts as a protective factor that can diminish the negative influence that stress would have on a student's behaviors (Huber et al., 2012; Joyce & Early, 2014). As a result, teachers can help mitigate the negative impacts that mental health issues may have on students by providing care, concern, fairness, respect, and empathy for adolescents. Additionally, some studies have also explored the role of adults outside the family in alleviating stress (Crosnoe & Elder Jr, 2004). Teachers are most frequently reported as positive role models outside of the family (Huber et al., 2012).

1.3.4 Teacher's Response to Their Students' Mental Wellness

With the increasing prevalence of mental health issues among adolescent students, teachers are now expected to integrate mental health support as a core component of their everyday teaching responsibilities in addition to their traditional academic roles (Willis et al., 2019). However, although teachers often identified mental health issues as the most significant healthcare need for their students (Kratt, 2019), a recent mixed-method study highlighted teachers face challenges and limitations in effectively fulfilling this responsibility, leading to a disconnect between their sense of duty and their capacity to help (Ekornes, 2017a). In a study conducted in Canada, researchers Andrews et al. (2014) carried out an online survey with a sample of 75 secondary school teachers. They found that secondary school teachers perceived their mental health knowledge as insufficient; only 36% thought they were confident in

their understanding when it came to supporting students with mental health problems. Further, the vast majority of them (over 73%) felt they lacked the required understanding and abilities to properly assist students with mental health problems (Andrews et al., 2014a). Meanwhile, in a cross-sectional study with 304 secondary school teachers in Tunisia, Fekih-Romdhane et al. (2021) found that the majority of these teachers attributed the development of schizophrenia to external, environmental factors like stressful life experiences rather than other potential biological or genetic factors, and a substantial proportion of the teachers (over 40%) felt uncomfortable or uneasy when faced with a student exhibiting signs of schizophrenia (Fekih-Romdhane et al., 2021).

The lack of knowledge and skills may be a key factor that prevents teachers from supporting their students' mental well-being. It is, therefore, essential to ensure that teachers are equipped with adequate knowledge, confidence, and skills related to mental health (Whitley et al., 2013). While mental health training might be helpful, the challenge is finding the right or appropriate approach for teachers. For example, mental health training programs for teachers work by first improving their mental health knowledge and cultivating more positive perceptions and attitudes toward mental health. It is this process of enhancing teachers' mental health literacy that can then facilitate a change in their actual behaviors when it comes to supporting students with mental health problems (Nishiuchi et al., 2007). However, a systematic review found that while the training programs were successful in increasing teachers' understanding and awareness of adolescent mental health issues, this increased knowledge and more positive attitudes did not necessarily translate into the teachers demonstrating more effective helping behaviors or lead to better mental health outcomes for the students (M. Anderson et al., 2019). Another recent systematic

review by Mo and colleagues (2018) found that school-based gatekeeper training shows promise in improving the knowledge and skills of teachers when it comes to identifying and responding to students at risk of suicide. However, the reviewers also noted that the existing evidence on the impact of these programs on changing the participants' underlying attitudes towards suicide prevention was less conclusive and required further, higher-quality research to establish (Mo et al., 2018). In summary, the critical next step is to explore more effective ways to translate this improved knowledge and skills into actual changes in the teachers' behaviors and practices. The experience of secondary school teachers in supporting students mental health might suggest novel and context-specific mental health promotion strategies that are better suited to the unique needs and circumstances of the secondary school environment.

Moreover, the existing research indicates a correlation between the well-being of teachers and the occurrence of mental health issues among students. One study collected data from 25 secondary schools in England and Wales and suggested that when secondary school teachers have higher levels of personal well-being, this tends to be linked to better well-being and lower levels of mental health difficulties among their students (Harding et al., 2019). Their findings also suggested that when secondary school teachers are experiencing higher levels of depressive symptoms or poor mental health, this tends to have a detrimental impact on the well-being and mental distress levels of their students (Harding et al., 2019).

1.3.5 China's Education Landscape and Adolescent Mental Health

China has recently placed a greater emphasis on mental health, resulting in the implementation of many policies, regulations, and important document releases. For example, in October 2020, the introduction of the Fourteenth Five-Year Plan provided

a systematic and coordinated direction to promote the progress of adolescent mental health development. The part on "building a high-quality education system" highlighted the significance of prioritizing the physical fitness and mental health education of young individuals. The "Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era (2023-2025)" was issued in April 2023 by the Ministry of Education, the National Health Commission, the Supreme People's Procuratorate, the Central Propaganda Department, the Cyberspace Administration of China, and other agencies. The statement emphasizes that the assessment of mental health work is crucial for evaluating educational progress, school management, and talent development. The Special Action Plan of 2023 was jointly issued by multiple departments, ensuring the comprehensiveness and effectiveness of mental health policies. This collaboration allows sectors such as education, health, and cyber security to work together to provide a safer and more supportive learning environment for young people. However, within the Chinese context, there are very few foundational studies that have examined secondary school teachers' knowledge about mental health issues. Yu has pointed out that teachers in China generally lack professional expertise in responding to mental health issues (Guoliang, 2018). A recent national survey found that the general adult population in China has a limited understanding and knowledge when it comes to mental health and mental health-related issues (Jiang Guangrong, 2021). This implies that the Chinese adults were unable to recognize students who had mental health problems. In addition, there is a scarcity of studies regarding the experiences of secondary school teachers in providing help to students with mental health problems.

Yao and his colleagues indicated that secondary school head teachers in China were hesitant to connect the students to professional mental health services or formal diagnostic processes. The reason for this reluctance appears to be the head teachers' concerns about the social stigma that they believed students would experience if they were labeled as having a mental illness (Yao et al., 2021).

In recent years, with the increasing prominence of non-suicidal self-injury (NSSI) among adolescents, researchers have explored practical interventions and conducted literature reviews, gradually validating the effectiveness of Dialectical Behavior Therapy (DBT) and internet-based intervention models in China. At the same time, these studies have revealed the shortcomings of current school-based psychological crisis intervention systems and identified future directions for improvement. In a 2023 study, Zhang Junlei conducted an 8-week DBT intervention with 166 adolescent with NSSI, consisting of one 45-60-minute session per week (ZHANG Junlei, 2023). The results showed that compared to the control group receiving only standard hospital care, the experimental group receiving DBT intervention experienced significant alleviation of anxiety and depression, acquired adaptive regulation strategies, and were able to choose adaptive coping strategies when facing stressful events, leading to a reduction in NSSI behaviors. Comparisons between the experimental and control groups revealed statistically significant differences in HAMD scores (13.58 ± 3.24 vs. 33.02 ± 7.59), HAMA scores (12.41 ± 2.51 vs. 24.25 ± 7.14), CERQ adaptive regulation strategy scores (69.20 ± 11.97 vs. 60.51 ± 7.29), and non-adaptive regulation strategy scores (37.43 ± 7.87 vs. 47.87 ± 5.20) (t-values: -21.46, -14.25, 5.57, -10.08, respectively; all P-values < 0.01). Zhang Yanping integrated internet technology to develop an "Internet+" DBT intervention model, which included four

modules: mindfulness training, interpersonal effectiveness training, emotion regulation training, and distress tolerance training (ZHANG Yanping, 2024). The findings demonstrated that this model effectively reduced suicidal ideation in adolescent with NSSI, improved emotional control, alleviated depressive symptoms, and enhanced their quality of life and social functioning.

However, through a literature review, Zhao Yuehua summarized recent crisis intervention research on adolescent self-harm and suicidal behaviors in China (Zhao, 2024). The results revealed that crisis interventions for adolescent with self-harm and suicidal behaviors receive insufficient attention in China, with limited related studies. Most existing research consists of cross-sectional studies on current status and influencing factors, while crisis intervention studies focus only on short-term effects, lacking longitudinal follow-up. Additionally, school-based psychological crisis intervention systems for self-harm and suicide face several issues:

(1) Inadequate prevention and early warning mechanisms, a lack of life education, and low sensitivity among teachers and parents to children's "distress signals";

(2) Poor referral mechanisms, with insufficient coordination between schools and hospitals, leaving parents without clear access to medical help;

(3) Unclear reintegration mechanisms—students with severe psychological crisis often take leave from school, receiving home-based or hospital interventions, but prolonged isolation from peer groups hinders recovery.

Therefore, the psychological crisis intervention system in secondary schools in China is still under development, requiring further refinement and broader implementation, with relatively few related studies available.

The Chinese economy and society have undergone significant changes over the past two decades (Wang & Granados, 2019). However, multiple research has documented a notable decline in the mental well-being of adolescents in China over this time. According to a cross-temporal meta-analysis of 102 studies (N = 104,187), the levels of depressive symptoms and overall depression among Chinese adolescents appear to have risen significantly over the past three decades (Su & Liu, 2020). Another cross-temporal meta-analysis of 83 studies indicated that anxiety levels among Chinese adolescents have been on the rise over the past 25 years, from 1992 to 2017. The findings suggest that adolescents in more recent generations are experiencing higher levels of anxiety (Xin et al., 2020).

According to a recent national mental health survey conducted by UNICEF in 2019, nearly a quarter of adolescents experience depressive symptoms, and a large number of children and adolescents (at least 30 million) are grappling with emotional or behavioral problems (UNICEF, 2019). In addition, a recent survey conducted in a junior high school in Changsha, China, revealed a significant increase in obsessive-compulsive tendencies, interpersonal sensitivity, and emotional problems among surveyed adolescents from 2016 to 2020 (Wu et al., 2022). These findings clearly reflect the significant severity of mental health issues among the youth population in China.

Urbanization development and decreased family size are significant social factors that contribute to the decline in adolescent mental health. On the one hand, industrialization and modernization have accelerated urbanization in China over the last few decades; however, living in these rapidly developing urban areas puts people at a higher risk of developing various mental health problems (Wang et al., 2018). At the same time, the economic expansion in China has led to increased financial

pressure for adult parents, as they need to meet the growing cost of living. As a result, Chinese adolescents may experience higher anxiety levels not only due to broader societal changes like urbanization but also due to the specific family dynamics shaped by their parents' negative emotions and distress (Twenge, 2000). On the other hand, China's one-child policy, which was in place for several decades, has resulted in most adolescents today being the only child in their families. There is a longstanding cultural belief and expectation in China that the next generation (i.e., the children) must be better, more successful, and achieve more than the previous parent generation (Chen et al., 2021). The pressure to fulfill these high expectations can further exacerbate Chinese adolescent's mental health struggles (Xin et al., 2020). Meanwhile, the highly standardized and exam-oriented education system in China, coupled with the cultural emphasis on academic achievement, has led to teachers and parents having extremely high expectations for students' educational performance. This, in turn, means that children's educational success is often perceived as the top if not the sole, priority for their development (An, 2008). Traditionally, Chinese culture has a strong inclination toward collectivism, where family, relatives, and community hold significant positions in an individual's life. An individual's behavior and performance not only represent themselves but also their family. Therefore, adolescents' mental health issues may be viewed as a failure or flaw of the entire family. Consequently, parents may be reluctant to acknowledge or disclose their child's mental health problems to avoid damaging the family's reputation in society.

Influenced by the traditional Confucian culture, Chinese people hold a profound reverence for education, considering it a crucial means for cultivating moral qualities and governance capabilities (Gao, 2008). China also emphasizes the social function of education, highlighting the close relationship between education and societal-political

well-being (Gao, 2008). Therefore, in the traditional Chinese cultural context, teachers become highly authoritative and are perceived as significant figures in society. In conventional Chinese discourse, teachers hold a high societal status, ranking alongside key cultural figures such as Heaven, Earth, the Sovereign, and Relatives (Fwu & Wang, 2002). However, this high social status also puts immense pressure on teachers. Firstly, tradition imposes high cultural expectations on them; exemplary Chinese teachers are expected to be experts in their subjects and individuals who genuinely care for their students (Cortazzi & Jin, 1996; Gao, 2008). They should possess moral qualities that make them role models and mentors for students. The success of students is frequently viewed as a direct indicate of a teacher's effectiveness and dedication. Secondly, parents and the government often have dual expectations of teachers: on the one hand, they are expected to improve students' exam results, and on the other, they are required to cultivate positive personal qualities and life skills in students. Many parents hope teachers will deliver better educational outcomes through students' exam scores, yet some blame teachers for making their children's school life overly stressful. The high expectations placed on teachers to ensure academic excellence can lead to a significant amount of stress and pressure, hence restricting their capacity to adequately manage mental health issues due to time and resource constraints. When adolescents with mental health concerns have severe consequences, teachers become more vulnerable to experiencing shame and humiliation (Schoenhals, 2016). In such a context, secondary school teachers may face particular challenges in providing assistance to adolescents with mental health conditions. The cultural norm of maintaining face and avoiding shame might discourage teachers from acknowledging and addressing mental health problems. Therefore, by focusing on the experiences and perspectives of secondary

school teachers in one metropolitan city in China, Changsha, we want to investigate and understand the role that secondary school teachers play in addressing the mental health challenges faced by adolescent students in a Chinese context.

1.3.6 Overview of Changsha City's Educational System from High School to University

Changsha is a major metropolitan city in central China, serving as the capital and largest city of Hunan Province. It is located along the Xiang River and is recognized as a core city within the central region of the country (China.org.cn). Changsha is home to 10.4206 million people as of the 2022 Chinese census (Citypopulation.de). It is also one of China's first famous national historical and cultural cities. Changsha has a long-standing tradition of being home to many ancient schools and academies. The Yuelu Academy, located in Changsha, was one of the four primary private academies during the Northern Song Dynasty in ancient China. The Yuelu Academy is particularly known for its famous couplet: "Only Chu has talent, and it is flourishing in this area." The "Chu" region refers to the area encompassing Changsha, suggesting that this locale was recognized as a thriving center of intellectual and cultural excellence, renowned for producing talented individuals during that historical period (Institute of Changsha Culture, 2011). According to an evaluation of Chinese universities' rankings, Changsha is positioned as one of the top 10 cities in the country with a solid educational focus (Chinadaily.com.cn). As of 2022, Changsha hosts 58 universities (Moe.gov.cn).

Changsha also has an excellent high school system comprising several junior high and middle schools (Table 1, Figure 2). The majority are public schools, with a few private schools. According to the statistics recently released by Changsha Education

Bureau, Changsha has 192 junior high schools, 43 senior high schools, 50 nine-year consistent schools, 5 twelve-year consistent schools, and 40 complete middle schools. Of these, there are the "Famous Four". These four schools are all first-tier essential schools in Hunan's public school system and are the most selective and highly prized high schools in the nation; noted for their excellence in education and academic achievement, most students go on to attend top universities in China or overseas. The public education system is the primary driver and provider of education for the vast majority of students in China. As such, our study focuses on this significant segment of the educational landscape.

In conclusion, the rising incidence of mental health issues among adolescents complicates the identification and timely intervention of these problems. Delaying identification and response to mental health problems in adolescents can result in poorer outcomes and affect their physical and mental well-being throughout their lives, which translates to a severe burden to their families and society. A school is essential for adolescents' development, and teachers significantly impact adolescents' mental health. Teachers' support for students with mental health challenges is crucial for their academic achievement, mental well-being, and future development. Prior quantitative research had revealed that teachers had inadequate understanding regarding mental health, and interventions had not yielded substantial improvements

Table 1: Description of the Changsha's Ordinary Middle School System

School Type	Description
Junior High School (n=192)	Junior high school is the primary stage of ordinary middle school. It is a three-year system. Three-year education in junior middle schools has generally been included in the nine-year compulsory education, free of tuition and miscellaneous fees.
Senior High School (n=43)	Senior high school is the secondary stage of ordinary middle school. It connects junior high school to university, and schooling is generally three years. Senior middle schools are not included in compulsory education and typically have to pay fees. The fees depend on the teaching level of the school.
Nine-Year Consistent School (n=50)	The nine-year consistent school refers to a school that implements "a nine-year system" in the "junior high school education" of secondary education and the "ordinary primary school" of primary education.
Twelve-year Consistent Learning School (n=5)	The twelve-year consistent school refers to a school that integrates primary, junior high, and senior high school, which helps to relieve the pressure of the junior high and senior high school entrance examination.
Complete Middle School (n=40)	A complete middle school encompasses both a junior high school and a senior high school.

Figure 2: Description of Changsha's Ordinary Middle School System for Admission to University

in their behavior when it related to assisting students suffering from mental health concerns. Qualitative research offers a comprehensive investigation of the experiences and requirements of teachers on this topic. Nevertheless, there is a lack of comprehensive investigation of the experiences, emotions, and perspectives of secondary school teachers when it comes to assisting their students with mental health challenges, particularly in Asian nations. Given the differences in the education system and cultural norms in China, the teacher's role and how teachers support secondary students' mental health in China is likely unique and requires context-specific investigation. Before conducting our qualitative study, we systematically reviewed existing qualitative research. The objective of this review was to consolidate the existing evidence, explore what is already known, and identify the limitations of previous studies.

1.4 Objectives of the study

This study aims to understand the lived experience of secondary school teachers in supporting students with mental health issues in a Chinese context.

1.5 Research Question

To inform this study, the following research question was adopted:

> "What is the lived experience of secondary school teachers in supporting students with mental health issues in Changsha, China?"

1.6 Potential Implication

This descriptive phenomenological study aims to provide insight into the lived experience of secondary school teachers in supporting students with mental health difficulties within a Chinese socio-cultural construct. The results of this study can

enhance our comprehension of the real-life situations teachers face when assisting students with mental health concerns, identify potential difficulties and challenges they may encounter, and implement measures to support teachers in better-helping students with mental health problems. These potential research findings could have important implications in several key areas surrounding adolescent mental health support: education, nursing practice, policy development, and future research. Firstly, the research findings could provide professional development and training for secondary school teachers to better support students with mental health issues. Secondly, the research findings could provide valuable information that allows school-based nurses to better appreciate the specific needs, concerns, and difficulties that teachers encounter when trying to assist students with mental health issues. Armed with these insights from the teachers' lived experiences, school nurses' practices will be better positioned to meet the specific needs of teachers. Thirdly, the research results can provide important evidence for developing policies and guidelines around supporting mental health in secondary schools. Lastly, future research could consider developing and evaluating evidence-based programs that aim to provide comprehensive support for teachers as part of a collaborative, team-based approach in China.

1.7 Dissertation Overview

Chapter One provided the researcher's nursing experiences of caring for adolescents with mental disorders in a psychiatric department. This section also offers a comprehensive introduction to mental health issues among adolescents, highlighting the significant role that schools play as crucial environments for their development. It explores the responsibilities and actions of teachers in supporting students' mental well-being. Additionally, it provides an overview of the education system in China

and specifically focuses on the educational system in Changsha city, spanning from high school to university. The research question and potential implications are also discussed.

In Chapter Two, a methodical examination of the qualitative literature pertinent to the current research endeavor is undertaken. Employing the Joanna Briggs Institute (JBI) framework, the synthesis of qualitative research is conducted. The Confidence in Qualitative Findings (ConQual) approach is leveraged to evaluate the trustworthiness of the findings. Ultimately, this chapter encapsulates a comprehensive synopsis of the extant knowledge and identifies gaps in understanding pertaining to the topic at hand. It firmly establishes the justification for embarking on this study.

Chapter Three presents the methodological details of this research. The text begins by contextualizing the selection of the methodology, discussing the historical origins and philosophical foundations of descriptive phenomenology. There is an in-depth discussion of Husserl's work in developing descriptive phenomenology, which elucidates the fundamental principles for investigating the phenomena and sheds light on the explicit significance of 'going to the things themselves.' The chapter further examines the phenomenological research method, distinguishing between the philosophy and the science of phenomenology. Moreover, this chapter discusses Colaizzi's (1978) phenomenological method to separate philosophy from research to clarify the study's structure. Finally, the chapter explores the application of phenomenology in nursing, highlighting its relevance and utility in the field.

Chapter Four discusses the research process of this study. Inclusion criteria are specified, outlining the characteristics required for participants to be part of the study. The recruitment process for participants is outlined, detailing the steps taken to ensure a representative sample. The chapter explains the data collection process, including

interview procedures. Colaizzi's method is used for data analysis, helping interpret participants' narratives. It discusses qualitative research rigor, focusing on reliability and validity. Ethical concerns are addressed to ensure compliance with standards and protect participants' rights.

Chapter Five presents the main findings of the study. It begins with a summary of the participants involved. The chapter then analyzes the emerging themes, explaining those derived from the participants. It uses transcripts to highlight the experience of secondary school teachers in supporting students grappling with mental wellbeing issues. The concluding section provides a detailed explanation of the phenomenon and its basic structure.

Chapter Six provides a detailed analysis of the findings of this study in relation to the existing literature on the experiences of secondary school teachers in supporting students with mental health issues. It starts with an updated search for recent research since the initial review. The discussion presents the main core ideas established in chapter five in relation to the existing literature. The chapter finishes by providing a concise overview of the existing knowledge pertaining to this subject, as well as highlighting the novel insights that have been gained from the findings.

Chapter Seven shares the author's reflections on this descriptive phenomenological study. It includes thoughts on the researcher's personal experience, the methodology, the research process, and the challenges of conducting qualitative research in the Chinese context.

Chapter Eight provides a detailed discussion of the strengths and limitations of this descriptive phenomenological study. It explores the implications for education, nursing practice, and policy, offering specific recommendations for each area. The

chapter also identifies potential directions for future research, suggesting new avenues

to explore within this field. It concludes with a comprehensive reference list

documenting all the sources used throughout the thesis.

Chapter 2: A Review of the Literature

2.1 Introduction

Teachers are anticipated to play an important role in students' mental wellness. However, what experiences do secondary school teachers have when supporting students with mental health issues? Does providing support hold significance for the teachers? How do teachers navigate the process of caring for students with mental health challenges? Before conducting our descriptive phenomenological research, we completed a systematic review of qualitative studies focusing primarily on secondary school teachers' experiences in this area to gain a general understanding.

2.2 Review aim

This literature review aims to understand better the experience of secondary school teachers in supporting students with mental health issues.

2.3 Review question

Currently, there are very few systematic reviews that specifically discuss secondary school teachers' experiences in supporting students with mental health issues. Therefore, this review aims to establish what is known qualitatively about these experiences and challenges in the classroom. Using the PICo framework—Population (teachers), Phenomena of Interest (supporting students with mental health issues), and Context (secondary schools)─, the review seeks to answer the question: "*What are the experiences of secondary school teachers in supporting students with mental health issues?*"

2.4 Inclusion and exclusion criteria

2.4.1 Participants

Review participants were secondary school teachers for adolescents between ages 12-18. Suppose the study included teachers for students within and outside this age range. In that case, studies will only be included if findings unique to students ages 12-18 can be determined and extracted. Mental health professionals, like guidance counselors or school-based mental health providers, were not included in the review. Additionally, studies focusing solely on teachers of students under 12 or over 18 years old were also excluded.

2.4.2 Phenomena of interest

In this review, we reviewed studies that examined teachers' experiences supporting students with mental health issues. Other phenomena were excluded, such as teachers' experiences of working with other professionals, parents' experiences, and teachers' needs. Studies examining teachers' experiences in general mental health promotion/ supporting students' mental health in schools were also excluded.

2.4.3 Context

Teachers' experiences supporting students with mental health issues in secondary schools.

2.4.4 Types of studies

This review focused on qualitative studies, encompassing qualitative research methodologies such as descriptive phenomenology, interpretive phenomenology, grounded theory, ethnography, action research, and feminist research. Mixed methods studies with qualitative data were excluded because of the difficulty in establishing the different research approaches. Papers must provide a qualitative account using

recognized qualitative data collection methods, such as conducting individual, focus group, face-to-face, or telephone interviews. Papers must also use qualitative methods to analyze their data, such as content, thematic, or narrative analysis, for inclusion in the data synthesis. The following types of articles were excluded: any quantitative studies, discursive, literary, systematic reviews, and articles not in English and/or Chinese.

2.5 Methods

In this systematic review, we used the JBI methodology to conduct systematic reviews of qualitative evidence.

2.5.1 Search strategy

Search terms in the review question were identified using the PICo framework. Secondary school teachers (including school teachers and secondary school & high school teachers) were searched along with terms related to mental disorders and qualitative research methods. The search strategy employed in this review consisted of three steps. The first stage was a search of MEDLINE (PubMed), CINAHL (EBSCO), and CNKI (in Chinese) to identify initial articles relevant to the topic. A comprehensive search method was developed by analyzing the titles, abstracts, and index terms of those papers. In the second stage, a modified comprehensive search technique was implemented across nine databases (Medline, CINAHL Complete, APA PsycInfo, Embase, ERIC, Web of Science, Scopus, CNKI (in Chinese), and Wanfang (in Chinese)) from January 2007 to March 2022. These dates were chosen because they corresponded with the rapid escalation of anxiety and depression in secondary school children with the advent of smartphones and the growing prevalence of social media platforms like Facebook (Haidt & Lukianoff, 2018). Studies that

satisfied the inclusion criteria were incorporated into the review and subsequent meta-aggregation. Furthermore, the analysis also took into account grey literature, which includes conference proceedings, unpublished commentaries, and discursive essays. Finally, in order to find more research, the reference lists of all the studies that were identified for the critical evaluation were manually searched (Table 2).

Table 2: An Example of Searching Strategy (Medline)

Search ID	Search Terms	Results
S1	((MH "Qualitative Research") OR (MH "Empirical Research")) OR ("qualitative stud*" OR "empirical research" OR "qualitative research" OR "qualitative method" OR "case stud*" OR interview OR "Empirical Research" OR "behavior research" OR "comparative study" OR "observational study" OR "personal narrative")	720,049
S2	(MH "mental health" OR MH "mental disorders") OR ("mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide)	731,188
S3	(MM "School Teachers") AND ((secondary OR high))	507
S4	("high school" OR "secondary school") AND (teacher OR educator)	3,953
S5	S3 OR S4	4,304
S6	S1 AND S2 AND S5	68

2.5.2 Study selection

The search approach yielded a collection of articles, which were then organized and uploaded to EndNote X9. Any duplicate articles were subsequently excluded. The title and abstract submissions underwent a review process to see if they met the inclusion criteria. After identifying the relevant studies, we downloaded and examined all the texts independently using JBI's SUMARI framework, which is designed to appraise qualitative publications. After the independent review, discussions were held to resolve any disagreements. This resulted in the exclusion of 27 papers, with 11 included for synthesis (Figure 3).

2.5.3 Assessment of methodological quality

The eligible studies were critically appraised using the standard JBI Critical Appraisal Checklist for Qualitative Research. Data that is missing will be requested from the authors of the papers for clarification. If there are differing opinions among the reviewers, we will resolve them through discussion.

Records identified through database searching
(n = 2504)
Medline (n=68)
CINAHL Complete (n=86)
Psycho INFO (n=168)
Embase (n=170)
ERIC (n=214)
Web of Science (n=95)
Scopus (n=211)
CNKI(n=782)
WanFang(n=710)

Additional records identified through other sources
(n = 12)

Duplicates records removed
(n = 311)

Abstracts & Titles screened
(n = 2205)

Records excluded
(n =2167)
(irrelevant publications based on title or abstract screening)

Full-text articles assessed for eligibility
(n =38)

Full-text articles excluded, with reasons
(n = 27)
Mixed-method approaches (n =2)
Survey design misquoted as qualitative design (n =1)
Can not separate teachers' data from other participants (n=15)
No relevant outcome (n=8)
Unrecognized Language (n=1)

Studies included in qualitative synthesis
(n = 11)

Identification

Screening

Eligibility

Included

Figure 3: PRISMA Flow Chart of Article Selection, Screening & Assessment (Moher, et al., 2009).

2.5.4 Data extraction

The JBI data extraction tool was employed to extract data from the studies that were

included (Lockwood C, 2020). A wide range of data was extracted, encompassing information regarding the research participants, context, culture, country, methodologies and methods, and phenomena of interest. The extracted findings were illustrated verbatim and given a level of credibility. Included studies did not require any additional information from the corresponding author (Table 3).

Each finding was derived from the researchers' analytical interpretation of the qualitative data. To maintain consistency, all synthesized findings (e.g., themes, categories) were extracted at the same level. For transparency, every finding was supported by an illustrative example, such as a direct participant quotation or a thick descriptive excerpt, to ground the finding in the participants' voices (Lockwood C, 2020). The credibility of each finding was systematically assessed using the JBI's ConQual approach and categorized into three levels:

Unequivocal (U): Findings with unambiguous evidence, supported by illustrations (e.g., vivid participant quotes, matter of fact, directly reported/observed) that left minimal room for alternative interpretations. Credible (C): Findings that were plausible but relied partially on the researchers' interpretation or description of the qualitative data. As a result, these findings could be challenged or open to alternative interpretations. .

Unsupported: Findings lacking sufficient illustrative evidence or logical coherence with the data, which were consequently excluded from synthesis to ensure methodological rigor (Lockwood C, 2020).

Two independent reviewers (L.M. & C.M.) evaluated the findings to minimize bias. Discrepancies were resolved through discussion or consultation with a third reviewer (H.G.W.).

2.5.5 Data synthesis

Based on the meta-aggregation of JBI SUMARI, qualitative findings were pooled into categories. Through meticulous multiple readings, the textual findings were rigorously discerned, ensuring that only those that were unequivocal and credible were incorporated into the definitive synthesis. Subsequently, these findings were grouped according to their semantic similarities, leading to the synthesis of these categories into concise summary findings. These summary findings serve as a valuable guide for evidence-informed practice (Table 4).

Table 3: Characteristics of Included Qualitaitve Studies

Study	Methods for data collection and analysis	Phenomena of interest	Setting/context/culture	Participant characteristics and sample size	Description of main results
Buchanan, K., & Harris, G.E., 2014. (Canada)	Data Collection: interviews and journaling Analysis: Burnard's (1991)	1. To ascertain the specific requirements of teachers when a student makes a suicide attempt and is later reintegrated into their classroom. 2. To ascertain the views of teachers on the necessary resources to foster kids' sense of connection, worth, and security.	Junior high or high schools in Newfoundland.	Six teachers	The various roles of teachers: Emotions of astonishment, sorrow, doubt, unease, and apprehension; Coping: a feeling of alleviation; Privacy: the decision to disclose or withhold information
Dirks, R.L., 2020. (USA)	Data Collection: interviews, field notes of classroom teaching, and environmental observation Analysis: Maxwell(2013)	The objective of this study is to investigate the occurrence of anxiety and depression among adolescents by analyzing the personal experiences of both new and experienced music teachers in high schools.	High school	Ten high school teachers	Indicators, Factors that contribute to Student help-seeking habits and responses. Effects on music educators, Emotional and psychological assistance provided within the educational setting
Doumit, M. A. A., et al. 2018. (South Lebanon)	Data Collection: Focus groups Analysis: Thematic analysis: Braun and Clarke (2006)	To identify teachers' and parents' knowledge, attitudes, and practices concerning child/adolescent mental health.	Two private hub schools offer education at the elementary, middle, and secondary levels	27 teachers	Ensuring mental health care is given due importance is crucial for general well-being. Mental illness, unfortunately, remains a sensitive topic in many cultures, sometimes considered a taboo. Consequently, there is a pressing need for improved education and cultural awareness regarding mental health.
Greif Green, J., et al. 2017. (USA)	Data Collection: interviews Analysis: a grounded theory	The objective is to examine the way in which teachers see the mental health requirements of young individuals.	Middle and high schools	29 teachers	Recognizing emotional and behavioral difficulties
Iudici, A., & Fabbri, M. 2017. (Italy)	Data Collection: interviews Analysis: content analysis	How do teachers assess and document the psychological distress experienced by students, and what criteria do	A middle school	42 teachers	Recognizing and documenting mental disorders

		they use for this process?			
Maelan, E.N., et al., 2018. (Norway)	Data Collection: interviews and focus groups Analysis: Thematic processing (Leech & Onwuegbuzie, 2011)	To investigate the perceptions of teachers and head teachers regarding the strategies they employ within their daily activities to foster the mental health and well-being of their students.	Ten secondary schools for individual interviews and four schools for focus group	Ten head teachers were involved in individual interviews, while the six focus groups consisted of 36 teachers.	The dynamic between teachers and pupils, Techniques employed to alleviate stress and apprehension, Establish an all-encompassing environment within the school that promotes inclusivity. Offer various learning opportunities and experiences that allow students to achieve proficiency in diverse areas.
Mbwayo, A.W., et al., 2020. (Kenya)	Data Collection: focus group Analysis: not sure	To gather teachers' opinions on mental health issues that are pertinent in educational environments.	Secondary school	50 secondary school teachers	Identify the presence of mental disease, a deficiency in skill, and a shortage of time.
McConnell ogue, S., & Storey, L., 2017. (Ireland)	Data Collection: interviews Analysis: Interpretative Phenomenological Analysis (IPA)	The objective is to investigate the subjective experiences and perspectives of teachers who are involved in a suicide prevention role within a school setting.	A mono-gender secondary school	Seven teachers	Baseline mastery, threats to efficacy, and the conflict between personal and professional identities.
Shelemy, L., et al., 2019. (USA)	Data Collection: interviews Analysis: Van Kaam Method (Moustakas, 1994)	To explore the lived experiences of mathematics and language arts teachers as they teach high school students in economically disadvantaged rural schools impacted by anxiety.	High school	Eight teachers	The perceived role of teachers is to Establish and nurture connections with others, Seek equilibrium, Modify the educational setting, prior knowledge, and education, and have favorable attitudes towards the school counselor.
Strasser C.W., 2020. (UK)	Data Collection: interviews Analysis: interpretative phenomenological analysis (IPA)	To examine the viewpoints of teachers regarding the assistance they provide to students in managing their mental well-being, with a specific emphasis on how they handle the emotional and cognitive aspects of these encounters.	Secondary schools	Seven teachers	The perceived function of the teacher, The nature of the relationship: Obstacles to assisting the child, Quantity of training and resources, Feelings of helplessness and satisfaction
Yao, M., et al., 2021. (China)	Data Collection: interviews Analysis: content analysis	To ascertain Ban Zhu Ren's view of the mental well-being of their students and their	Secondary schools catering to students aged 12 to 15 in the provinces	27 head teachers	Informant's perspective of the frequency of mental illness among teens; Classification of student mental health concerns by

| | | subsequent actions in response to these perceptions. | of Zhejiang and Anhui | | informants; Comprehension and categorization of student behavioral problems by the informant; Methods by which informants ascertain mental health concerns among their students; Interventions by informants for pupils whom they suspect to have mental health difficulties; Perceived efficacy of informants in addressing student mental health issues; Training was provided to informants on how to intervene in student mental health issues. |

Table 4: Example of Qualitative Meta-Aggregation.

Findings	Category	Synthesis Findings
Warning signs: Student behaviors that signal AAD (U)	Experiencing the challenges of mental health issues in the classroom	The Challenges of Supporting Students with Mental Health Issues
Teacher-derived markers (U)		
Internalizing problems: both primary and secondary school teachers pointed out that there were learners who had problems that seemed to fit in the internalizing problems. (U)		
Learning difficulties: both primary and secondary school teachers pointed out that they experience children with learning difficulties as reflected by the following teachers: (U)		
Externalizing problems: both primary and secondary school teachers identified more externalizing problems compared with internalizing problems. (U)		
Informants' Perception of the Prevalence of Mental Illness among Adolescents (U)		
Causes of adolescent anxiety and depression (U)		
What Informants Identify as Student Mental Health Issues (U)	Teachers' understanding of mental health issues	
What Do Informants Understand and Label as Behavioral Issues (U)		
How Informants Identify Mental Health Issues among Their Students (U)		
Comparison to standard Screening (C)		
Mental health care is a priority for overall health and there is a need for mental health awareness and services in the region (U)		
Mental illness is a cultural taboo associated with fear of social isolation and stigmatization (U)		
How is the "psychological discomfort" defined (C)		
The criteria used for the reporting (U)		
Thoughts and Feelings of Shock, Sadness, Uncertainty, Anxiety, and Fear (U)	Feeling at a loss and coping with compassion	
Helpnessless and satisfaction (U)		
The impact of AAD on music educators (U)		
Coping: A Feeling of Relief (U)		

Note - In Brackets: U=Unequivocal, C=Credible

2.5.6 Assessing confidence in the findings

The ConQual methodology was implemented. These outcomes were subsequently categorized into distinct levels of confidence: high, moderate, low, and exceedingly low. Initially, all qualitative studies were assigned a premium quality rating. However, subsequent evaluation entailed a downgrade of each synthesized finding's quality, contingent upon its dependability and credibility factors. The assessment of confidence in these synthesized findings was carried out utilizing the ConQual scoring system, as detailed in Table 5, thereby ensuring a rigorous and logical approach consonant with academic standards.

Table 5: ConQual Score to determine the level of Dependability and Creditability

Systematic Review Title: The experience of secondary school teachers in supporting students with mental health issues

Population: Teachers

Phenomena of Interest: Supporting Students with Mental Health Issues

Context: Secondary Schools

Synthesized Finding	Type of Research	Dependability	Credibility	ConQual Score	Comments:
The Challenges of Supporting Students with mental health issues	Qualitative	Downgrade 1 level**	Downgrade 1 level**	Moderate	Dependability: Downgraded one level, three studies (3/11) scored 5, seven (7/11) scored 3, and one (1/11) scored 1 for the dependability questions. Credibility: Credibility: Lowered by one degree as a result of a combination of unsatisfactory and concerning findings. U =52, C = 2

2.6 Results

2.6.1 Study inclusion

Among 2516 eligible articles, 2504 possible articles were searched in the database, and 12 articles were searched by hand. 2205 articles (759 English, 1446 Chinese) were screened based on their titles and abstracts. This was done after removing 311 duplicate articles and rejecting 2167 articles that did not match the inclusion criteria. A total of 38 articles, consisting of 32 in English and 6 in Chinese, were obtained for a comprehensive review of their full texts. Furthermore, an additional 27 studies were eliminated since two studies used mixed-method approaches, one study was a survey design misquoted as a qualitative design, 15 studies could not separate teacher's data from other participants, such as guidance counselors, eight studies had no relevant outcome, and one study was conducted in a language other than English or Chinese. Eleven studies fulfilled our inclusion criteria for this qualitative review. The study selection and inclusion process adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009) (see Figure 3).

2.6.2 Methodological quality

According to the JBI Critical Appraisal Checklist for Qualitative Research, two studies were deemed to be of low quality, receiving scores of 4/10 and 5/10, respectively. Five studies were considered to be of medium quality, receiving scores of 6/10 (two studies) and 7/10 (three studies). Four studies were classified as high

quality, with scores of 8/10 (one study), 9/10 (two studies), and 10/10 (one study).
For this review, studies that scored 7 or above were considered good to excellent
quality, while those below were regarded as low quality. The final meta-aggregation
included all papers as they collectively presented a comprehensive overview of
teachers' encounters with students with mental health challenges in the classroom
(Table 6).

Table 6: Critical appraisal of included qualitative studies (JBI Critical Appraisal Checklist for Qualitative Research)

Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total score
Buchanan, 2014	Y	N	Y	Y	Y	N	Y	Y	N	Y	7
Dirks, 2020	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
Doumit, 2018	U	Y	Y	U	Y	U	N	Y	Y	Y	6
Green, 2017	Y	Y	Y	Y	Y	U	N	Y	Y	Y	8
Iudici, 2017	U	Y	Y	U	U	N	N	Y	Y	Y	5
Maelan, 2018	U	Y	Y	N	Y	U	N	Y	Y	Y	6
Mbwyao, 2020	U	Y	U	N	U	N	N	Y	Y	Y	4
McConnellogue, 2017	Y	Y	Y	N	Y	N	N	Y	Y	Y	7
Shelemy, 2019	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	9
Strasser, 2020	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	9
Yao, 2021	N	Y	Y	Y	Y	N	N	Y	Y	Y	7

Y, yes; N, no; U, unclear;

Q1 Is there congruity between the stated philosophical perspective and the research methodology?

Q2 Is there congruity between the research methodology and the research question or objectives?

Q3 Is there congruity between the research methodology and the methods used to collect data?

Q4 Is there congruity between the research methodology and the representation and analysis of data?

Q5 Is there congruity between the research methodology and the interpretation of results?

Q6 Is there a statement locating the researcher culturally or theoretically?

Q7 Is the influence of the researcher on the research, and vice-versa, addressed?

Q8 Are participants, and their voices, adequately represented?

Q9 Is the research ethical according to current criteria or, for recent studies, is there evidence of ethical approval by an appropriate body?

Q10 Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?

Among the eleven studies, six of them fulfilled the requirement for Q1, and five of

them used a qualitative descriptive strategy without explicitly indicating their philosophical orientation. Ten of them fulfilled the requirement for Q2, with one study giving a set of prescriptive questions, which was incongruent with the phenomenon methodology. Ten studies fulfilled the criteria for Q3, with one study using focus group discussions to collect data, which was incongruent with the phenomenon methodology. Five studies fulfilled the criterion for Q4, with six studies' data analyses being incongruent with the phenomenon methodology. Nine studies fulfilled the criterion for Q5, with two studies' interpretation of results being incongruent with the phenomenon methodology. Three studies fulfilled the criterion for Q6. Four of them fulfilled the requirement for Q7. Eleven studies met the criterion for Q8. Nine studies met the requirement for Q9; two of them did not explicitly state that they had received ethical permission from a suitable authority. However, we still opted to include these studies because it was evident from the text that the participants were vulnerable, and their anonymity was maintained. Eleven studies met the criterion for Q10.

2.6.3 Characteristics of included studies

The eleven studies included in this review were published from 2014 to 2018. The investigations were conducted in nine countries, including three from the USA, one from the UK, one from Canada, one from Italy, one from Norway, one from Ireland, one from South Lebanon, one from Kenya, and one from China. Six studies used phenomenology; one used grounded theory to underpin the study, while the other four did not clearly state a philosophical orientation. The total sample size was 283

participants. Three studies used purposive sampling, two used snowball sampling, two used convenience sampling to select the participants, and the other four did not clearly state the sampling process. All studies used a designated and recognized form of qualitative research design. Out of the total of eleven research, eight of them gathered data by conducting in-depth, semi-structured interviews. Two studies used focus groups, while one study utilized both methods. Various data analysis methods were used: Burnard method, Maxwell method, Braun and Clarke thematic analysis, grounded theory, content analysis, thematic processing, interpretative phenomenological analysis, and Van Kaam method (Table 7).

Table 7: Overview of Study Characteristics

Authors	Study Design/Theoretical Framework	Research Question	Sampling Process	Data Analysis
Buchanan, 2014	Descriptive Phenomenology	√	Purposive	Thematic Analysis
Dirks, 2020	Phenomenology	√	Purposive snow-balling	Open and Axial coding
Doumit, 2018	×	√	Purposive	Thematic analysis
Green, 2017	Grounded theory	√	Stratified random-sampling approach	Grounded theory
Iudici, 2017	×	√	×	Content analysis
Maelan, 2018	×	√	×	Thematic processing
Mbwyao, 2020	Phenomenology	√	×	×
McConnellogue, 2017	Phenomenology	√	×	IPA
Shelemy, 2019	Phenomenology	√	Purposive snow-balling	IPA
Strasser, 2020	Phenomenology	√	Purposive	
Yao, 2021	×	√	Convenience	Content analysis

*IPA: Interpretive Phenomenological Analysis

2.6.4 Review findings

Overall, teachers experience a challenge when supporting students with mental health

issues. This synthesized finding was derived from a synthesis of five categories, which were supported by a total of 51 findings. Five categories emerged from the papers reviewed: ' *Experiencing the Challenges of Mental Health Issues in the Classroom,' 'Teachers' Understanding of Mental Health Issues,' 'Feeling at a Loss and Coping with Compassion,' 'Providing a Supportive and Close Relationship beyond that of the role,' 'Understanding the Conflicts Imposed on and by the Education System.'*

Category one: Experiencing the challenges of mental health issues in the classroom

Category one describes the challenges of secondary school teachers when they face a student with mental health issues. They reported an anticipated rise in the prevalence of mental health problems among adolescents in the classrooms (Yao et al., 2021). For example, physical signs of anxiety and depression, including crying and verbal outbursts, emotional withdrawal behaviors, and noticed anxiety increased when students had a test coming (Dirks, 2020; Greif Green et al., 2017; Mbwayo et al., 2020a; Strasser, 2020). Meanwhile, secondary school teachers discussed academic pressures, adverse family events such as divorce, sexual abuse, traditional and cyberbullying, gender transformations, and immigration as causes of mental health issues for adolescents (Dirks, 2020) (Table 8).

Table 8: Category one: Experiencing the challenges of mental health issues in the classroom

Significant statements	Findings	Category
Years ago, I remember looking, and... a kid right in front of me was just crying, sobbing...I looked at him, and I think he said 'It's OK, I'm just having a panic attack and I'll be fine' and he was fine eventually. So that was my first slap in the face. (Paula) (Dirks, 2020)(p.52)	Warning signs: Student behaviors that signal AAD (U)	Experiencing the challenges of mental health issues in the classroom
"[They] don't really care to turn anything in; they don't look at the repercussions of not doing their work."(Greif Green et al., 2017)(p.102) "I guess the big concern for me is just a big change in behavior. A student who is really quiet and suddenly sullen, when normally they're animated or engaged." (Greif Green et al., 2017)(p.102)	Teacher-derived markers (U)	
I want to give an experience of a boy who was bereaved. I had a boy whose father had died in an accident. He was absent minded in class and even outside the class he was always alone. The mother said that the boy is always at the graveside of the father when he is not in school. He was doing poorly academically. It has been about 4 years since the father died and he is experiencing this.(Mbwayo et al., 2020a) (p.157)	Internalizing problems: both primary and secondary school teachers pointed out that there were learners who had problems that seemed to fit in the internalizing problems. (U)	
When she joined my class, I realized that she could not read English at all. I even went to an extent of going to her file and she had scored well in some subjects but had a problem with languages. I spoke to the head teacher and she was to call the parents but unfortunately the head teacher got transferred before she could call the parent.(Mbwayo et al., 2020a) (p.157)	Learning difficulties: both primary and secondary school teachers pointed out that they experience children with learning difficulties as reflected by the following teachers: (U)	

A student claimed that the father was dead and was living with her uncle who was assaulting her. She could fake her voice and call the principal. She also faked she had a head surgery and came to school with the bandage on her head.(Mbwayo et al., 2020a) (p.158)	Externalizing problems: both primary and secondary school teachers identified more externalizing problems compared with internalizing problems. (U)	
"I think mental health problems are common in adolescents. In my experiences, I have encountered students with mental health issues in every class." (Male informant from Anhui province, #27) (Yao et al., 2021)(p.8)	Informants' Perception of the Prevalence of Mental Illness among Adolescents (U)	
This person is someone going through a transition from female to male and is not getting the support at home, and I believe that has really damaged this student's psyche... there were some warning signs of depression, but we never thought this student would attempt [suicide]...we're keeping a close eye on this student now... the parents have refused to acknowledge anything ever happened and haven't even talked about it. (Ryan) (Dirks, 2020)(p.59)	Causes of adolescent anxiety and depression (U)	

Category two: Understanding of mental health issues in the classroom

Category two describes secondary school teachers' understanding of mental health issues and shared their experiences about identifying students with mental health issues. Secondary school teachers in Italy found it difficult to define "psychological discomfort"(Iudici & Fabbri, 2017). Secondary school teachers in the USA used a wide variety of markers to identify students with mental health issues (Greif Green et al., 2017). However, some indicators noticed by teachers weren't part of the standardized assessments. These include changes in student behavior, how long problems last, and observing things like students crying, reacting inappropriately to

teachers, and spontaneous acting out (Greif Green et al., 2017). Therefore, secondary school teachers often depend on their previous training or personal judgment to recognize students with mental health issues (Greif Green et al., 2017).

On the other hand, secondary school teachers in Lebanon pointed out that mental health is rarely discussed and is viewed as a cultural taboo. The fear of being labeled "mentally ill" prevents them from informing parents about suspected mental health issues in adolescents (Doumit et al., 2018). Additionally, criteria mentioned by secondary school teachers in China, like being "tired of learning," "rebellious," or "falling in love" at a young age, are not considered symptoms of mental illness by mental health professionals. However, some established signs of mental illness, like "self-harm," seem to be normalized by some teachers (Yao et al., 2021). Therefore, This category shows that teachers were doing their best to identify students with mental health issues, even though they weren't sure of the criteria (Table 9).

Table 9: Category two: Teachers' understanding of mental health issues

Significant statements	Findings	Category
"Psychological problems are common problems for students, especially those who do not like to learn. When they don't like to learn, they pursue other activities a little more. For example, falling in love at a young age, surfing the internet, and fighting, all of these are psychological problems." (Female informant from Anhui province, #4) (Yao et al., 2021)(P.8)	What Informants Identify as Student Mental Health Issues (U)	Teachers' understanding of mental health issues
"I believe that reasons for one student's self-harm are a lack of parents' love and care, imitating others, and because she broke up with her boyfriend." (Male		

informant from Zhejiang province, #7) (Yao et al., 2021)(P.8)		
"I think behavioral problems are related to mental health problems; some behavioral problems are caused by mental health problems, some behavioral problems are the external manifestations of psychological problems." (Male informant from Zhejiang province, #7) (Yao et al., 2021)(P.9)	What Do Informants Understand and Label as Behavioral Issues (U)	
"I think this girl may have mental health issues because of her strange performance. I observed that the girl had pulled out her hair and she had a bald patch. I learned more about her by talking with her mother; for example, she locks herself in her room, so I believe she has mental health issues." (Female informant from Zhejiang province, #8) (Yao et al., 2021)(P.10)	How Informants Identify Mental Health Issues among Their Students (U)	
A comparison of teacher-derived markers to standardized screeners indicated moderate consistency between these two identification strategies. In particular, poor academic performance, social withdrawal, violation of classroom norms, aggression with peers, sadness, stress or anxiety, and somatic symptoms were mentioned by teachers and included in at least four of the five standardized assessments. Teachers, however, also mentioned several markers that were not commonly included in standardized assessments. Most notably, teachers frequently reported relying on their perceptions of change in student behavior, tracking the duration of problems, and observing student crying, inappropriate reactions to teachers, and spontaneous acting out, all of which were rarely explicitly listed in standardized assessments. (Greif Green et al., 2017)(p.101)	Comparison to standardized screening (C)	
. . . mental health was neglected in our region but now people are more aware about it. It is increasing	Mental health care is a priority for overall health and	

and the more it is increasing people become aware about it . . . . . . they used to hide mental illness and this affected people a lot and our society. There is no understanding of mental health in our society and we need to know it better . . .(Doumit et al., 2018)(p.243)	there is a need for mental health awareness and services in the region (U)	
. . . there is no understanding of mental health in our society because people are afraid of mental health . . .(Doumit et al., 2018)(p.243)	Mental illness is a cultural taboo associated with fear of social isolation and stigmatization (U)	
Psychological discomfort are mainly associated with student's problems, both personal ("psychological discomfort is when the student is hyperactivity") and educational ("inability to connect the knowledge they have" or even "the inability to pay attention and to concentrate. Youth problems are associated with relational problems ("the student didn't get on well with the school environment," "a gap between school requirements and students' expectations"). (Iudici & Fabbri, 2017)(p.2286)	How is the "psychological discomfort" defined (C)	
"I reported students who failed to integrate into the classroom". "We suspected dyslexia disorders, so we filed a report"."problems in the performance", "A criterion for reporting concerns in terms of homework not being completed or unanswered questions"."hyperactivity, that is, he can't stand still, he moves around the class"; "he is apathetic;""you perceive the discomfort, you feel it in the class"(Iudici & Fabbri, 2017) (p.2286)	The criteria used for the reporting (U)	

Category three: Feeling at a loss and copying with compassion

Category three describes secondary school teachers feeling lost as to how to help and

cope with the students. In most cases, the teachers expressed deep compassion for the students who they saw as struggling with their mental health issues. Here, feelings of sadness, anxiety, and worry pervaded the teachers' minds. Teachers initially expressed shock when they were informed of mental health issues as they believed that such things were unlikely (Buchanan & Harris, 2014). Sadness was a reaction to the news of a student having a mental health issue (Buchanan & Harris, 2014) (Shelemy, Harvey, et al., 2019a). Teachers expressed feelings of uncertainty, anxiety, or worry when they are unsure of how to help and don't know which signs or symptoms to look for in students with mental health issues (Buchanan & Harris, 2014). Participants expressed fear when they were afraid they might aggravate students' suicide attempts (Buchanan & Harris, 2014).

Meanwhile, teachers felt helplessness and frustration when they encountered obstacles in getting appropriate help for the students (Shelemy, Harvey, et al., 2019a; Yao et al., 2021). Meanwhile, teachers felt relief when they made a positive change for student's well-being, especially in terms of academic achievement and personal development. One teacher commented that her effort was paying off because, as she described it, the student began to see hope or a positive outcome ahead (Shelemy, Harvey, et al., 2019a) *(P377)*. Meanwhile, teachers felt a great deal of relief when they found someone to look after the student more professionally who was better qualified to handle mental health issues while also recognizing their own limitations (Buchanan & Harris, 2014; Strasser, 2020) (Table 10).

Table 10: Category three: Feeling at a loss and coping with compassion

Significant statements	Findings	Category
"I was really, really shocked and, I don't know, the feeling is [like] something inside you just drops. It's hard to describe and for some reason—and I probably wasn't aware of it at the time but I am now when I hear things like that—I just get extremely tired."(Buchanan & Harris, 2014)(p.14-15) "There's a level of anxiety associated with that because I have this person in my class. I know this is a likely situation or a potential situation. Whether likely or not, the potential is there to do something as drastic as suicide, but you don't know what the signs or symptoms [are] or what you should be looking for." (Buchanan & Harris, 2014)(p.15-16)	Thoughts and Feelings of Shock, Sadness, Uncertainty, Anxiety, and Fear (U)	Feeling at a loss and coping with compassion
How do we feel? You do feel helpless […] you feel that you're losing a child. (P3; male) (Shelemy, Harvey, et al., 2019a) (p.377) I just felt so pleased that I did it [helped]. I said to my daughter in the car on the way home it was the right thing to do […] I just felt elated that he was coming out the other end. (P4; female) (Shelemy, Harvey, et al., 2019a) (p.377)	Helpnessless and satisfaction (U)	
"Things like suicide,kids talk about that so freely now that it's almost like the boy that cried wolf. Every kid talks about, 'Oh, I should just end my life. Oh, you should go kill yourself'...that's just jargon out there now.So,is every single one of those a real thing that I have to be worried about? Like, where do you draw the line? As teachers, how do we know the difference? Everybody feels that kind of stress and pressure and that's not necessarily [an alarm for] suicide. But if you've had a plan and if you've thought about how you would do it or a date or a timeline...those are things that are alarms." (Dirks, 2020)(p.77) "They shouldn't have to go through this at their age...it just makes me hurt for them"(Roger). (Dirks, 2020)(p.78)	The impact of AAD on music educators (U)	
"As I got older I became less shocked and less hesitant about	Coping: A Feeling of	

talking to people about the issues in general. "(Buchanan & Harris, 2014)(p.16) "The nice thing is I know [that] if something comes up and I don't know how to deal with it, then there are people here who should know or can find out and that's their job to find out how to deal with these things, so that's encouraging." (Buchanan & Harris, 2014)(p.17) "They don't want to come back and their whole relationships with their friends and teachers have changed. That must be totally devastating. So keeping that as close to normal as possible [is important]." (Buchanan & Harris, 2014)(p.17) "I think if you keep the child's interests at heart then I think you're going to be fine. You might not do everything correctly, by the book, but if you have the child's interests at heart, I think that's the key and that's what I tried to do." (Buchanan & Harris, 2014) (p.18)	Relief (U)	

Category four: Providing a supportive and close relationship beyond that of the role

Category four demonstrates that the role of the teacher has expanded beyond academics, and the development of a close relationship between teacher and pupil is significant in supporting a pupil's mental health. It also describes the difficulties and challenges caused by this supportive relationship. Firstly, secondary school teachers in Canada and the USA reported that their role was expanded: they taught the curriculum and assisted students with mental health issues (Buchanan & Harris, 2014; Strasser, 2020). Teachers' extra role included getting into students' lives in place of a parent and being a student resource (Buchanan & Harris, 2014). However, secondary school teachers in the UK may have been hesitant to accept a role in supporting

mental health issues due to the expectations of teachers (McConnellogue & Storey, 2017; Shelemy, Harvey, et al., 2019a).

Secondly, teachers argued the importance of developing close relationships and shared experiences in building relationships with students. Teachers noted that having a supportive relationship with students and an open-door policy would increase help-seeking behavior (Shelemy, Harvey, et al., 2019a) and encourage students to 'drop by': *"...students know that they can come in and talk to me or get help anytime"* (Dirks, 2020)(P62). Teachers expressed that they always listened to the students and used their personal stories to develop a closer relationship with and support students (Dirks, 2020; Maelan et al., 2018), making students feel comfortable in the classroom (Shelemy, Harvey, et al., 2019a). Additionally, teachers offered many approaches, such as journals, Facebook, and phone numbers, to build personal connections with students (Dirks, 2020). Other teachers mentioned taking students to the playground and talking about their own experiences, although they don't know if this helps (Yao et al., 2021). Few teachers in China believed that psychiatric hospitals were not beneficial and could negatively affect students' mental well-being (Yao et al., 2021).

Thirdly, teachers discuss the difficulties and challenges imposed by the extra role. Some teachers are concerned about maintaining professional boundaries and the potential consequences of becoming too close with students while providing support (Shelemy, Harvey, et al., 2019a). Some teachers experience a conflict or struggle between their personal and professional identities (McConnellogue & Storey, 2017). Outside opinions about what teachers should do might have led to teachers' reluctance

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to take on a role in supporting students with mental health issues (McConnellogue & Storey, 2017). In one study, teachers had different opinions about maintaining student confidentiality concerning mental health issues. Some teachers felt that confidentiality should be applied consistently and a student's right to privacy should be upheld, while others liked knowing more about a student's situation (Buchanan & Harris, 2014). In addition, some teachers found it difficult to maintain confidentiality and honesty, either because they were overwhelmed by the student's situation and needed guidance or unsure of what actions to take to help them (Buchanan & Harris, 2014) (Table 11).

Table 11: Category four: Providing a supportive and close relationship beyond that of the role

Significant statements	Findings	Category
"You have to take it as an extra hat. You have to be aware of all these things [mental health issues] that you're not really trained for but in the same sense you know it is necessary. I mean not like we don't wear enough hats as it is, but here's another one."(Buchanan & Harris, 2014)(p.13)	The Many Hats of the Teacher (U)	Providing a supportive and close relationship beyond that of the role
"My first instinct is to say that my role is to help them really develop themselves into good productive people outside of the school world." (Shelemy, Harvey, et al., 2019a) (p.90) "The better you know the student, the more they will respect you and respond to you. When they have the feeling of comfort and safety, they will respond to you." (Shelemy, Harvey, et al., 2019a) (p.93) She explained that she is expected to "get this and this and this done" while "supporting this one kid and what they're going through right now." (Shelemy, Harvey, et al., 2019a) (p.95)	Perceived role (U)	
Things can go wrong very easily and very quickly and then	Perceived role of	

as I found before […] my relationship with this child as a teacher was compromised because of the relationship that I had with the child as somebody who cared about her and that was not my role so I think I learnt a valuable lesson.(P7; female) (Shelemy, Harvey, et al., 2019a)(p.375)	teacher (U)	
It's not our responsibility. I think we're not trained to be counsellors we should […] send them off, refer them to someone else cause we can't take responsibility. That's what I feel. (P5; female) (Shelemy, Harvey, et al., 2019a) (p.375)	Perceived role of teacher (U)	
I felt like obviously this person trusted me because people don't obviously share random horrible stories about themselves to random members of the public. They find safe confiding people that they trust, so I did feel like this person trusts me. (P5; female) (Shelemy, Harvey, et al., 2019a) (p.375) You know this person's come to you in trust and you want to you want to be there to help them because you know what it's taken for them to do that. (P2; female) (p.375) I had a parents' evening with her mum […] and I remember getting really annoyed at her mum for not quite realising how talented she is or how unique and special she is. (P1; female) (Shelemy, Harvey, et al., 2019a) (p.376)	Nature of relationship (U)	
"Since I have the kids for five years here..a lot are pretty open with me the older they get...I can kind of read them because I have a rapport with them."(Dirks, 2020) (p.61) "I'm more of a family member to them. Sometimes I see their anger or their rudeness,[because] sometimes they're really comfortable and say things to me like you would say to your parents or things that would be said in the family home. (Dirks, 2020)(p.65)	Student help-seeking behaviours (U)	
"I would say on a daily basis there's someone inhere [his office] talking about something, not always heavy, sometimes even just sharing with me a happy thing, but it's	Responses to AAD (U)	

all the time. There's never a time that I'm working in this office by myself, uninterrupted. It just never happens." (Dirks, 2020)(p.69)	
That just really,really laid me low...and so I really went through a bad depression... and then it made me way more sensitive to kids that...just had a difficult time functioning...I was way more compassionate...now I can relate to not wanting to get out of a chair, and it's a bad place to be. (Dirks, 2020)(p.72) "I feel like a lot of times we were told how to recognize [mental health concerns] and then to just go to a counselor versus trying to give us some tools of how to reach out to the student"(Kate). (Dirks, 2020)(p.75)	Responses to AAD (U)
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 speaking 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. (Maelan et al., 2018)(p.21) "We've got pupils who are so 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." (Maelan et al., 2018)(p.22)	Working with individual pupils through teaching and learning (U)
"At first, I observe the students and if there are problems, I will communicate with the student and others close to the student, like parents and other teachers." (Female informant from Zhejiang province, #11) (Yao et al., 2021)(p.10) "Occasionally, I will take students to the playground in the evening, and they lie on the ground to see the evening sky. But I don't know if this helps. I don't know enough about psychology. So, I tend to talk to the students about my own experience." (Female informant from Anhui province, #2) (Yao et al., 2021)(p.10)	What Informants Have Done about Students They Believe to Have Mental Health Issues

… they're not just here for us to fill their heads with information and send them off with their diploma at the end of the day, they're actually here as whole people who need to be nurtured and minded. (Fiona) (McConnellogue & Storey, 2017)(p.177) He needed help of a psychiatric nature and it was important to give him confidence that, you know … we were supporting him, we were behind him, that I wouldn't tell him a lie, that he could trust me. (Carl) (McConnellogue & Storey, 2017)(p.177)	Baseline mastery (U)	
I helped her make a plan because that's all she needed help with. She has a signal she shows me, and I just nod my head and then she goes and works in my office. We set that up at the beginning of the school year and it seems to work pretty well. (Strasser, 2020)(p.99) "Against what we've had in the past, I see more confidence in schoolwork," she said. Christopher similarly had conversations with students that kept them in his class and led to student success. "She stuck with the class and she did just fine . . . I listened to her, but I also tried to reassure her about what I was going to do and the purpose and value of doing those presentations." (Strasser, 2020)(p.100)	Perceived effectiveness (U)	
At the end of the day I can't be their parent.(Gerry) (McConnellogue & Storey, 2017)(p.178) You know we're not psychiatrists. We … our role is to identify and pass on as quickly as possible. (Elaine) (McConnellogue & Storey, 2017)(p.178) When children come through that door in the morning we're in charge of them and we're not just in charge of their education, it's their health and wellbeing and you know in a sense we are acting as the parents would do with the child at home … [Parents] have the responsibility to ensure the health and safety of their child outside of school. (Ben) (McConnellogue & Storey, 2017)(p.179)	Tension between personal and professional identities (U)	
Just because a child is in your school does not mean you should know every last thing about them. They have a right	Confidentiality: To	

to privacy. And sometimes I find that is the hardest thing for adults or teachers to understand.(Buchanan & Harris, 2014)(p.18) Because when you know or when you've been involved with something, you want to know that something has been done. (Buchanan & Harris, 2014)(p.18) "It was very difficult; I think that's what made it hard, you know. You couldn't even talk to your fellow teachers because they weren't aware and that made it more difficult, I think." (Buchanan & Harris, 2014)(p.19)	Tell or Not to Tell (U)	

Category five: Understanding the conflicts imposed on and by the education system

The last category describes the teachers' experiences in providing a supportive environment and navigating the classroom's policies and procedures governing mental health issues. Firstly, secondary school teachers talked about how mental health issues affected their teaching methods or the ways they supported students with mental health issues in the school setting. Secondary school teachers became more aware that students might be going through a crisis, and they decided to make the school environment as safe and welcoming as possible (Buchanan & Harris, 2014; Dirks, 2020; Shelemy, Harvey, et al., 2019a; Strasser, 2020). Some secondary school teachers indicated that they control the content talked about in the classroom, such as sensitive topics delivered to students. They also encouraged discussions about depression to help reduce the stigma associated with mental health problems (Maelan et al., 2018; Strasser, 2020). This was important to minimize the effects of mental health issues while providing a conducive learning environment (Maelan et al., 2018)

(P22). On the other hand, teachers provided students with different learning opportunities; for example, teachers made changes to help students with mental health issues learn better and organized extra-curricular activities for them (Dirks, 2020; Maelan et al., 2018).

Secondly, some teachers described they should refer students to and build bridges with professionals when they need more help than just a listening ear, including counseling teams, administrators, and parents (Dirks, 2020; Shelemy, Harvey, et al., 2019a). However, some teachers felt unsupported by the school or parents - such as teachers who did not have time to follow up with the students after counseling, overburdened administrators and counseling departments, and some parents didn't want others to know their children had mental health issues, and there was also a lack of feedback from parents and professionals outside of school (Mbwayo et al., 2020b; McConnellogue & Storey, 2017; Shelemy, Harvey, et al., 2019a). Teachers also noted the difficulties raised by the education system since teachers were frequently overwhelmed by many students (Doumit et al., 2018; Iudici & Fabbri, 2017; Strasser, 2020).

Thirdly, teachers mentioned they didn't have enough knowledge or training about mental health issues (Mbwayo et al., 2020a) (P159). Consequently, teachers were unsure about the signs or symptoms of mental health issues, what to look for, what actions to take, and whether there was a correct approach to handle these situations (Buchanan & Harris, 2014; Dirks, 2020; Yao et al., 2021). Even though some teachers had received mental health training programs, participants expressed that their

training sources were 'useless' (Shelemy, Harvey, et al., 2019a; Yao et al., 2021) (Table 12).

Table 12: Category five: Understanding the conflicts imposed on and by the educational system

Significant statements	Findings	Category
For example, I'm teaching The Catcher in The Rye right now. Obvious mental health issues come up in the book, and we've had some conversations about resiliency and depression specifically and what you do and what helps teenagers when they're going through hard times. But I try to touch on it if there is an opportunity in any class, no matter what we're really talking about. (Strasser, 2020) (p.103)	Perceived impact on teaching (U)	Understanding the conflicts imposed on and by the educational system
We eventually [performed] a school assembly...based on mental health and had the entire high school there. It was a student led assembly [led] by my high school choir students and they did all the statistics. I even had two students that were brave enough to give personal statements [about how] they've dealt with their own mental health. That was really eye opening for some other students in the school and I think it gave them the freedom that they can share with others as well. Because of that concert, I feel like our group dynamic has enhanced...and they feel safe in my classroom. (Dirks, 2020)(p.81)	Social-emotional support within the teaching environment (U)	
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. (Maelan et al., 2018)(p.23)	Working with the school context (U)	
Some respondents observe, "the assessment of knowledge," others "the origin of disease," others "the adaptation in the classroom," others "assess the personality of the student," others "the behavior during the lesson."(Iudici & Fabbri, 2017) (p.2287)	The practice of reporting (U)	

The criticality is that [...] the developmental team should work in synergy with the school "Teachers do not always have the same mode of work and the same elasticity and malleability, [...] the same vision."(Iudici & Fabbri, 2017)(p.2287)	Critical aspects of the process of reporting (U)	
"More training for teachers on youth problems in order to recognise and intervene better.""Greater teamwork among teachers.""It would be helpful to have more discussions with the families."(Iudici & Fabbri, 2017)(p.2288)	Improving strategies (U)	
I think that the school counselor provides an outlet for students. If students are really in need of someone to talk to, the school counselor is definitely someone they can turn to. It also gives them kind of a safe outlet to get out of class. (Strasser, 2020)(p.121) The relationships our school counselors have with students can be very challenging. I work at a school with a thousand kids, and we have two counselors. I can only imagine that these counselors have very surface level relationships with a lot of the students. And sometimes I don't know how effective they can be if they don't truly understand or know these kids. (Strasser, 2020)(p.123)	Perception of the counselor (U)	
...so I phoned the mother to work, ... um which was a very difficult conversation [smiling] – hi I've got a suicide letter from your son – um ... the father then phoned me and said can you read out the letter and I read out the letter over the phone to the father and then I suggested that he would bring the young man to the doctors or to the hospital and that would be my best advice. The parent came up, took the child home and two hours later sent him back to school ... [long pause] ... and it has never been mentioned again ... I think it was a disgrace. I think we've failed him. (Elaine) (McConnellogue & Storey, 2017)(p.177) ... they won't allow the child to go into counselling ... and he does appear to need some form of some kind of, ... intervention at the moment, that's just one example of where because we need permission from the parents to put the child into	Threats to efficacy (U)	

counselling or to give him any additional help because of his age, em ... we're kind of, our hands are tied. (Fiona) (McConnellogue & Storey, 2017)(p.178)		
I want action immediately. I understand that CAMHS and other professional agencies have longer waiting lists. I understand the cuts that they've gone through and I understand the frustrations they have but it doesn't stop still when you've got a young person in front of you crying out for help that you want to help them and I think you then pick up those frustrations. (P6; male) (Shelemy, Harvey, et al., 2019a) (p.376) I think also we're not only having to deal with the mental health of the young people but also their parents […] don't acknowledge it themselves. (P6; male) (Shelemy, Harvey, et al., 2019a) (p.376)	Barriers to helping the young person (U)	
It was a case of trying to make a square fit a circle so with the training we had and with the resources we had trying to support them, it just felt very inadequate, it felt superficial the support we were giving and it didn't feel like we were actually supporting them in any real way. (P7; female)(Strasser, 2020)(p.376) I just had to sort of rely on my natural teaching skills which is just to listen to her and to say to her is it's probably not as bad as you're making it out, it's all in your head, it's all in your mind, but a lot of the time what I was saying was probably not the right thing and she was getting more and more anxious. (P2; female)(Strasser, 2020)(p.377)	Amount of training and resource (U)	
...during our academic preparation they told us a bit about mental health, but what I know comes from my experience with students...we need more understanding of mental health... (Doumit et al., 2018)(p.243)	There is a need for better education and cultural understanding about mental health care. (U)	
"I don't think training helps much, because the content is theoretical and it doesn't teach us how to work with specific	Informant Training in	

mental health issues, and the training is not all about adolescent mental health. It is useless when we have problems with students." (Male informant from Zhejiang province, #7) (Yao et al., 2021)(p.11)	Student Mental Health (U)	
Tanya couldn't recall"any formal classes about anxiety or nervousness in students," while John said that his district's minimal training mostly involved learning definitions of anxiety. Carly shared that her district training was simply a formality of licensure."We have one every three or four years or so. It's a check off on our licensure." (Strasser, 2020)(p.119)	Acquired knowledge and training (U)	
"Our curriculum is tight and the school pays more attention to student learning, so we dedicate most of our time to teaching." (Male informant from Zhejiang province, #11) "I don't know how to work with students' mental health problems and I believe that I need to improve my ability to work with such problems." (Male informant from Zhejiang province, #24)(Yao et al., 2021) (p.11)	Informants' Perceived Ability to Intervene with Student Mental Health Issues (U)	
"In colleges we were taught the problems we are likely to experience but were not taught how to handle them." (Mbwayo et al., 2020a) (p.158)	Lack of skills: Teachers felt that they were not equipped to deal with several problems manifested by the students. (U)	
"Even the teachers who are trained are given as many lessons as the rest and so there is very little time."(Mbwayo et al., 2020a)(p.159)	Lack of time: Apart from lack of skills, the teachers pointed out that lack of time is a major problem as they have a full teaching load. (U)	
"When you take the cases to the administration, the administration has dealt with many cases, they (administration)	Lack of support from the school	

just lets go the case." (Mbwayo et al., 2020a)(p.159)	administration. (U)	
"The way the G&C handles the students is frustrating. They handle all cases sent to them in a similar manner. Most cases are treated like cases of defiance."(Mbwayo et al., 2020a)(p.159)	Problem with the guidance and counseling (G&C) department. (U)	
"The parents fear being stigmatized by society, so they do not want their children to be known they have a mental health problem and so continue denying." (Mbwayo et al., 2020a)(p.159)	Problems with parents. Parents were identified as a challenge (U)	
"The Kenya education system has been structured in ways that do not accommodate the students with mental health problems. They get transferred from one school to another. The system is too tight that we end up not helping students with mental health problems at all. " (Mbwayo et al., 2020a)(p.159)	Systemic problems: this challenge touches on the whole education system (U)	

2.7 Justification for this study

Overall, Western scholars have used different qualitative research methods to explore teachers' experiences from various angles, but limited studies have been done in the Asian context. However, due to the different economic conditions, cultural backgrounds, and lifestyles in other countries, the findings of Western research cannot be directly used to understand the experiences of secondary school teachers in Asian countries. How far qualitative study can contribute new knowledge of secondary school teachers' experiences in supporting students with mental health issues in China remains unknown. Therefore, this proposed study, "Teachers Supporting Students with Mental Health Issues," is novel because it uses descriptive phenomenology to

understand secondary school teachers' experiences in a Chinese context.

2.8 Chapter Summary

This chapter uses existing qualitative literature to review the experiences of secondary school teachers in supporting students with mental health issues, providing a summary of the qualitative evidence related to this topic. The literature review concludes with a brief discussion on what is known about secondary school teachers supporting students with mental health issues, compared to what is not known from an Asian perspective, and provides the justification for this descriptive phenomenological study.

Chapter 3: Overview of the Selected Methodology: Descriptive Phenomenology

3.1 Introduction

This chapter centers around the selected methodological approach, descriptive phenomenology, which is deeply rooted in the philosophical tradition of Edmund Husserl. This methodology is particularly relevant for exploring the lived experiences of individuals, making it a valuable approach in qualitative research, especially within the nursing field. The chapter begins by looking into the historical origins and philosophical underpinnings of descriptive phenomenology in order to provide a comprehensive understanding. Key elements that form the basis of Husserl's descriptive phenomenology are highlighted, such as the phenomenological attitude, intentionality, and phenomenological reduction. The chapter also highlights how descriptive phenomenology, as a scientific method, aligns with the principles and practices of nursing research, drawing on the work of Colaizzi (1978). Following this, the chapter provides a concise examination of how descriptive phenomenology aligns with the context of nursing research.

3.2 Contextualising the Selection of the Methodology

The research methodology used in this study is grounded in Husserlian descriptive phenomenology, but it emphasizes the scientific aspect rather than the philosophical. This distinction is particularly significant in the way phenomenological reduction is approached (Converse, 2012). Edmund Husserl (1970a) proposed a broader view of phenomenological reduction. He emphasized the importance of considering the entire

lived experience, which includes the phenomenon itself and the observer's role within the experience (Sokolowski, 2010). Therefore, Husserl's approach involves a holistic view, where the observer's subjective perspective is integral to understanding the phenomenon under study. However, Giorgi suggests that the observer's role should be minimized as much as possible. In Giorgi's framework, phenomenological reduction focuses solely on the participant's lived experience. The observer intentionally puts aside their own preconceived ideas and biases about the phenomenon being studied (Giorgi, 2009). This process, known as "bracketing," ensures that the analysis remains as true to the participant's experience as possible, without interference from the observer's subjective interpretations. Giorgi (1975) wanted to integrate philosophical phenomenology into empirical research (Giorgi, 1975). His goal was to enable human science research by applying phenomenological principles in a structured and scientific way (Todres & Holloway, 2004). By doing so, Giorgi aimed to connect philosophical theory with empirical practice, enabling researchers to study human experiences in a way that is both thorough and grounded in the phenomenological tradition.

I chose descriptive phenomenology over interpretive (hermeneutical) or ethnographic approaches because I focus on the transformative experiences within an individual's lived world. Descriptive phenomenology enables a detailed examination of experiences, capturing what it means for individuals to live through particular events or phases. This methodology aligns well with my objective of understanding the life world of secondary school teachers as they navigate the complexities of supporting

students with mental health issues. By adopting this approach, I aim to comprehensively explain how secondary school teachers understand their role and the meaning they derive from supporting students with mental health issues. This understanding is crucial as it goes beyond mere descriptions, delving into the self-understanding and personal insights of the teachers themselves. While this study aims to understand secondary school teachers' experiences in supporting students with mental health issues, it is important to acknowledge that the phenomenon itself is not new. Some studies, both qualitative and quantitative, have attempted to describe and explore the experiences of secondary school teachers in Western countries. These studies have employed various methods and methodologies to capture the essence of these experiences. However, despite the wealth of research available, a significant gap exists in understanding these experiences within a Chinese context. China's cultural, social, and educational dynamics present unique challenges and perspectives that have not been adequately explored in existing literature. This knowledge gap justifies using a descriptive phenomenological study to build and expand our understanding of the lived experiences of secondary school teachers in China, addressing a significant gap in current research and adding valuable insights to the field.

3.3 Historical Origins and Philosophical Foundations of Descriptive Phenomenology

Phenomenology emerged as a philosophical approach to inquiry in Europe around the early 20th century (Bradbury‐Jones et al., 2009). Husserl (1970a) developed phenomenology as a philosophical approach distinct from the natural sciences, aiming

to provide insights into the experiences of conscious entities (Hook, 1930). This approach was revolutionary because it sought to delve into the subjective realm of human consciousness, contrasting sharply with the objective methodologies prevalent in the natural sciences. The term phenomenology has two components originating from the Greek: 'phainein' and 'logos,' 'phainein' means "to appear," and 'logos' means 'the science of' (Heidegger, 1962)(p. 50). This etymology is significant because it underscores the fundamental aim of phenomenology: to uncover the truth by describing phenomena as they are experienced in a person's consciousness (Moran, 2002). For instance, human conscious experiences are inherently experiences of the world, and individuals assign meaning to these experiences (Glendinning, 2007).

Furthermore, phenomenological inquiry methods aim to express the meaning of experienced phenomena by concentrating on the phenomena themselves rather than trying to measure them (Moran, 2002). It's important to approach the description of phenomena with an open mind to avoid simply stating what the researcher already knows about the experience. This intentional naivety, or "epoché," involves putting aside preconceived ideas and biases in order to view the phenomenon from a new perspective. The goal is to describe the experience as it is lived, without the interference of prior knowledge or theoretical frameworks. Phenomenological inquiry provides evidence that surpasses current understanding, offering deeper and more meaningful insights (Todres & Holloway, 2004). This depth of insight can lead to more profound and nuanced understandings of human experiences, contributing valuable knowledge to fields such as psychology, nursing, and education.

The initial applications of phenomenology were primarily concerned with the concept of intentionality, which refers to the human mind's ability to focus on objects outside itself. Aristotle's views on perception focused on the mind's awareness of objects without distinguishing the specific nature or substance of those objects (Aristotle & Barnes, 1984). Aristotle's perspective was more concerned with the act of perception rather than the objects being perceived, laying early groundwork for understanding how the mind relates to the world. This perspective resulted in the idea that there are two types or areas of existence: one related to the mind's focus (intentionality) and the other related to the actual world (reality). Intentionality refers to a mental, conscious state, while reality is a mix of form and matter that exists in the physical world. This dualism highlights a fundamental aspect of phenomenological inquiry: the distinction between the subjective experience of phenomena and the objective reality of the external world. It suggests that while our consciousness can direct itself toward real objects, the nature of these objects as experienced by the mind is different from their existence as physical entities.

Franz Brentano, influenced by medieval scholasticism, rekindled the concept of intentionality in the mid-19th century, particularly the notions of immanent objectivity and intentional inexistence. Brentano, in studying intentionality, wanted to describe mental phenomena as they are experienced internally by an individual—essentially focusing on the inherent principles of mental experiences (Glendinning, 2007) (p. 36). This inward focus was crucial for Brentano, as it emphasized the importance of subjective experience and the need to understand mental phenomena on

their terms rather than through the lens of physical science. Brentano's General Psychological Theory posited qualitative differences between physical and mental phenomena (Fancher, 1977). Physical phenomena are objects as they present themselves to consciousness, while mental phenomena are actions that include these objects as they appear, such as feeling happiness or hearing the rhythm of a song. For Brentano, this distinction was important because he believed that focusing consciously on an act changes its nature. For example, while you can question whether an object is real, you can't question the act of thinking about it. Mental acts inherently include both a primary and a secondary object. The primary object is directly observed in the mind (immanent objectivity), while the secondary object is perceived unconsciously and only becomes a new mental act when it is brought into conscious awareness. For example, when someone feels sadness (the primary object), they don't consciously recognize their sadness or the act of being sad (the secondary object). Only after the sadness has passed can one reflect on the feeling, thereby changing the nature of the act. When someone is focused on reading a book (the primary object), they might not be aware of their state of concentration or the act of reading itself (the secondary object). Brentano viewed this as the undeniable reality of mental phenomena, a concept somewhat inspired by Descartes' "cogito ergo sum" (I think, therefore I am). His theory implies that mental acts are dynamic and can transform based on reflective awareness.

Edmund Husserl, a student of Brentano, expanded on Brentano's concept of intentionality by proposing that for the 'naïve person,' intentionality involves both

inner and outer perceptions (physical and mental phenomena). Husserl's development

of phenomenology sought to build on and systematize Brentano's insights, providing

a more comprehensive framework for understanding consciousness. This approach

distinguishes between perceiving external objects and perceiving oneself (Morrison,

1970). External perception comes from the sense organs, while reflection creates

inner perception. Both types of perception produce phenomena through appearances,

but importantly, these are appearances of something specific. Husserl utilized this

approach to ascribe significance to the natural attitude, thereby constructing an

epistemological comprehension of the intentional connection in everyday life - what

he termed the "life-world" (Dahlberg, 2006). The life world refers to the pre-reflective,

taken-for-granted world of everyday experience. Husserl's phenomenology aimed to

reveal the structures of consciousness that make this life-world possible, thus bridging

the gap between subjective experience and objective reality. According to Husserl, the

lived world of experience, or the life world, serves as the fundamental basis for all

scientific inquiry. In this phenomenological method, the focus is on describing the

phenomenon rather than providing explanations for it (Sadala & Adorno, 2002).

Therefore, the approach influenced by Husserl's ideas is often referred to as

'descriptive phenomenology' (Dowling, 2007). Husserl proposed "to the things

themselves" to explore taken-for-granted everyday situations held in unconsciousness;

an example would be opening a door. Husserl suggested that the complex sources of

implicit meaning, tied to existence and experience, affect how a person understands

their life world. He called the broad variety of these experiences the natural attitude.

3.3.1 Natural Attitude

Husserl described "the natural attitude" as how people are deeply involved in their daily lives and experiences, accepting the world as they perceive it without questioning it (Karin et al., 2007). Dalberg, et al., (2001, p45) describes it as:

> "...the everyday immersion in one's existence and experience in which
>
> we take for granted that the world is as we perceive it."

Therefore, the natural attitude is how we view the world before engaging in philosophical thinking. It involves being absorbed in everyday events and experiences, understanding them without critical reflection or conscious analysis. The world Husserl describes includes external objects such as cars, buildings, or trees (the macrophysical) and microphysical acts such as dreaming or judging. For example, Husserl (Cerbone, 2006) (p9) states that:

> "I am conscious of a world endlessly spread out in space, becoming and
>
> having become in time. I am conscious of it: that signifies, above all,
>
> that intuitively, I find it immediately, that I experience it. By my seeing,
>
> touching, hearing, and so forth, and in the different modes of sensual
>
> perception, human, physical things with some spatial distribution or
>
> other are simply there for me, "on hand" in the literal or the figurative
>
> sense, whether or not I am particularly heedful of them and busied with
>
> them in my considering, thinking, feeling, or willing. Animate beings, too

– human beings, let us say – are immediately there for me: I look up; I

see them; I hear their approach; I grasp their hands; talking with them,

I understand immediately what they mean and think, what feelings stir

within them, what they wish or will."

However, vagueness surrounds the natural attitude when defining or explaining specific phenomena. This is often challenging, especially from the scientific perspective, because of the philosophical standpoint with which Husserl first described it. Therefore, Husserl attempted to explain the natural attitude as the person's interaction with and in the world, which he called intentionality.

3.3.2 Intentionality

Husserl showed us that our life-world is an intentional field. From a Husserlian perspective, intentionality means the inseparable connection between individuals and the world. '*To know the world is profoundly to be in the world in a certain way,' thus, intentionality can be seen as an 'inseparable connection to the world*' (Van der Zalm & Bergum, 2000). Brentano and later Husserl pointed out that the basic structure of consciousness is intentional (Spiegelberg, 2012). This means every mental experience —whether it's a perception, memory, thought, feeling, or emotion—is always focused on or directed toward something. For example, when someone wants, they want something specific; when they think, they think about something specific. This applies to all mental phenomena (Husserl, 1982). The same principle applies to action: mastering involves achieving mastery over something, hearing involves perceiving

the sound of something, and pointing involves directing attention toward something. Every human activity is inherently directed towards and influenced by the objects or concepts it refers to. The key to comprehending human experience lies in intentionality (Earle, 2010). In this way, we find a person's world or landscape. Schwandt (2014) defined "intentional" as a "state of engagement with the world; our consciousness or mental states are always 'about' something" (Schwandt, 2014). In other words, intentionality refers to how people are connected meaningfully with the things in the world, whether they are conscious of them or not (Vagle, 2014).

3.3.3 Bracketing (Phenomenological Reduction)

So, to "go to the things themselves," Husserl suggested that phenomenological reduction be applied or, in other words, 'epoché' or bracketing. Mortari (2008) explained 'epoché' when doing a qualitative phenomenological project as follows:

To comprehend the essence of the phenomenological method, the authentic phenomenological researcher cannot rely on manuals where the technique is already codified; indeed, if the watchword of phenomenology is "going to the things themselves," then the task of the authentic phenomenologist is "going to the original texts." (Mortari, 2008, p. 4)

Additionally, this means the phenomenological researcher puts aside or suspends their subjective experiences, theoretical biases, and suppositions of a phenomenon under investigation to understand its true essence (Anosike et al., 2012). This approach is a key feature of Husserlian phenomenology. From a practical perspective, bracketing

doesn't mean eliminating everything or denying the external world. Instead, it involves focusing on the essence of things by ignoring existing connections and judgments about the world. Researchers set aside these connections to better understand the phenomenon itself (Dowling, 2007). In essence, bracketing is to prepare for the generation of new knowledge. This means that by overcoming personal biases and assumptions, researchers can perceive things, events, and people in a new way. This allows them to investigate and understand phenomena as if they are seeing them for the first time, becoming like a perpetual beginner (Merleau-Ponty, 2013). To go further, bracketing is a way of "seeing" and "being" in an unfettered attitude toward things. The significance of bracketing is that it gives the researcher an original starting point for understanding things, with a broad vision and a specified space and time. Therefore, through performing the bracketing, researchers can grasp and understand the true nature or essence of a phenomenon (McConnell‑Henry et al., 2009).

Thus, descriptive phenomenology aims to describe a phenomenon's essential, invariant structures rigorously free from distortion and bias. The phenomenologist tries to remove any biases or preconceived notions from the phenomenon to explain and understand it accurately (Dowling, 2007).

3.4 Phenomenological Research Method: the philosophy versus the science

The focus on "going to the things themselves" has resulted in a division in the approach of phenomenology and the manner in which lived experiences are examined

and understood. The two main schools of thinking, American (continental) and European (traditional), principally diverge in their interpretation and definition of the natural attitude. The European approach focuses on investigating the pre-reflective, primal encounter with phenomena prior to its conversion into a memory of an occurrence. According to Caelli (2000), this entails eliminating self-conscious thought processes (Caelli, 2000). On the other hand, the American approach, commonly known as new phenomenology (Crotty, 1996), emphasizes the investigation and depiction of ordinary experiences (Caelli, 2000). The application of phenomenology in nursing research has been modified to accurately represent the fundamental characteristics of nursing practice. This technique entails a comprehensive and context-specific examination of human experiences within a compassionate setting (Dowling, 2007; Todres & Wheeler, 2001).

Husserl claimed that phenomenology constituted a systematic approach to examining the nature of consciousness. Husserl sought to uncover the inherent meaning within human experiences through a process known as transcendental phenomenological reduction. This process involves stripping away layers of presuppositions and biases to understand how phenomena present themselves to consciousness. Husserlian phenomenology places significant emphasis on the life world. This concept refers to the pre-reflective, everyday lived experiences of individuals. By examining these experiences in their raw, unfiltered form, Husserl aimed to understand the essential structures of phenomena, free from the distortions of cultural and historical contexts (Dowling, 2007). The life world serves as a foundational source of evidence for

phenomenological inquiry, offering insights into the fundamental ways we engage with the world around us.

Descriptive scientific phenomenology refers to the newer approach, particularly the work of Colaizzi and Giorgi. This approach views phenomenological philosophy as a foundational basis for scientific work rather than a direct model for scientific practice. Descriptive scientific phenomenology primarily pertains to the recent developments in phenomenology, specifically the contributions of Colaizzi and Giorgi (Giorgi, 2000). This change in perspective acknowledges that phenomenological philosophy serves as a fundamental basis for scientific pursuits rather than being a direct blueprint for scientific methodology. Giorgi's (1985) phenomenological method outlines a process aimed at elucidating situations as individuals in their everyday lives live through them. This involves uncovering the concrete, everyday descriptions of others' experiences. Giorgi emphasizes that this method is not merely about theoretical abstraction but about capturing the lived realities of individuals in a detailed and nuanced manner (Giorgi, 1997). Similarly, Colaizzi explains that experience is inherently tied to our interactions with the world. He emphasizes that experience is pervasive in all our dealings with the world, highlighting that we are always already engaged with our surroundings (Colaizzi, 1978)(p. 52).

Colaizzi (1978) presented a descriptive phenomenological method that differs from the philosophical approach advocated by Husserl and others. This method involves a systematic process of step-by-step exploration and discovery. This analytical approach enables the exploration of scientific essences rather than philosophical ones.

The descriptive phenomenological method thus provides a rigorous framework for exploring the complexities of human experiences in a systematic and unbiased manner. Furthermore, this method's stepwise process facilitates a thorough and meticulous exploration of experiences. It is well-suited for fields such as psychology, nursing, and social sciences, where understanding the intricacies of human behavior and perception is crucial.

3.5 Phenomenology in Nursing

As a practice, nursing involves intimate and continuous interactions with patients, their families, and the broader healthcare environment. By employing phenomenological methods, nurses can gain deeper insights into their encounters with healthcare systems. Pratt (2012) highlights the significance of phenomenology as a research methodology due to its ability to provide practitioners with a deeper comprehension of the lived experiences of individuals, particularly within the realms of health and social care (Pratt, 2012). This understanding is crucial for providing care that is empathetic, person-centered, and responsive to the unique needs of each individual.

Edwards (2006) emphasizes the significance of a comprehensive approach in nursing care, stating that it is essential to professional practice. She argues that the current trend towards reductionist evidence-based practice often overlooks the complexity and individuality of people's experiences. In contrast, a holistic approach, informed by phenomenological thought, aligns closely with the core values of nursing practice.

These values encompass acknowledging the individuality of each person, the significance of personal self-discovery and acceptance of life circumstances, the necessity to delve into the significance of experiences, nurturing interpersonal connections, facilitating the potential for personal development, and utilizing oneself as a therapeutic instrument. This can lead to more empathetic and effective care as nurses better understand the subjective realities of those they care for. For instance, Giorgi's approach can help nurses clarify the everyday experiences of patients, such as their feelings of anxiety, pain, or comfort. By meticulously describing these experiences, nurses can develop more tailored and responsive care plans. Similarly, Colaizzi's emphasis on the pervasive nature of experience can remind nurses that their patients' experiences are deeply embedded in their interactions with the healthcare environment. This perspective encourages a more holistic approach to nursing care, emphasizing the treatment of symptoms and the understanding of the broader context of people's lived experiences.

In conclusion, integrating the insights of Colaizzi and Giorgi into nursing practice can enhance the quality of care by fostering a deeper understanding of people's experiences. This integration underscores the value of phenomenological methods in capturing the complexities of human experience, thereby enhancing the empathy and effectiveness of nursing practice. Nurses can better appreciate the nuances of others' realities through such an approach, leading to more meaningful and impactful healthcare outcomes.

3.6 Chapter Summary

This chapter has presented a thorough overview of Husserlian descriptive phenomenology, encompassing its historical origins and philosophical underpinnings. The adoption of this methodology was justified by examining the difference between phenomenology as a philosophy and as a scientific research approach. Additionally, the significance of phenomenology in the field of nursing was emphasized. This alignment establishes the foundation for investigating the life-world of secondary school teachers as they provide assistance to students with mental health concerns. It can assist the school nurse in implementing evidence-based practices in the school.

Chapter 4: The Research Process

4.1 Introduction

This chapter presents the reader with an introduction to the descriptive phenomenological method used to gather and analyze data in this study. It begins with the inclusion criteria and recruitment process, detailing how suitable participants were identified to present their lived experiences. Subsequently, a description of the data-gathering procedure ensues, with particular emphasis on the interview technique employed to acquire comprehensive and detailed data from the participants. Data analysis methods are discussed, showing how the collected data were examined and interpreted. The subsequent section outlines the techniques employed to ensure the rigor of qualitative research, hence enhancing the credibility and dependability of the study. Subsequently, the chapter discusses the ethical concerns that are necessary for safeguarding the participants' interests and ensuring the ethical and moral conduct of the study. Ultimately, the chapter ends by summarizing the methodological characteristics and procedures of the study, offering a thorough overview of the research's design and execution.

4.2 Inclusion and Exclusion Criteria

The inclusion criteria included secondary school teachers with experience in assisting students with mental health concerns teaching courses such as Chinese, Math, English, etc. Participants were excluded if they had no experience in supporting students with mental health issues and were now employed in primary or higher education. Mental

health professionals, such as school-based guidance counselors or providers, were excluded.

4.3 Recruitment Process

The researchers employed purposive sample approaches. Purposive sampling involves the researcher's deliberate selection of participants, considering their past and present experiences (Teddlie & Yu, 2007). For this particular scenario, the selection process involved choosing secondary school teachers in Changsha who have prior experience in providing support to school students with mental health concerns. Patton (2002, p.230) presented a comprehensive discussion of purposeful sampling:

> *The logic and power of purposeful sampling lie in selecting information-rich cases for in-depth study. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term purposeful sampling. Studying information-rich cases yields insights and in-depth understanding rather than empirical generalizations (Patton, 2002).*

The sample may not be representative of secondary school teachers as a whole. However, the goal of this study is to gain a deeper understanding of secondary school teachers' experiences in supporting students with mental health issues rather than to explore differences in lived experiences across various demographic groups. Phenomenological studies focus on the variations of experience itself rather than conventional variations like gender, ethnicity, or culture unless these factors are

clearly relevant to the topic under investigation.

Since the researcher's workplace is located in Changsha, conducting research in Changsha facilitates the arrangement and management of research activities, thereby improving research efficiency and flexibility. Additionally, as a local researcher in Changsha, the researcher can easily access to local educational resources and networks, enabling more effective data collection and participant recruitment. The researcher's better understanding of the local educational environment, cultural background, and school operations aids in the accurate design and implementation of the research. Moreover, conducting research locally enables the researcher to establish trust with participants more easily, resulting in more genuine and in-depth feedback and data. Changsha, as a typical urban educational environment, provides a preliminary research foundation and benchmark for future research extensions to other areas (such as rural regions). Furthermore, as the capital city of Hunan Province, Changsha's educational policies and practices are representative, and conducting research in Changsha can offer valuable insights for policymakers. Therefore, this study's participants were secondary school teachers with experience supporting students with mental health issues in Changsha, China.

This study adopts a descriptive phenomenological research paradigm, following Giorgi's (2009) methodological principles of phenomenology, employing purposive sampling combined with analysis to ensure sample and data adequacy (Mapp, 2008). The sampling process adheres to the following core criteria: An initial sample framework of 8–12 secondary school teachers (Kleiman, 2004) was established,

aligning with phenomenological research's emphasis on depth over breadth. Intensity sampling was employed to select participants who: Had typical experience in handling student mental health cases (core phenomenon); Demonstrated maximum variation in teaching experience, subject background (core/non-core subjects), etc, Were articulate in describing experiential details (informed participants). A validation process ensured the completeness of phenomenological descriptions: No new thematic units emerged in the consecutive interviews (Saunders et al., 2018).

A recruitment flyer was developed that described the study's purpose, procedure, qualifications needed (having experience in supporting students with mental health issues), and contact information. This approach was influenced by the research conducted by Sorrell and Redmond (1995), who proposed that it would be beneficial to offer preliminary information before the interview. This would enable the participants to prepare meaningful narratives (Sorrell & Redmond, 1995). The recruitment flyer was disseminated to principals, and ask the principals to recommend teachers who had supported students with mental health issues to me. Only those who met the requirements of my study were included in my research.

4.4 Data Collection (The Interview Process)

To align with the objective of this study, we conducted in-depth, open-ended individual interviews to gather data. These interviews were chosen because they allow for a thorough exploration of the personal experiences of secondary school teachers in their efforts to support students with mental health challenges. The individual

interview's open dialogue has the potential to accurately replicate a full description of the phenomenon being investigated. According to Sorrell and Redmond (1995; p.1120), the phenomenological interview serves a specific purpose:

"...not to explain, predict or generate theory, but to understand shared meanings by drawing from the respondent a vivid picture of the lived experience, complete with the richness of detail and context that shape the experience" (Sorrell & Redmond, 1995).

Therefore, during the interview, participants were invited to recall and share personal experiences that were relevant to the research objectives throughout the interview.

Before recording the interview, I re-explained the project for the participants. I was in a position to help them understand if they had any questions they needed answering. Every participant willingly completed the informed consent form to take part in this study. The location for the interviews was determined and approved by the teacher. The interviews were conducted in a secluded environment, either in an unoccupied classroom at the school or in another suitable location selected by the teacher to ensure privacy.

The initial interview question was seeking to confirm the secondary school teachers' experience of the phenomena in question:

My interest is secondary school teachers' experiences in supporting students with mental health issues. So, I would like to understand your experiences in supporting students with mental health issues in your school.

After recognizing the validity of the teacher's response, they were subsequently requested to share rich descriptive illustrations of their experiences.

> *Please provide me with a description of your experiences in providing support to students who struggle with mental health challenges. Please feel free to spend as much time as you desire. I will avoid interrupting you; however, I will actively record notes.*

The idea of allowing the participant to share their narrative without interruptions could reflect the sequence of ideas offered by the participant.

Techniques such as funneling, story-telling, and probing engage participants in disclosing information and seeking further clarification. Cohen and Manion advocated for the use of the 'funnel' technique as a method for conducting unstructured interviews (Cohen & Manion, 1998). This approach entailed initiating the conversation with the participant by asking broad introductory questions and gradually shifting towards more particular topics when a connection is established. Probing inquiries could help the participant maintain their attention on the current subject. The initial type is the silent probe. The presence of silences during the interview facilitates a relaxed rhythm, enabling the participant to express their narrative or discourse freely. The second probe is the recapitulation. These questions encourage the participant to reflect on their story and retell the narrative. This can provide additional details to enrich the experience. It also allows the researcher to clarify and enhance understanding by reviewing previously discussed information. An

example of probing questions includes (Giorgi, 1997):

- Please tell me more about what you are describing.

- Please give me a concrete example of that.

- How does that relate to your experience of being a teacher with students with mental health issues?

While listening, I observed the participants' facial expressions and body language. Participants were interrupted as little as possible during the process of recounting their stories (Mishler, 1991). When the participants were silent, I waited patiently and tried to understand the meaning behind silence. The utilization of non-interruption in this approach facilitated the emergence of the gestalt, or holistic nature, of the participants' narratives as they communicated their experiences (Jones, 2004). If the interviewer shown greater patience and provided participants with the time and opportunity to collect their thoughts, the interview could potentially provide more prosperous outcomes (McConnell-Henry et al., 2011).

When the interview came to a natural end, I asked the participants again whether they wished to add any additional thoughts or memories. If no additional information was provided, the conversation was terminated, and I expressed gratitude for their time. Suppose the participant discussed their experience of providing assistance to students with mental health problems after stopping the recording device. In that case, I wrote down these unrecorded contents as soon as possible with their consent and added them as part of the research data.

The individual interviews lasted for 45-60 minutes each and were audio-recorded. All transcriptions were in Chinese and later translated into English. Prior to data processing, transcriptions were checked against the audiotape to ensure precision. I reexamined the recorded interviews again and cross-referenced them with my initial field notes to verify the correctness of my written account. Subsequently, I made additional notes based on this second review. The accumulation of these notes subsequently became vital in providing support, assisting me with my reflections on the interview process, and contributing to the development of themes.

4.5 Data Transcription

I carefully transcribed all the interviews in order to comprehend the narrative of each participant. When doing research based on theoretical frameworks such as phenomenology, it is essential to build a strong connection between researchers and the text. This connection is critical for the research design and philosophical principles of the approach. Therefore, possessing an accurate transcript of the interview is unquestionably beneficial in accelerating data analysis by allowing researchers to establish a closer relationship with their data (Halcomb & Davidson, 2006). According to Langdridge (2007), it is advisable to include pauses, laughter, filler words, and other informal language in transcriptions. This approach helps the researcher stay connected to the story, making the transcription focus more on the narrative and its significance to the participant rather than on the technical aspects of language (Langdridge, 2007).

To strengthen the transparency and rigor of the translation process for the Chinese interview transcripts, the following detailed procedure was implemented: The primary translator (the researcher) possesses advanced bilingual proficiency in Chinese and English, coupled with specialized knowledge in mental health terminology—ensuring accurate rendering of culturally sensitive concepts (e.g., "心理压力" translated as "psychological distress" rather than literal "mental pressure"). A supervisor fluent in both languages and experienced in mental health research cross-checked the translated transcripts against the original Chinese texts. This step verified semantic consistency (e.g., resolving ambiguities in colloquial expressions like "想不开" to contextually appropriate English equivalents such as "suicidal ideation"). The original Chinese transcripts and audio recordings were retained to allow iterative verification, ensuring no loss of meaning during translation (e.g., confirming tonal emphasis in spoken words like "焦虑" [anxiety] was preserved). To address lexical gaps (e.g., culture-bound terms like "内卷" [involution]), the translator and supervisor collaboratively selected approximations (e.g., "academic burnout") while annotating untranslatable nuances in footnotes. This protocol aligns with best practices for qualitative research translation (Temple & Young, 2004), prioritizing conceptual equivalence over literal translation, especially critical in mental health contexts where stigmatized or abstract experiences require precise articulation.

4.6 Data Analysis

The purpose of this study was to explore the core essence of the phenomena by focusing on the lived experience, as described by Todres and Holloway (2004) as the

'moreness' and 'thereness.' This approach seeks to delve beyond the surface level of transcribed words to capture the depth and richness inherent in lived experiences. By probing into these deeper layers, descriptive phenomenology aims to reveal the phenomenon's core essence. Colaizzi (1978) introduced a model of descriptive phenomenological analysis consisting of seven stages. The purpose of this model is to accurately and systematically convey and understand the overall meanings of the descriptive phenomenon under investigation. This model provides a structured framework for researchers to analyze qualitative data (Figure 4) (Colaizzi, 1978).

4.6.1 Reading and Rereading the Participant Descriptions

Prior to dividing the transcript into sections, the initial step was thoroughly reading the entire document numerous times in order to cultivate a comprehensive understanding and a broad perspective of the lived experience (Colaizzi, 1978). This initial phase is designed to immerse the researcher in the narrative. This preliminary immersion into the data is essential for establishing a holistic perspective, a cornerstone of descriptive phenomenology. The researcher should be aware that the data includes both forward and backward references, as these temporal elements are intertwined and essential for a complete understanding of the experience (Giorgi, 2009). Ignoring this interconnectedness would result in an inadequate experience. However, this stage does not solely include reviewing the transcript to identify meaningful themes. Instead, it involves the act of reading the transcript while employing phenomenological reduction, an approach that Colaizzi (1978) underlined as crucial during this stage of the process.

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┌─────────────────────────────────────────┐
│ Reading and Rereading the participant   │
│ descriptions                            │
└─────────────────────────────────────────┘
┌─────────────────────────────────────────┐
│ Extracting significant statements       │
└─────────────────────────────────────────┘
┌─────────────────────────────────────────┐
│ Formulating meanings from these         │
│ significant statements                  │
└─────────────────────────────────────────┘
┌─────────────────────────────────────────┐
│ The creation of theme clusters          │
└─────────────────────────────────────────┘
┌─────────────────────────────────────────┐
│ Providing an exhaustive description of  │
│ the phenomena                           │
└─────────────────────────────────────────┘
┌─────────────────────────────────────────┐
│ Description of the fundamental          │
│ structure of the phenomena              │
└─────────────────────────────────────────┘
┌─────────────────────────────────────────┐
│ Participant validation                  │
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Phenomenological Data Analysis
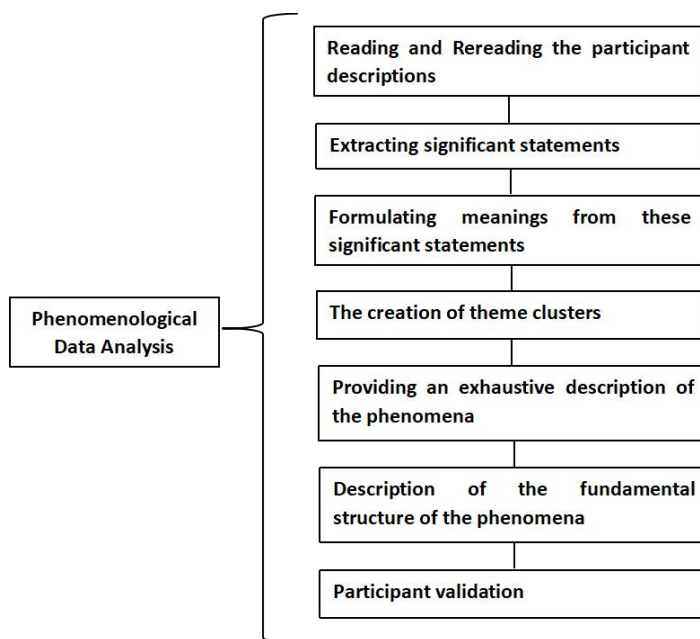
Figure 4: Colaizzi's (1978) Seven-Step Phenomenological Data Analysis Process

The phenomenological reduction is a methodological step that requires me to temporarily set aside my personal opinions, experiences, and judgments about what it means to support students with mental health issues of secondary school teachers (Converse, 2012). By bracketing my preconceptions, I could engage with the data more openly and unbiasedly. To achieve this, I first collated and documented my thoughts and feelings based on my initial readings of the transcripts. Additionally, I reviewed the digital recordings, making notes in my reflective diary. This diary recorded how I interpreted each transcript, providing a tangible means to track my cognitive and emotional responses to the data. Subsequently, I dedicated time to carefully consider each of these entries separately and in collaboration with my supervisory team in order to guarantee that my descriptions accurately and faithfully represented the participants' narratives. This reflective process was highly beneficial because it helped me remain aware of my own experiences as a nurse caring for

adolescents with mental health issues, which could potentially influence my interpretation of the data. This awareness helped me recognize that the studied phenomena did not reside within me—they were not part of my lived experience. My goal was to facilitate the development and presence of an extensive understanding and grasp of the key elements of the narrative.

4.6.2 Extracting Significant Statements

Upon reviewing the transcripts to gain a comprehensive understanding, I carefully examined them numerous times in order to identify significant statements that illustrate the experiences of secondary school teachers in assisting adolescents with mental health challenges. Establishing natural meaning units involves dividing the transcripts into smaller, more manageable segments of descriptive content (Whiting, 2001). This step is essential to phenomenological analysis as it allows the researcher to handle and organize extensive qualitative data systematically. During this phase, the researcher meticulously examines the transcripts, identifying distinct units of meaning that capture specific aspects of the participants' experiences. The challenge at this stage lies in the fact that the dividing process is wholly subjective and relies on the researcher's perception, attitude, and personal experience with the narrative.

To mitigate potential biases and enhance the reliability of the process, I seek feedback from my supervisors, who can offer different perspectives and help ensure that the segmentation is done thoughtfully and accurately. Despite its subjective nature, this stage serves a crucial purpose in the analysis process. I created a structured foundation

for further analysis by breaking the narrative into natural meaning units. These units will next undergo a more thorough examination to reveal the underlying meanings and structures of the participants' experiences. Furthermore, using Whitting's (2001) work as a guide, I could break down the meaning units into a simple and straightforward structure of overarching themes that dominated each transcript. This process involved a meticulous review of the transcripts to identify recurring patterns and concepts that could be categorized into general themes. These themes served as a framework for organizing the data, making it easier to manage and analyze the extensive qualitative information.

Upon finishing this step, I proceeded to dissect each meaning unit and organized them into a collage of thematic elements drawn from each participant's narrative. This involved physically or digitally extracting the identified segments and grouping them according to the themes they represented. By creating this collage, I could visualize the data in a more structured manner, highlighting the relationships and connections between different meaning units. This thematic collage was a visual and conceptual map of the secondary school teachers' experiences, facilitating a more coherent understanding of the data.

4.6.3 Formulating Meanings from Those Significant Statements

The third step was to transform the considerable statements into clusters of themes. Identifying themes was crucial in enabling me to refine and convert these insights into a more accurate and representative description of the secondary school teachers' lived

experiences in supporting students with mental health issues. This stage involved a thorough examination of the data, going beyond superficial descriptions to reveal the fundamental meanings and essence of the participants' experiences. Colaizzi (1978, p. 59) characterizes this stage as involving a unique and often intangible process, where the phenomenological researcher engages in what he describes as "creative insight." This process cannot be precisely delineated or easily defined because it involves an intuitive leap from the literal statements of the subjects to an understanding of what they truly mean. Engaging in this stage meant immersing myself in the data, allowing myself to be open to the nuances and subtleties of the participants' stories. It involved a careful and thoughtful analysis, where I had to balance staying true to the participants' words and interpreting their broader meanings. This creative insight demanded sensitivity and empathy, as I needed to connect with the emotional and experiential dimensions of the participants' accounts. This process involves utilizing the concept of "free imaginative variation," as described by Husserl. Free imaginative variation refers to the methodological practice of mentally varying a phenomenon's attributes through deliberate conceptual experimentation. The phenomenological approach utilizes free imaginative variation as a methodological tool to discern essential structures. This process entails the mental modification of a phenomenon's attributes through imaginative exploration, progressively eliminating non-essential elements until only the indispensable core remains (Sokolowski, 2000). As a crucial component of reduction, this technique yields an intuitive grasp of the phenomenon's fundamental nature, allowing researchers to distinguish between contingent

manifestations and those universal qualities that define its essential being. This technique allows me to explore different possibilities and variations of the lived experiences described by the participants, helping to uncover deeper insights and meanings that may not be immediately obvious.

In addition to Husserl's approach, the reflexivity discussed by Colaizzi (1978) and Giorgi (1985) plays a crucial role. Reflexivity involves the researcher continually reflecting on their biases, assumptions, and influence on the research process. Self-awareness is crucial in order to preserve the integrity of the analysis and ensure that the interpretations are based on the participants' genuine experiences rather than being influenced by the researcher's preconceived notions. Through a careful analysis of the transcript and identification of the natural meaning units, I was able to thoroughly examine the data and pose the essential inquiry: "What is the significance of providing assistance to students with mental health challenges in an educational setting?" (Whiting, 2001). This question guided my exploration of the secondary school teachers' narratives, helping to focus my analysis on uncovering the unique aspects of their experiences. As I engaged with the data, it became clear that the teachers' recollections of their experiences were rich and detailed, forming distinct descriptions in everyday language that held significant meaning for them.

This approach aligns well with the second goal of Colaizzi's (1978) third stage, where the aim is to "generalize somewhat so that the analyses are not so situation-specific" (Giorgi & Giorgi, 2003). The goal here is to move beyond the specific details of individual experiences to identify broader themes and patterns that can provide more

general insights into the phenomenon. This process transitions the narrative from the lived concrete expertise to a more clearly defined and specific phenomenal experience (Table 13). It permits the researcher to develop a deeper understanding of the phenomenon that can be applied more broadly while remaining true to the original data.

Table 13: Example of Transforming the Significant Statements into Formulated Meanings

Significant Statements	Formulated Meaning
There is only one mental health teacher in a grade. There are more than 800 students in our whole grade. So, his workload is enormous, and his scope and depth of contact are also minimal. (Li)	Resource Constraints and the Challenges of Providing Adequate Mental Health Support
I feel that its effect is not very evident either. We had a colleague who sent the student to the school counselor, but they came back the same. (Peng)	Perceived Ineffectiveness of Current School Counseling

Yet, although I could interpret the narratives into these formulated meanings, I consistently asked these formulated meanings, "What insights does this provide about secondary school teachers in assisting students with mental health challenges?" (Whiting, 2001). This reflective questioning was crucial in ensuring that my themes captured the essence of the secondary school teachers' experiences. The third phase, referred to as the construction of theme clusters by Colaizzi (1978), was crucial for identifying and refining the themes that would be further investigated in stages five and six of Colaizzi's (1978) framework (Table 14). This step involved establishing the themes that would be the focus of the subsequent analysis.

Developing these themes is a critical and often challenging part of the research process. It requires a deep engagement with the data and a careful balancing act to ensure that the significant statements and the formulated meanings precisely represent the theme cluster derived from the narratives of all participants. This is essential for the narrative's validity, as the themes must authentically reflect the experiences and perspectives of all participants, not just a select few. To achieve this, I engaged in a continuous validation and refinement process. I would repeatedly examine the significant statements, asking whether anything within them was not accounted for in the theme cluster. Similarly, I would scrutinize the theme clusters to ensure they encompass all the relevant aspects of the significant statements. I also sought the advice of my advisor during data analysis. This iterative process helped to identify any ambiguities or inconsistencies, allowing me to refine the themes further.

Table 14: Example of Transforming the Formulated Meaning into Theme Cluster

Significant Statements	Formulated Meaning	Theme Cluster
There is only one mental health teacher in a grade. There are more than 800 students in our whole grade. So, his workload is enormous, and his scope and depth of contact are also minimal. (Li)	Resource Constraints and the Challenges of Providing Adequate Mental Health Support	The difficulties of a system in crisis
I feel that its effect is not very evident either. We had a colleague who sent the student to the school counselor, but they came back the same. (Peng)	Perceived Ineffectiveness of Current School Counseling	

4.6.4 The Creation of Theme Clusters to the Central Theme

This stage involves transforming the protocols into a constituent structure of the lived experience of secondary school teachers in supporting students with mental health issues. This transformation is essential for transitioning from individual narratives to a unified comprehension of the phenomenon. Doing so allows me to understand the empirical data systematically and methodically (Giorgi & Giorgi, 2003). Colaizzi (1978) states that the combined and organized formulated meanings provide the structure of the phenomenon being studied. This structure is designed to establish the 'typicality' of the phenomenon, identifying what is familiar and essential aspects of aiding students with mental health concerns. The ultimate objective is to produce a highly accurate structure of the phenomenon. This accurate structure serves as a clear and detailed representation of the secondary school teachers' lived experiences, highlighting the core elements and relationships that define their experiences. It provides a framework for understanding their experiences in a specific and generalizable way.

However, this is not always possible, particularly when there are informal distinctions between the constituent parts that can result in the creation of several phenomenal structures simultaneously. To address this possible problem, I thoroughly examined and reviewed the transcripts. By doing so, I gained a comprehensive understanding of the data and ensured that the interpretations accurately reflected the typical experiences of secondary school teachers in assisting students with mental health problems. This approach was crucial in capturing the essence of their experiences

while also acknowledging the diversity within those experiences. Importantly, I was aware of the intuited formulated meanings being described and articulated within the framework of phenomenological reduction. This careful attention helped minimize the impact of my past experiential influences that might skew the analysis. By doing so, My goal was to conduct a comprehensive and nuanced analysis of the phenomenon, taking into account not only its essential structure but also the interconnectedness of its several forms (Giorgi, 1997). According to Colaizzi (1978), there may be differences or inconsistencies observed across different clusters; certain themes could directly oppose each other or seem completely unrelated. These discrepancies highlight the complexity and multifaceted nature of the lived experiences under investigation. In such cases, the researcher must depend on their capacity to tolerate ambiguity and ability to navigate these complexities without forcing artificial coherence onto the data.

Hence, within the framework of post-structural analysis, only general or typical terms are employed to illustrate the lived experience of secondary school teachers, in contrast to the prevailing notion that the structure should be universally applicable. This approach acknowledges that the strong particularity of individual experiences is often mistakenly linked to the structure itself. Nevertheless, this is not true because the structure includes the different elements that are directly connected to or characterize the phenomenon (Giorgi & Giorgi, 2003). The aim here is to capture the essence of the experiences in a way that highlights commonalities without erasing the unique aspects of each participant's narrative. By focusing on general or typical terms,

the analysis seeks to convey the shared elements of the lived experience of secondary school teachers, providing a coherent yet flexible framework that can accommodate the diversity within these experiences. This method acknowledges that while individual experiences may vary considerably, underlying themes and patterns are essential to understanding the phenomenon. As a result, "the structure is meant to convey what is truly essential about a series of experiences of the same type" (Giorgi & Giorgi, 2003, p. 258). This essential structure serves as a foundation that helps to unify the varied experiences into a coherent narrative, allowing for a deeper understanding of the phenomenon. The process of developing the theme clusters into an aggregated central theme has been thoroughly explained in Table 15. This central theme displays the comprehensive descriptions of the participants' narratives, condensed from their initial significant statements.

Table 15: Example of the Integration of Theme Clusters into a Central Theme

Theme Cluster	Central Theme
The difficulties of a system in crisis	Theme 2
Helpless to help, powerless to support	Navigating the treacherous terrain of supporting student mental health
The challenge of advocacy and family engagement in student mental health	

4.6.5 Providing an Exhaustive Description of the Phenomena

During this stage, the significant statements, formulated meanings, and theme clusters were combined to create a narrative and detailed description of the phenomenon. The purpose of this stage is to verify that the descriptive accounts are credible and valid

and reflect the participants' experiences, documenting how these experiences were utilized and converted into written format (Rees, 2007). Hence, it is essential to furnish the reader with enough rich detail and vivid description of the life-world or experienced reality, enabling the evaluation of the inherent nature of the phenomenon through an unbiased and open phenomenological approach (Finlay, 2009). This immersive and descriptive approach ensures that the reader can engage deeply with the participants' experiences. This, in turn, promotes a deeper comprehension of the phenomenon being investigated. The researcher must verify that the phenomenon is demonstrable within a given context and is not influenced by the researcher's preconceived notions or personal life-world experiences. Engaging in phenomenological reduction allowed me to focus on the participants' voices and experiences more authentically, ensuring that the phenomenon's essence was captured in a way that resonated with their lived realities. This process also involved a continuous reflection on and awareness of my positionality and potential biases, which was crucial in ensuring the credibility and validity of the findings.

4.6.6 Description of the Fundamental Structure of the Phenomena

This step involved the integration of significant statements into a textual-structural description. The structural description included the context or situation surrounding the phenomenon, whereas the textual description included what the participant had experienced (Creswell & Poth, 2016). To enhance the aesthetic aspect of the narrative experience, it is important to highlight the variety and flexibility of the structures, which will enable the reader to enjoy a rich and textured reading experience. This

means that intuiting and expressing invariances across different cases requires careful and deliberate consideration of the role and significance of variations within the structure. Each variation provides valuable insights into the phenomenon and helps to paint a more comprehensive and authentic picture. I created a conceptual structural diagram based on the findings of the study. This visual representation helped organize and clarify the relationships between different phenomenon elements. By mapping out these connections, the diagram served as a tool for analysis and communication, making the complex interplay of themes more accessible and understandable. Additionally, I sought guidance from my supervisors to refine the conceptual framework and ensure its accuracy and relevance. This collaborative process enriched the final representation of the findings and reinforced the methodological rigor of the research.

4.6.7 Participant Validation

In the final step, I returned to the participants to validate the phenomenon's essence. This validation process is crucial to ensuring the findings' accuracy and credibility. By revisiting the participants, I sought to confirm that the synthesized descriptions and identified themes truly captured their lived experiences. This step not only helps verify the authenticity of the findings but also enhances the robustness of the analysis. During this validation phase, I presented the findings to the participants and asked for their feedback. Participants were encouraged to review these elements critically and provide their perspectives on whether the analysis resonated with their personal experiences. If a participant felt that a particular theme did not fully capture their

experience or if they identified an aspect that was missing from the analysis, their input was incorporated to refine the final structure. This iterative feedback loop was essential in ensuring that the final representation of the phenomenon was comprehensive and accurate.

4.7 Establishing Rigor in Qualitative Research

Various phenomenological researchers, such as Giorgi (1988), have suggested that the concepts of validity and reliability are naturally integrated into the technique of phenomenological research (Beck et al., 1994; Jasper, 1994). In phenomenological research, validity is attained when the essential description accurately reflects the intuited essence, as stated by Giorgi. If the essential description can be consistently used, phenomenological reliability will be achieved (Giorgi, 1988)(173). Giorgi emphasizes that a strong assertion of knowledge can only be considered accurate if all essential precautions have been thoroughly employed. These precautions include employing phenomenological reduction, bracketing presuppositions, and employing imaginative variety. This means that researchers must strictly adhere to these methodological steps during the research process to ensure their descriptions and analyses are as free from subjective bias and preconceived notions as possible, thereby enhancing the credibility and accuracy of the research results.

Phenomenological reduction enables researchers to differentiate between the presence of a phenomenon or item and the way it exists for the person experiencing it. According to Giorgi (1988), this reduction includes two key aspects. The first is

successful bracketing, which requires researchers to set aside their prior knowledge, related theories, and professional jargon about the phenomenon. This means researchers need to temporarily forget their pre-existing understanding derived from previous knowledge to approach the research object in a fresh and unbiased manner. The second aspect is the suspension of existential status, which means not assuming that the given phenomenon is exactly as it appears. Researchers should prioritize studying the way the phenomena manifests to the experience without making premature judgments about its essence. These two components of reduction aim to minimize errors in the research process and improve the credibility and reliability, or phenomenological reliability and validity, of the research.

Phenomenological reduction is not only a methodological tool but also a research attitude. It requires researchers to maintain humility and openness when dealing with complex human experiences, respecting the subjective world of the experience. In actual research, this may involve repeatedly reading interview records, deeply analyzing details, and examining each phenomenon from multiple perspectives. By doing so, researchers can gain a deeper understanding of the experiencer's inner world and provide richer and more meaningful research findings.

Therefore, I prioritized providing detailed and vivid descriptions of the narratives in order to enable readers to evaluate the transferability of the study's findings. To achieve this, I used the end of the interviews as a debriefing period, employing recursive questioning to further clarify and elaborate on meanings, thus building an extensive, rich, and descriptive lived experience of secondary school teachers in

assisting students with mental health concerns. Similarly, I maintained a reflective research journal that documented the systematic alignment I followed throughout the project to ensure that my own experiences did not influence or bias my interpretation of the participants' experiences. I acknowledge the importance that Dahlberg et al. place on the researcher's intellectual integrity and willingness to be open-minded (Dahlberg et al., 2008). This is crucial in order to ensure that the findings of the study are relevant and can be applied in contexts beyond the study itself. It is essential that the audience perceives the findings as meaningful and applicable to their own experiences (Sandelowski, 1986: 32).

4.8 Ethical Considerations

The researchers obtained ethical approval from the Institutional Review Board of the Hong Kong Polytechnic University (Reference number: HSEARS20221215002). The four ethical principles of practices and behaviors: autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2012), along with ethical standards including privacy, confidentiality, integrity, and fidelity, were used in this study. Thus, according to this, informed consent obtained from secondary school teachers for individual interviews contained the following vital points: furnishing them with comprehensive information, ensuring comprehension of all the information, granting the right to withdraw from the study at any moment, and ensuring privacy and confidentiality to be strictly protected.

Participants interested in participating in this study were given a participant

information sheet (Appendix 1), which included comprehensive details about this study, including its objective, procedures, potential risks and benefits, and data security measures. Participants were notified that they had the option to withdraw and decline participation at any point. All their information was discarded from the final analysis. A consent form for participation (Appendix 2) was obtained from all participants after being given the participant information sheet to acknowledge that they agreed to participate.

4.8.1 Minimising Harm and Risk

I was acutely conscious of my main responsibility to protect the secondary school teachers from harm (Shaw & Barrett, 2006) and minimize any emotional distress. (Hammersley & Traianou, 2012). Considering the possibility of sensitive matters resurfacing or being addressed, particularly when teachers have experienced vulnerability when assisting students who suffer from mental health problems, I conducted the interviews with great respect and empathy. I devised a backup plan to address situations where teachers may experience discomfort during the interview. If such situations arise, the interview would be paused, and I would propose to provide a comprehensive debriefing to the teacher to the utmost of my competence. If additional assistance is required, I would suggest directing the teacher to the counseling services available at the Second Xiangya Hospital in Changsha, as they possess superior resources to offer the necessary support.

I never intended to make teachers experience uncomfortable circumstances again.

Nevertheless, I believe that the advantages of this study were more significant than the potential drawbacks, following the ideals of doing good and avoiding harm (Beauchamp & Childress, 2013). It was essential to strike a balance between the possibility of emotional pain and the potential beneficial results of the study, such as enhanced comprehension and support systems for teachers assisting adolescents with mental health concerns. Through meticulous preparation for these possible situations, my goal was to guarantee the participants' welfare while providing significant contributions to the field.

4.8.2 Ensuring the Preservation of Confidentiality and Anonymity

As outlined by Beauchamp and Childress (2013), the principles of medical ethics include the right to anonymity and confidentiality, which conform with the four pillars of informed consent. All information acquired from the teachers was handled with utmost confidence and was not disclosed to anybody except the principal researcher and the supervising team. To precisely document the narratives shared by the participants during the individual interviews, we used digital audio recordings and handwritten field notes. The recordings and notes were exclusively used to discover emergent ideas from the discussions.

After conducting the interviews, the audio recordings were converted into written text, and the field notes were carefully examined to create a qualitative database of responses. This database played a crucial role in accomplishing the objectives of the study. To safeguard the identities of the secondary school teachers and maintain their

privacy and confidentiality, pseudonyms were employed in the transcriptions (Wiles, 2012). The decision to adopt this method was made to acknowledge and respect each participant's unique qualities and inherent worth rather than devaluing them by treating them as simple numerical entities. During the initial stages of data analysis, we examined both the transcriptions and the original audio recordings and field notes to confirm the precision of the collected data and to promote a comprehensive comprehension of the content. Only the written transcriptions were utilized throughout the analysis. This technique ensured the maintenance of data integrity while simultaneously protecting the confidentiality and identity of the participants.

The researcher securely preserved the information in audio recordings and computer file format, ensuring that only the researcher possesses the computer password. The printed transcripts and field notes were securely held in a locked cabinet, with exclusive access granted only to the researcher. The cabinet was securely locked within a building of Hong Kong Polytechnic University. This level of protection was supplied by the researcher's university office. All computer files were encrypted with passwords. The audio recordings were kept until the transcripts were confirmed. After following the data storage and destruction requirements of the university, all identifiable information was completely eliminated.

4.9 Potential challenges and limitations

Due to the design of this study, the research was conducted only in schools within Changsha city. Hence, the sample includes only urban school teachers and does not

cover rural school teachers. This may result in findings that do not fully reflect the experiences and challenges of secondary school teachers in rural schools, limiting the generalizability and transferability of the study. The workload and scheduling of teachers may affect the depth and duration of their participation in the interviews. In handling sensitive information from participating teachers, despite our best efforts to adhere to ethical standards, there are still risks of information leakage and privacy protection. Ensuring the confidentiality of the data and the anonymity of participants remains an ongoing challenge.

To address the issue that teachers' workload and scheduling might affect the depth and duration of their participation in the interviews, it was advisable to flexibly arrange interview times and choose periods when teachers were relatively free to reduce the time and effort required from teachers while also providing appropriate incentives. Regarding the risks of information leakage and privacy protection when handling sensitive information, it was essential to strictly adhere to ethical standards, ensure data confidentiality and participant anonymity, use pseudonyms and coding systems to protect identity information and implement encryption measures during data storage and transmission. It was assumed that all participants presented their experiences truthfully and accurately. To obtain a biased sample, the researcher deliberately selects participants with the most experience in the topic of interest. To minimize discrepancies in data analysis, the researcher and the supervisor team collaboratively analyzed the data and documented all steps and decisions in the analysis process. These measures can effectively address the challenges and

limitations of the study, thereby ensuring the validity and reliability of the research findings.

4.10 Chapter Summary

This chapter delves into the methodology employed for conducting the present study. It encapsulates and elucidates the principal area of investigation's interest, outlines the eligibility criteria for participant selection, and details the methodology for recruitment and granting of access. Furthermore, it pinpoints the utilization of interview conduction as the primary modality for analyzing the collected interview data. The process of theme construction is systematically described, encompassing the identification of significant statements, the formulation of their underlying meanings, the clustering of themes, and the emergence of a central, overarching theme. Concluding this chapter, emphasis is placed on the significance of ensuring rigor and addressing ethical considerations inherent in qualitative research endeavors.

Chapter 5: The Study Findings

5.1 Introduction

This chapter provides a description of the study's findings. The research begins by offering a comprehensive description of the study participants, aiming to provide context and background information about the individuals whose perspectives serve as the foundation of the investigation. After describing the participants, the chapter presents a summary of the study's findings, emphasizing the emergent themes that were identified throughout the analysis of the data. The emergent themes are then presented in detail, each supported by evidence from the interviews. This section is structured to systematically address each theme, providing direct quotes and excerpts from the participants' responses to illustrate and substantiate the findings. The use of participants' own words adds authenticity and depth to the analysis, allowing their voices to be heard and their experiences to be vividly conveyed. By structuring the chapter in this manner, the findings are presented in a clear and logical sequence, making it easier for readers to follow the progression from participant descriptions to the detailed analysis of emergent themes. This approach ensures that the findings are both comprehensible and compelling, providing a robust foundation for the conclusions and implications discussed in the subsequent chapters.

5.2 Description of the Participants

A total of 16 secondary school teachers from five public schools participated in this study. The participants were recruited using purposive sampling. The study's goal was

explained to the principals of the chosen schools, and their assistance was sought to facilitate the recruitment process. The principals were asked to recommend teachers who met the established criteria. Recommended teachers were then approached individually, through in-person meetings, to invite them to participate in the study. During these interactions, the study's aims, procedures, and ethical considerations were thoroughly explained. Teachers who indicated they wanted to participate were provided with comprehensive information sheets and consent forms to review. Participation was completely voluntary, and teachers were assured of their anonymity and the confidentiality of their answers. In order to maintain the confidentiality of the participants, pseudonyms were used in the section that presented the study findings.

5.2.1 Zhu

Ms Zhu is 47 years old and has worked in the education system for over 20 years. Before starting at Changsha Public Middle School, she worked in a secondary school in Guangdong provinces for ten years. She has mainly taught English courses to junior high school students. She has served as a head teacher for ten years. Additionally, she is married and has two children.

5.2.2 Peng

Ms Peng is 33 years old and has worked at Changsha Public Middle School for six years. She has primarily taught courses in Political Ideology to junior high school students. She has three years of experience as a head teacher. Additionally, she is married and has one child.

5.2.3 Hu

Ms Hu is 48 years old and has worked at Changsha Public Middle School for 23 years. She has primarily taught computer courses to Grade 10 students in senior high school. She has served as a head teacher for 13 years. Her educational philosophy revolves around achieving a harmonious equilibrium among openness, fairness, and honesty principles. Additionally, she is married and has one child.

5.2.4 Han

Mr Han is 48 years old and has worked for 25 years at Changsha Public Middle School. He has primarily taught Geography courses to Grade 10 students in senior high school. He occupied multiple roles, such as deputy leader of the grade group, leader of the teaching and research group, and leader of the lesson preparation group. His teaching philosophy revolves around student-centeredness, respecting each student's individuality, ensuring fairness and justice, and incorporating humor and wit into his teaching approach.

5.2.5 Wang

Mr Wang is 53 years old and has worked for 35 years at Changsha Public Middle School. He has primarily taught English courses to senior high school students. He served as grade leader and secretary of the Communist Youth League Committee. His teaching philosophy is openness, fairness, honesty, respect, and pleasure.

5.2.6 Yang

Mr Yang is 43 years old and has worked at Changsha Public Middle School for over 17 years. He has primarily taught mathematics classes to senior high school students. He has been a head teacher for 15 years. He is married and has one child.

5.2.7 Wan

Ms Wan is 32 years old and has worked at Changsha Public Middle School for ten years. She has primarily taught Chinese courses to junior high school students.

5.2.8 Luo

Ms Luo is 25 years old and has worked at Changsha Public Middle School for two years. She has primarily taught mathematics courses to Grade 8 students in junior high school.

5.2.9 Chen

Ms Chen is 26 years old and has worked at Changsha Public Middle School for one year, holding bachelor's and master's degrees. She has primarily taught Biology classes to junior high school students. The teaching purpose is to deliver thorough instruction in biology courses at the junior high school level and develop links between the information taught in junior high school and senior high school biology.

5.2.10 Guo

Ms Guo is 55 years old and has worked in the Changsha Public Middle School for 37 years, holding bachelor's degrees. She has primarily taught mathematics classes to senior high school students.

5.2.11 Li

Ms Li is 37 years old and has worked in the education system for 13 years. Before her current position at Changsha Public Middle School, she worked at the Huitong No.1 Middle School for 11 years. She has primarily taught English courses to senior high school students. A positive and conventional approach characterizes her teaching philosophy.

5.2.12 Liao

Mr Liao is 44 years old and has worked in Changsha Public Middle School for 15 years. He has primarily taught Physics classes to senior high school students.

5.2.13 Xie

Ms Xie is 26 years old and has worked at Changsha Public Middle School for three years, holding bachelor's and master's degrees. She has primarily taught English courses to senior high school students. Her teaching philosophy emphasizes creating an engaging classroom that encourages students to think critically and follow their interests. She values building positive relationships with students from diverse backgrounds and finds it effortless to have open discussions with them about their learning experiences.

5.2.14 Wu

Mr Wu is 42 years old and has worked at Changsha Public Middle School for 20 years, holding bachelor's degrees. He has primarily taught Chemistry classes to junior

high school students. His teaching philosophy centers around prioritizing students as the main focus, emphasizing the balanced development of knowledge and skills and facilitating their journey toward becoming responsible adults.

5.2.15 Liu

Ms Liu is 30 years old and has worked at Changsha Public Middle School for nine years, holding bachelor's and master's degrees. She has primarily taught Chemistry classes to junior high school students. Her teaching philosophy is centered around nurturing the growth of each child, allowing them to blossom into their unique selves, and embracing their natural developmental paths.

5.2.16 Nie

Ms Nie is 52 years old and has worked at Changsha Public Middle School for over 30 years, holding bachelor's degrees. She has primarily taught Geography classes to junior high school students. Her teaching philosophy strongly emphasizes fostering creativity and promoting discovery-based learning. She values respect for students, endeavors to identify and nurture their strengths and weaknesses, treats every student fairly, and justly respects parents while aiming to establish friendly relationships with them.

5.3 Overview of Emergent Themes and Study Findings

The study identified three main themes:

1. Living in fear of unpredictable mental health issues in the classroom

2. Navigating the treacherous terrain of supporting student mental wellness

3. Staying agile in hopes of keeping the students safe: "getting the job done."

Figure 5 visually summarizes secondary school teachers' lived experiences in supporting students with mental health issues in school. Initially, teachers feel fear towards the unpredictability of these issues (Theme 1), which drives them to take action to identify and manage potential problems. During this process, they face numerous challenges and obstacles (Theme 2) and persist in a resource-limited environment. To overcome these challenges, some teachers respond flexibly (Theme 3), continually adjusting their strategies to ensure student safety and mental health. They also gained experience and confidence, becoming better prepared for future issues and re-entering the cycle. However, some teachers felt hesitant and confused, which affected their attitude and behavior related to students' mental health issues. Figure 5 shows how teachers switch between these themes and their dynamic process of adapting and progressing in response to fear and challenges.

5.4 Theme 1: Living in fear of unpredictable mental health issues in the classroom

Teachers consistently expressed a profound sense of concern intertwined with fear as they approached students with mental health issues. The teachers' narratives painted a picture of a silent crisis that was felt profoundly but often remained unseen by the broader school community until it manifested in acute ways; for example, this crisis could manifest through instances such as angry or aggressive behavior, self-harm, or
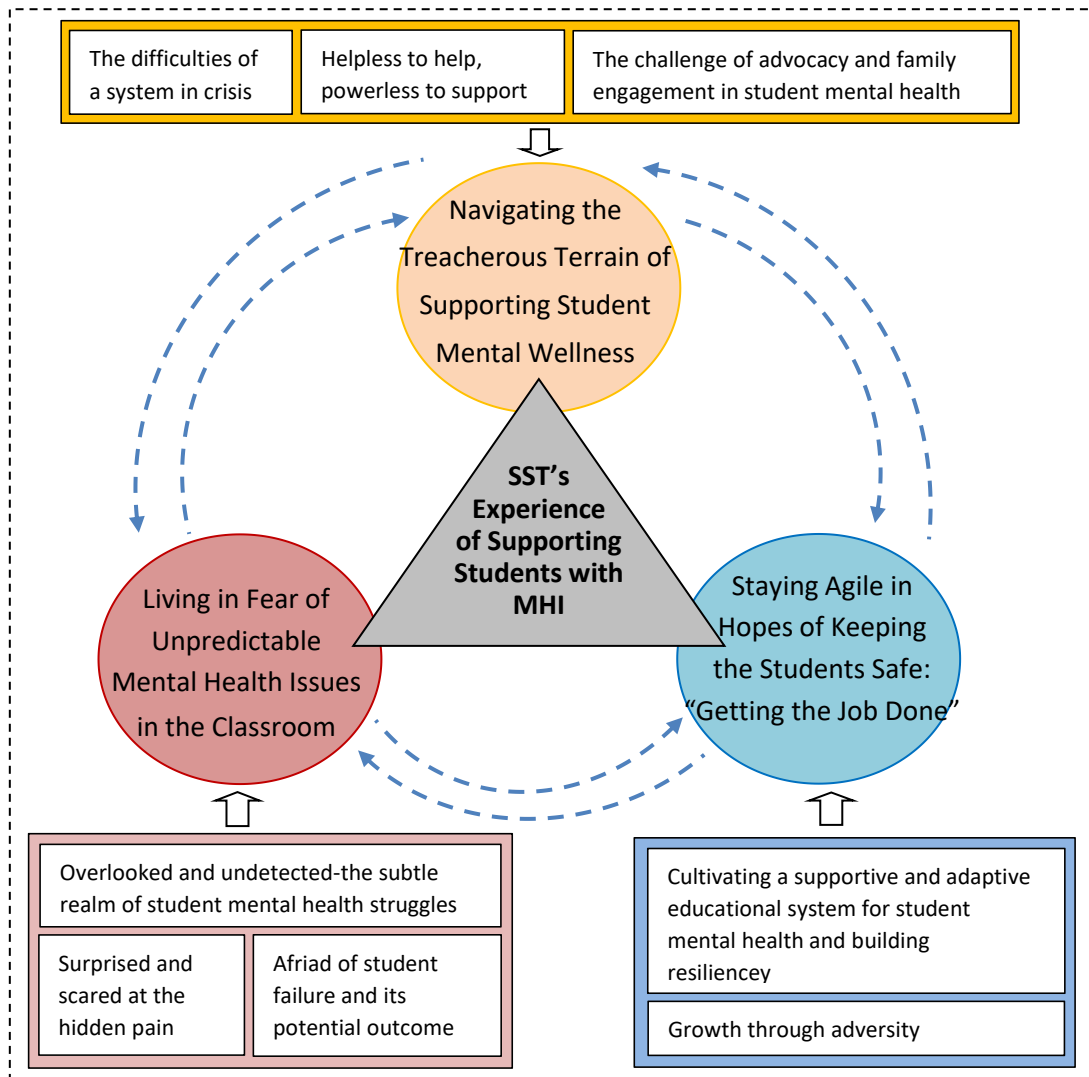
Figure 5: The fundamental structure of secondary school teachers' lived experience in supporting students with mental health issues

suicide, which may catch the attention of the school community. Despite their important role in students' lives, teachers reported feeling ill-prepared to identify and engage with students' mental health issues that are often subtle and occur without warning. This theme captured the teachers' apprehension and the recognition of a crisis that was concealed by its nature and daunting in its complexity. Three theme clusters, *Overlooked and Undetected-The Invisible Realm of Student Mental Health*

Struggles, Surprised and Scared at the Extreme Outcome of Students' Mental Health Issues, and Afraid of Student Failure and its Potential Outcome provided evidence of the fears and concerns faced by secondary school teachers in their attempts to identify and support students with mental health issues. To illustrate the process of constructing central themes, Table 16 presents an example from the participants' transcripts. For a more comprehensive explanation of theme construction, please refer to Appendix 4.

5.4.1 Overlooked and undetected - the invisible realm of student mental health struggles

Some participants described their struggle to maintain a detailed understanding of each student's mental and emotional state while managing the demands of large class sizes. The inherent nature of crowded classrooms, with the constant juggling of instructional duties, administrative tasks, and classroom management, can leave little room for the close observation needed to detect subtle changes in individual student behavior. As Guo stated:

> *So, at first, we didn't know that these children had mental health issues because, generally speaking, the students that teachers face, like the students we teach, usually number more than 50, approaching 60. (Guo)*

Other participants shared the particular difficulty they faced in recognizing the mental health struggles of quieter, more reserved students. In classroom learning, reserved students often exhibit traits of being silent and passive. They may be less inclined to

Table 16: Living in fear of unpredictable mental health issues in the classroom -- An Example From Formulated Meaning to Central Theme

Significant Statements	Formulated Meaning	Theme Clusters	Theme
So, at first, we didn't know that these children had mental health issues because, generally speaking, the students that teachers face, like the students we teach, usually number more than 50, approaching 60. (Guo)	The Challenges of Recognizing Mental Health Issues in Large Classrooms	Overlooked and Undetected-The Invisible Realm of Student Mental Health Struggles	Living in Fear of Unpredictable Mental Health Issues in the Classroom
In regular circumstances, he tend to be introverted. However, his behavior does not significantly impact the overall pace of the class or the teacher's instruction. In the classroom, he is not the type to actively participate in answering questions, but he also do not disrupt the order of the class. Therefore, in the classroom, he somewhat resemble an 'invisible' presence. (Luo)	The Invisibility of Introverted Students in Classroom Dynamics		
One day after school, I overheard from a student talk about another student doing extreme thing (self-harming), which I found unbelievable. I thought to myself that she always seemed so normal, always with a smile on her face. (Liao)	The Astonishing of Discrepancy between Appearances and Internal Struggles	Surprised and scared at the extreme outcome of students' mental health issues	
If there is a loss of life, I would be psychologically unable to get over it, so I worry about this problem, fearing the worst might happen. Some students have tendencies toward suicide, having cut their wrists many times, and this is still very worrisome. Just in case one day it goes unnoticed, or their emotional state completely collapses. (He)	Fear and Concern Regarding Students' Mental Health Struggles and Serious Consequences		
Criticizing him over this issue becomes the biggest thing, as if it's the greatest event in his life as if because of this one thing he could give up on everything in life just like that. (Chen)	Lower Resilience is a Precursor to Failure	Afraid of student failure and its potential outcome	
If a serious issue arises, particularly involving personal harm, it would significantly impact my reputation. It could escalate to a point where the student's parents and the public make a big fuss. I am genuinely concerned that my reputation and image could be negatively affected. Since I will be staying in this institution for many years, should I prioritize the preservation of my professional image? (Peng)	Fear and concern about professional reputation and image being tarnished		

speak up frequently or actively participate in discussions. Due to their lower level of engagement, these students often receive less attention and recognition from teachers. However, in reality, their behaviors may not necessarily indicate a lack of interest in the learning content but rather stem from their mental health challenges, such as social anxiety, low self-esteem, or emotional distress. Unfortunately, these issues are often overlooked or misunderstood as lower levels of engagement. Nonetheless, given that these students are typically compliant and non-disruptive, they do not generally raise any attention or concern among the teachers. As Luo mentioned, a student struggling with his mental health issues:

> *In regular circumstances, he tends to be introverted. However, his behavior does not significantly impact the overall pace of the class or the teacher's instruction. In the classroom, he is not the type to actively participate in answering questions, but he also does not disrupt the order of the class. Therefore, he somewhat resembles an 'invisible' presence in the classroom. (Luo)*

Teachers also underscored the particular difficulty in identifying mental health struggles among students with average academic performance. Participants voiced that these students often received less attention because they did not exhibit any risks or concerns that typically trigger additional support. Thus, the students with average academic performance were easily overlooked; some of them might be silently struggling with mental health issues, unnoticed by teachers who are focused on students with more apparent difficulties. The subtlety of their struggles can lead to a

lack of early intervention and support, potentially resulting in exacerbated issues over time. As Wang and Guo described:

Especially for us teachers who handle many classes, we tend to remember two types of students: the perfect and outstanding ones who often interact with you and the other, the particularly naughty ones who are frequently criticized. Those students in the middle are the ones who receive relatively less attention. (Wang)

Those who are at the very forefront, those who excel in various aspects, such as academic performance, and those whose performance is more outstanding. Teachers might place more emphasis on these students. On the other hand, there are those at the very bottom. Therefore, students caught in the middle often experience more significant psychological pressure than those at the front or the back. As a result, teachers might not be aware of this. When you're unaware, you don't know what kind of situations might arise if they have mental health issues, making it difficult for us to predict. (Guo)

On the other hand, the covert nature of mental health problems, such as anxiety or depression, can make it particularly challenging for teachers to detect those issues in students who may be adept at maintaining a facade of normalcy. Participants voiced concern regarding the absence of clear indicators and the silent nature of mental health struggles, which demanded a level of insight and time that teachers often felt unable to provide within the constraints of their roles. As Yang and Chen mentioned:

You can't see some things for yourself, as they are not within your

professional expertise; you don't know what is happening in their minds.

(Yang)

I genuinely feel I cannot handle it because it's impossible to find out, right?

Some signs are subtle. It isn't easy to effectively address these subtle signs

because the students won't seek help in an obvious manner. They will only

hint at the issue indirectly. So, it becomes pretty challenging. (Chen)

Some participants also described a general hesitancy among students to disclose their

mental health struggles, which might hinder the identification of mental health issues

by teachers. Students' reluctance can be attributed to various factors, such as stigma,

fear of being misunderstood as faking their illness, or the lack of a safe and supportive

environment for sharing. Participants described the growing unease that unaddressed

mental health concerns could have long-term detrimental effects on students. They

were anxious about the gradual accumulation of stressors in their students' lives,

ranging from academic pressure to personal issues, and worried about the potentially

explosive consequences of these unaddressed problems. This concern was likened to a

ticking time bomb, potentially manifesting in harmful ways if not addressed on time.

As Zhu stated:

Many people are reluctant to share their mental health problems,

experiences, and thoughts with others. As a result, this problem remains like

a time bomb lurking in the background. Over time, this problem, which

initially seemed small, gradually grows because the person doesn't know how to vent, release, or communicate with others. Eventually, the situation becomes so significant that it causes an emotional explosion within the individual. (Zhu)

5.4.2 Surprised and Scared at the Extreme Outcome of Students′ Mental Health Issues

Participants shared that they often equated a student's smiling face and social engagement with mental well-being, only to find this belief shattered when those same students disclosed their battles with depression, anxiety, or other mental health issues. This dissonance between appearance and reality challenged participants' assumptions and forced them to reconsider how they interpret students' behaviors. As Liao mentioned:

One day after school, I heard a student talk about another student doing extreme things (self-harming), which I found unbelievable. I thought to myself that she always seemed so normal, always with a smile on her face. (Liao)

I was surprised because the student showed no signs of this situation before. I genuinely thought he was an average person. Usually, whether interacting with teachers, other children, or classmates, he appeared very normal and behaved in a typical manner. (Liao)

Participants also encapsulated the emotional turmoil and profound shock when they faced severe and often unpredictable outcomes of students' mental health crises. These outcomes included self-harm, or suicide. As Xie, Yang, and Liao mentioned:

I was also scared. There was one time when I received a letter written in blood. The student said she wanted to go home and handed it to someone else. When I saw that blood, I couldn't even dare to open my eyes. It was genuinely sickening to see it. (Xie)

I am deeply shocked by how this young person ended up in such a state (commit suicide). He had a promising future, yet he didn't seem to value his life. How could a person become like this? (Yang)

Suddenly, my leader came to me and said something. He asked if I had once taught a student by a particular name. I said yes, I had taught him for nearly three years. He told me that the student, a boy, had suddenly committed suicide by jumping off a building. At that moment, I felt a bit shocked inside. (Liao)

Other participants revealed their deep concern for their students' immediate safety, especially when unexpected situations signal a student may be at risk. Participants recounted instances where a student's unexpected absence, a drastic behavior change, or a sudden drop in academic performance triggered concern for the student's safety. These situations often left participants feeling helpless and anxious. As Liu stated:

The first time he disappeared was during our orientation program when he just entered the first year of middle school. He went missing for the whole afternoon, and that was the first time I had faced his absence. At that moment, I felt apprehensive, and my mind was filled with thoughts of news stories about such incidents. I was afraid that something terrible might have happened, and I felt a sense of fear. (Liu)

Some participants reported instances where student aggression, whether verbal or physical, left them feeling vulnerable and, at times, fearful for their safety and that of other students. These incidents often leave participants feeling helpless and vulnerable, highlighting a gap in their training on effectively de-escalating and managing such situations. The unpredictability of these behaviors adds to the stress, as participants must quickly switch from their role as teachers to crisis managers, often without adequate support. As Peng stated:

I feel a bit worried myself. I'm afraid that the student might engage in more intense behaviors towards me in the future. So, when he pushed me down, there were two things on my mind. Firstly, I knew that his emotions were already highly agitated. Secondly, I was concerned whether he would continue to harm me physically. Because he is a boy, I perceive him as having significant physical strength and height, which added to my apprehension. I was afraid that he might strike me or engage in other aggressive behaviors towards me. (Peng)

Many participants highlighted a profound concern for the future safety of a student exhibiting signs of severe distress. They conveyed deep-seated fear that, without proper recognition and support, students' mental health struggles could escalate into crises. Participants described the undercurrent of responsibility and concern that they bear when faced with student mental health challenges, feeling underprepared to handle the complexity and intensity of such crises despite being on the front lines of student interaction. As Hu, Li, and Wang said:

> *If there is a loss of life, I would be psychologically unable to get over it, so I worry about this problem, fearing the worst might happen. Some students have tendencies toward suicide, having cut their wrists many times, and this is still very problematic. Just in case one day it goes unnoticed or their emotional state completely collapses. (Hu)*

> *Just like his mother mentioned before, this child has also had severe suicidal thoughts; when it gets serious, he threatens his parents and has even run away from home before. I am just worrying about safety issues. (Li)*

> *If they are students I have taught myself, I hope that they will not engage in such extreme actions (suicide). I hope that they can lead healthy lives and successfully integrate into society. I don't want to see a day when there are reports of a student I have taught (committing suicide). (Wang)*

5.4.3 Afraid of Student Failure and Its Potential Outcome

Participants observed that students with unresolved mental health issues often struggled with concentration, memory, and executive functioning, which were critical for their learning. As Peng stated:

Because he has mental health issues, his learning abilities are naturally affected. From what I observed, including one very introverted student in the class, his learning abilities have been in this state since childhood. (Peng)

Participants also reflected on the sorrow they felt when witnessing students' abilities and talents go unrealized due to mental health struggles. They spoke of students who, under different circumstances, might have excelled academically and contributed significantly to the classroom environment. The participants described a sense of loss for the student's unmet potential. As Yang stated:

I feel that this child initially had the opportunity to be admitted to a better school. They have good talent but were ultimately admitted to a second-tier university. Based on their talent, it should have been possible for them to be admitted to a top-tier university. So, the first feeling is a sense of regret and disappointment for this child. (Yang)

Some participants shared that students from urban environments have lower psychological resilience than rural students. At the same time, they also recognize that urban students face more significant pressures like more intense academic competition, higher expectations from parents and society, high cost of living, crowded environments, pressure to succeed, and the need to learn and adapt to new

technologies continuously. Therefore, participants believed that urban students have a harder time coping with challenges in life, which, to some extent, foreshadows their potential failures. As Yang said:

When I arrived here, I noticed that the work atmosphere, including the students, had a different dynamic compared to students from rural areas in the past. Their [students in urban cities] psychological resilience seemed to be weaker. (Yang)

Teachers found that students with mental health issues often have a lower capacity for coping with stress and negative feedback from teachers, which made them more vulnerable to criticism. This reduced resilience can trigger intense emotional responses. Additionally, these students may interpret criticism not just as feedback on a specific behavior or performance but as a personal attack on their self-worth. This misinterpretation might magnify the perceived severity of the criticism. The fear of failure and the associated stigma were particularly acute for students struggling with mental health issues. Criticism can be seen as confirmation of their worst fears, leading to a sense of impending failure and the urge to give up. As a result, students might consider abandoning significant aspects of their lives over what teachers perceive as minor issues. These students tended to rely heavily on positive reinforcement to maintain their self-esteem and motivation. They were conditioned to expect praise and encouragement, making any form of negative feedback especially jarring. Therefore, teachers felt that criticism could be a precursor to withdrawal or failure. This is vividly illustrated by Chen and Li's statement:

Criticizing him over this issue becomes the most important thing, as if it's the most incredible event in his life, and because of this one thing, he could give up on everything in life just like that. (Chen)

Some students may have difficulty accepting setbacks and failures. The psychological resilience of the students we teach is relatively low. They are only receptive to praise and encouragement but struggle to handle criticism. If you try to criticize or provide feedback, they tend to have significant stress reactions. (Li)

Other participants voiced their worries about whether students with mental health issues were adequately prepared for the challenges of adult life. In general, they noted a shift in educational practices and parental perspectives that are becoming more protective and less demanding over time. However, they viewed this shift as having potential negative consequences for student resilience and adaptability. Therefore, they questioned whether the current educational and familial approaches were adequate in equipping students with the necessary mindset and skills to cope with challenges outside the school environment. As Yang stated:

At that time, I was thinking about whether these students, who have not experienced setbacks or challenges within the school, would have a healthy mindset when they enter society. In school, they are treated heavenly, receiving only praise. Nowadays, even the perspectives of our students' parents have changed, and they also focus on encouragement. Once these

students enter society, they will encounter many realistic situations. If they

face setbacks or difficulties, will they be able to adjust and overcome them?

(Yang)

Finally, participants revealed concerns about their reputation and self-image as they navigated the complex landscape of student mental health. Participants expressed fear that their actions or inactions, in the context of supporting student mental health, could lead to judgment from peers, parents, and the wider community. They worried that their professional reputation might be questioned if they failed to manage these issues effectively or if their approach differed from the expectations of others. As Peng stated:

If a serious issue arises, particularly involving self-harm, it would

significantly impact my reputation. It could escalate to a point where the

student's parents and the public make a big fuss. I am genuinely concerned

that my reputation and image could be negatively affected. Since I will be

staying in this institution for many years, should I prioritize the preservation

of my professional image? (Peng)

In particular, one participant recounted the emotional upheaval following the loss of a student who died by suicide, which was felt not only by peers and staff within the school but also by the wider community. This loss was felt not just in the immediate aftermath but can have lasting effects on the school's culture and the individuals within it. As Han said:

For the school, first and foremost, losing a student's life is an immeasurable loss from any perspective. Secondly, it is a loss to the school's reputation. Thirdly, there is an economic loss associated with it. Finally, there will be negative social consequences as well. (Han)

5.5 Theme 2: Navigating the treacherous terrain of supporting student mental wellness

In this theme, participants identified the multifaceted and arduous challenges teachers navigate as they endeavor to aid students grappling with mental health challenges. The theme cluster, *the Difficulties of a System in Crisis,* reflects the teachers' recognition of the educational system's strained capacity to address mental health effectively. Teachers also frequently encountered professional limitations that impeded their capacity to assist kids with mental health concerns, leaving them *Helpless to Help and Powerless to Support*. The *Challenge of Advocacy in Student Mental Health Support* demonstrated teachers' struggle to be the voice for students' needs amidst the complex dynamics of families. This theme, along with its subthemes, was supported by rich, qualitative data from the participants' interviews, outlined in Table 17 and further elaborated upon in Appendix 1, offering a window into the lived reality of Chinese secondary school teachers working on the front lines while supporting student mental wellness.

Table 17: Navigating the treacherous terrain of supporting student mental wellness--An Example From Formulated Meaning to Central Theme

Significant Statements	Formulated Meaning	Theme Clusters	Theme
There is only one mental health teacher in a grade. There are more than 800 people in our whole grade. So his workload is also very large, and his scope and depth of contact are also very small. (Li)	Resource Constraints and the Challenges of Providing Adequate Mental Health Support	The difficulties of a system in crisis	
Does the school have a certain mechanism? For example, is the teacher not the first responsible person? What kind of backstage or backing will the school give me? I think the school should provide for teachers. If the school gives us some support in this way, we will be more bold when dealing with these things, and we will not be unable to let go when encountering problems. (Peng)	Managerial Blindness and Perceived Inadequacy in the Current School Support Structure		
That is to say, when he can't express himself, I also feel helpless. I don't know where to find this entrance or breakthrough to communicate with him. I can't find his problem, because he doesn't express it. (Wu)	Helplessness in Communicating with Non-Expressive Students	Helpless to help, powerless to support	Navigating the treacherous terrain of supporting student mental wellness
At the moment when she locked herself inside (and engaged in self-harm), I had no idea what was happening inside. In the short term, I immediately made contact to get the relevant teachers to bring the keys. However, during that time, there was nothing I could do. No matter how much I pushed or knocked, there was no response from her. It was a feeling of complete helplessness.(Xie)	Powerlessness and Lack of Control in Supporting Students in Crisis		
For example, there are some parents who, out of a desire to protect their children, always believe that their children do not have any mental health issues. However, in the actual learning or daily life of the child, these issues may manifest. From the perspective of parents, it becomes challenging for us to address or discuss what specific problems the child may have. (Wu)	Parental Denial and Its Impact on Addressing Student Mental Health	The challenge of advocacy and family engagement ito support student mental health	
Then the parent is the one like this: his father cheated, and his parents are not easy to communicate. Ah, (after I told his parents about the students mental health issues), he is very angry, and then he made some personal attacks on me. (Liu)	Challenges in Engaging Parents on Student Mental Health Issues		

5.5.1 The difficulties of a system in crisis

Participants described the struggle of trying to help students with mental health issues in the face of stark resource limitations. They highlighted the scarcity of school counselors and psychologists and large caseloads as significant impediments to their ability to offer adequate support. As Li stated:

> *There is only one mental health teacher in a grade. There are more than 800 students in our whole grade. So, his workload is enormous, and his scope and depth of contact are also minimal. (Li)*

Other participants revealed a perception of ineffectiveness regarding the current mental health interventions provided by school counselors. This perception might stem from expectations of immediate or visible changes in the student, which were not met. Therefore, teachers felt a sense of frustration or disappointment due to the insufficient support provided by the school. Moreover, participants noted that school counselors handle student mental health issues independently, without involving the teachers, unless the problems reach a certain severity threshold. Therefore, teachers felt excluded from the support process, which could impact their ability to support the student's broader educational and social needs effectively. This exclusion can lead to feelings of frustration or inadequacy among teachers. As Peng and Liao mentioned:

> *I feel that its effect is not very evident either. We had a colleague who sent the student to the school counselor, but they came back the same. (Peng)*

If a student's mental health issues haven't reached a certain level, the school

counselor or psychologist won't inform the teacher. They will individually

approach the student without discussing their condition with the teacher.

(Liao)

Participants further emphasized the importance of a sustained and consistent approach to mental health that was woven into the fabric of the school culture. The episodic and often reactive nature of current support was seen as inadequate to address the ongoing requirements of students with mental health issues. They pointed to the need for a paradigm shift, moving from sporadic intervention to a constant, proactive support system. As Peng said:

My student has been here for three years. What was his psychological state

when he first enrolled, and what is it like when he is about to graduate? Has

there been any improvement? This can also reflect on the effectiveness of

your school's counseling center's work, right? Not every student receiving

counseling will improve, but it still reveals where the problems lie. So, I feel

that our school is still lacking in some respects (tracking the children in the

class who have mental health problems). I do think we are still missing

something. (Peng)

Some participants highlighted a disconnect between school management and the reality on the ground. Participants spoke of a sense of frustration with the lack of recognition and responsiveness from school leadership regarding the mental health

challenges they face in the classroom. They described a "blindness" among administrators to the severity and urgency of student mental health issues, which translates into insufficient support and resources. This perceived inadequacy in the support structure left teachers feeling unsupported and ill-equipped. As Peng declared:

Does the school have a specific mechanism? For example, is the teacher not the first responsible person? What kind of backstage or backing will the school give me? I think the school should provide for teachers. If the school gives us some support in this way, we will be bold when dealing with these things, and we will not be unable to let go when encountering problems. (Peng)

Participants further articulated a profound sense of helplessness within the current educational framework. They described a daily struggle against a tide of expectations to not only deliver within their role as teachers but also to provide mental health support without adequate support or training. Participants reported feeling overwhelmed by the dual pressures of high-stakes educational outcomes and the increasing mental health requirements of their students, the latter of which was often seen as secondary within the system's priorities. The weight of these systemic pressures was compounded by societal expectations that teachers should be capable of managing mental health issues. As Zhu said:

Our teachers cannot manage many things every day, including social reasons. Are you burdened with this kind of exam in Changsha? We have a lot of things that our teachers are weak, and we hope they [students] can relax, right? However, the parents also expect the child to attend a famous university. (Zhu)

Some participants indicated that secondary school teachers tended to adopt a more conservative approach to handling student issues to avoid potential conflicts or negative impacts. The "conservative approach" refers to the cautious and reserved methods that secondary school teachers adopt when supporting student issues. This practice was mainly because school policies emphasize avoiding direct conflicts. Additionally, the culture within the educational system tended to emphasize positive reinforcement. Moreover, teachers were also concerned that direct criticism or harsh treatment of students might lead to complaints from parents or negative public opinion, which could contradict the school's management policies. As Yang said:

We all have become only focused on discussing the strengths of students and dare not talk about their weaknesses. This situation exists throughout the entire education system, including what I have observed in other schools and our school. There seems to be a general atmosphere among teachers who are afraid of potential issues and hesitant to criticize or talk about students' shortcomings. This atmosphere has formed, resulting in students feeling they can only handle positive feedback and cannot accept criticism. (Yang)

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Some participants reported that supporting students' mental health had become an integral, though unofficial, part of their role. The certainty of this aspect of their job was apparent as teachers encountered students with mental health issues on an almost daily basis. They noted that these were not isolated incidents but a consistent pattern reflecting a more significant societal trend. They conveyed a sense of resignation to the fact that supporting student mental health was no longer peripheral to their role and that it had become a standard expectation, one for which the system had yet to prepare or support them adequately. As Hu and Liao claimed:

Of course, teachers may not prefer to have students with such mental health issues in their classrooms. However, what can you do if they are assigned to your class? It becomes a matter of luck, and you have no choice but to accept it. Once they are in your class, you have no option but to take them and find ways to address the situation on your own. (Hu)

I don't know if the student (with mental health issues) will be assigned to my class next semester. If they are, I feel it would still be tormenting. If they are not in my class, perhaps they would be a torment for another teacher. (Liao)

Participants further shared the widespread impact of student mental health concerns on the teaching community. Participants spoke of a shared anxiety that permeates the staff room, as they collectively worry about how to support their students best while managing their workload and personal well-being. They described a domino effect, where one student's crisis can impact the classroom, the teacher, and consequently,

other students and colleagues, creating a cycle of stress and concern within their school community. As Hu stated:

We all have concerns. Being in the same cohort, we have some understanding of each other. We are all on the same floor or in the office area, so there will be some worries. If a student from the adjacent class encounters a problem, it will undoubtedly impact the students in our neighboring class. (Hu)

5.5.2 Helpless to help, powerless to support

Some participants related their experiences of helplessness and frustration when faced with students who, for varied reasons, could not or would not verbalize their mental health struggles. This non-expression left the teachers feeling powerless and anxious as they grappled with interpreting unspoken signals and determining appropriate interventions. As Wu described:

That is to say, when he can't express himself, I also feel helpless. I don't know where to find this entrance or breakthrough to communicate with him. I can't see his problem because he doesn't express it. (Wu)

Other participants revealed a self-perceived deficiency in skills and resources to address mental health concerns effectively. This inadequacy was not for want of empathy or desire to help but instead stemmed from a palpable gap between the demands of these complex issues and the available support abilities. The traditional tools of education, designed for didactic instruction, proved insufficient for navigating

the nuanced complexities of supporting students' mental health issues, leaving teachers to question their ability to fulfill their roles within the educational setting. As Hu stated:

I can't help it. I feel powerless. I want to help him (the student with mental health issues), but I can't get into his heart and open it. I don't know what to do with him because we are not professionals in this field, so I can only rely on my usual experience to carry out exploratory enlightenment. I think my methods are useless, and I feel powerless. (Hu)

Participants further revealed a critical aspect of their lived experience in supporting students with mental health issues— the teacher's ability to intervene was severely limited in the face of urgent situations where the immediate risk to a student's safety was evident. The constraints of the educational system, with its focus on academic success and standardized procedures, left little room for the flexible, responsive approaches required in crisis management. The absence of a clear framework for crisis intervention within schools often resulted in a reactive rather than proactive stance towards mental health support. This reactive approach further contributed to the teachers' sense of powerlessness, as they witnessed the gap between what was needed and what they could feasibly provide within the limitations of their role. As Xie reported:

At the moment when she locked herself inside (and engaged in self-harm), I had no idea what was happening inside. In the short term, I immediately

contacted the relevant teachers to bring the keys. However, during that time,

there was nothing I could do. No matter how much I pushed or knocked,

there was no response from her. It was a feeling of complete helplessness.

(Xie)

Participants also described a pervasive sense of uncertainty and self-doubt when faced with a student's mental health crisis. Despite their best efforts to remain calm and provide support, the lack of specific guidance and training in crisis intervention left them wondering if they had made the right choices. This uncertainty was not limited to the crisis moment but extended into their reflections on these incidents. As Peng revealed:

I was thinking then, what should I do in that situation? Shouldn't I have tried

to calm him down? Or should I not have said that when I asked the students

to hold onto him? I also contemplated this question later on. What should I

have done in that particular situation? Should I have let the students grab

him? Would that have agitated him instead? I wasn't clear about it either.

(Peng)

Some participants expressed a deep awareness of the structural limitations in supporting student mental health within schools, highlighting a pervasive sense of resignation to the constraints imposed by their roles and the broader educational system. The sentiment of "going with the flow" emerged as a coping strategy for many teachers who felt overwhelmed by the systemic inadequacies in addressing

mental health challenges. This approach involved accepting that, as individuals, teachers had limited capacity to effect substantial changes in the institutional handling of mental health issues. Despite this realization, teachers remained committed to doing their utmost within the confines of their professional roles and the established systems and available resources. As Yang stated:

It's about going with the flow. Because you can't change anything, as a teacher, your power is very, very limited. All I can say is that we try our best within the scope of our responsibilities to do our job well and to manage our class of several dozen children properly. That's all we can do. (Yang)

Other participants reflected on the recognition of personal and professional limitations in offering comprehensive mental health support to students. Moreover, they underscored the difficulty and emotional burden associated with acknowledging these limitations and the necessity of seeking external support. This can lead to feelings of inadequacy or frustration, as teachers are deeply invested in their students' mental well-being but recognize the limits of their capabilities. As Liu stated:

If he further requires advice, it may go beyond my capabilities, and that's something I cannot achieve. In such cases, I can only transfer the issue to someone else, so it doesn't feel easy. (Liu)

Although teachers want to refer students to mental health professionals, they also reported the complexities surrounding the decision-making process of when to involve a mental health professional. For example, they wanted to find an excellent

opportunity to ensure the psychological counselor thoroughly understood the student's issues. The challenge of finding the right time and context to engage a psychological counselor can lead to frustration or a sense of inefficacy among teachers. As Luo declared:

But sometimes, I don't find an excellent opportunity to see a psychological teacher because the psychological counselor may also need to know what has happened to solve some problems through his communication. (Luo)

In supporting students with mental health issues, secondary school teachers often navigate the delicate balance between their role as teachers and the necessity of involving other professionals in more complex situations. Teachers distancing themselves from mental health issues may be due to several factors: a lack of professional training in mental health and handling complex mental health issues within the school setting can be impractical and potentially unsafe. As Wang claimed:

When such a situation arises, if it can be handled, then handle it a bit. However, when teachers feel that there is a risk or the risk is relatively high, they will call the parents to come and have the student return home or do whatever needs to be done. In any case, it's about the more tangled and complex issues. The common practice for schools and teachers is not to get involved if it's possible to avoid it; the parents should take care of it, right? Whether it's going to see a psychologist or whatever other method might be good, it's up to the parents to address it. (Wang)

Despite investing time, emotional energy, and educational strategies at their disposal, the lack of visible improvement in students' conditions was disheartening. Therefore, participants experienced significant frustration when their efforts did not lead to observable changes in the mental well-being of their students. As Chen noted:

I told him you can't blame others for your anger just because you are unhappy. He listens, but he can't do anything to change it. You will see him like this next time. (Chen)

It's like having a stone in front of you, and you don't know what to do with it. You want to shape it and understand how it should look, but your tools cannot crack it open or move it. It remains unchanged, just like that. All the tools are there, but none can break open the stone. That's how it is. (Chen)

A recurring theme among teachers was the exhaustion stemming from their continuous efforts to support students with mental health issues. This exhaustion was not merely physical but emotional and psychological, arising from the constant demand to be attentive and responsive to students' complex requirements. Participants described the experience of being on high alert, always ready to intervene or provide support, which rarely allowed for a moment of respite. This state of hyper-vigilance, combined with the emotional labor involved in caring for students, can lead to burnout. As Han revealed:

The first is to disturb my sleep so that I can find such cases online and talk to him. It would help if you told him a lot of stories (to encourage him). I've

been telling them for a year. If you think about it, people are exasperated. I

am exhausted mentally and physically, and I am afraid that he still has

problems. (Han)

Some participants found themselves in a perpetual state of work, where the boundaries between their professional and personal lives were increasingly blurred. This constant engagement was not limited to the academic aspects of their roles but extended significantly into the emotional support they provided for students with mental health issues. Participants described an "always-on" mentality, where they felt compelled to be available for their student's needs at all hours, often at the expense of their well-being. The relentless pace and the emotional heaviness of supporting mental health concerns led to chronic stress and burnout. As Liu shared:

I will feel that I am working 24 hours a day; if I can't separate my personal

life from my work, this is also a part of my burden. (Liu)

Participants also spoke of a looming sense of overwhelm as they faced the reality of addressing the needs of not just one but often several students simultaneously exhibiting signs of mental distress. This anticipation frequently led to feelings of anxiety as they questioned their capacity to provide adequate support to each student. The complexity of navigating diverse mental health issues compounded the challenge as teachers strived to differentiate their approach to meet individual student needs. The cumulative effect of these responsibilities contributed to a sense of impending

overload, where the demands of their role seemed to exceed their personal and professional resources. As Luo expressed:

If there are too many students of this kind, we will find that the whole time of our office work is scattered. Then a lot of energy will be put into solving this kind of thing, not to mention unimportant, maybe trivial things, which will affect the rhythm of some work, and then in the same class, If there are more children of this type, the whole class will be more difficult to manage, more challenging to take, and will feel unable to accept. (Luo)

Participants further described how the emotional investment and time dedicated to supporting students with mental health concerns infringed upon their personal lives. Supporting students' mental health issues often face high levels of emotional and psychological stress. Relationships with family and friends were sometimes strained, as teachers had less emotional bandwidth to engage in outside work. As Peng said:

It may affect the relationship between husband and wife in my family if it is bustling for some time. Because my husband is engaged in IT, he will also be swamped, affecting the relationship between the husband and wife. Occasionally, he will transfer his negative emotions to my children, which is annoying. It won't be delightful if something happens, impacting the family. (Peng)

5.5.3 The challenge of advocacy and family engagement to support student mental health

Within the context of supporting students with mental health issues, teachers frequently encountered "Parental Denial" as a significant barrier. This reflected the disheartening experiences of teachers who recognize signs of mental distress in their students only to be confronted with parents who refuse to acknowledge these issues. Teachers recounted their frustration and concern when their efforts to initiate support were impeded by a parent's reluctance or refusal to accept the possibility of their child's mental health struggles. This denial not only delayed the provision of help for the student but also placed an additional emotional burden on the teacher, who must continue to support the student within the limitations imposed by the family's stance. As Wu declared:

For example, there are some parents who, out of a desire to protect their children, always believe that their children do not have any mental health issues. However, these issues may manifest in the child's daily learning. Addressing or discussing the child's problems becomes challenging from the parent's perspective. (Wu)

So, supporting children like this isn't easy. For example, if parents cannot set firm boundaries and cannot make themselves tough, it becomes challenging for the school to do so. How can we do it, right? What if something goes wrong? Who can take on the responsibility? Who dares to take on that role, you know? And don't even mention extreme cases like jumping off a building. As long as the student runs away from home or something like that, there is a possibility that the school and teachers may

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have to bear an unexpected kind of responsibility that you can't imagine.

(Wu)

Participants further revealed a fraught dynamic when attempting to engage with parents over sensitive issues such as mental health issues, especially when family turmoil was present. Participants confronted not only the difficulties of addressing mental health within the school setting but also the complexities of involving parents who may be dealing with their stresses. The personal attacks on teachers highlighted the emotional burden that they might carry, especially when their intentions to help were met with hostility. As Liu mentioned:

Then the parent is one like this: his father cheated, and his parents are not easy to communicate. Ah, (after I told his parents about the student's mental health issues), he was furious, and then he made some personal attacks on me. (Liu)

Participants highlighted that the efforts made by teachers to support a student may be insufficient when underlying family issues were a primary cause of the student's mental health difficulties. Despite the support provided by teachers, the student's progress was hindered by her family situation. This recognition led to the conclusion that the best course of action was to recommend the student's leave of absence, acknowledging the teacher's limitations in effecting change without addressing the root causes stemming from the student's home environment. As Li stated:

Why is it that the actions we've taken may not have had a significant impact on her change? I later understood that it had much to do with her family situation. Ultimately, we could only suggest that she take a leave of absence from school. (Li)

Participants further reported feelings of frustration and powerlessness when family factors undermined their efforts to support a student's mental health. These situations often left teachers in a difficult position, trying to provide whatever support they could within the confines of the school setting while knowing that broader family engagement was crucial for meaningful progress and family dynamics and beliefs posed significant obstacles to providing adequate support. As Zhu highlighted:

I had good communication with her in school today, and she has also been well. I made her happy in school. Then she goes back and makes such a fuss again. I feel powerless. My sense of powerlessness will be reflected here. It is equivalent to that after I did some work, she returned to her original form. Her personality, family situation and family atmosphere are just like this. It will not be changed in a short time or at once. There will be some powerlessness. (Zhu)

Some participants were worried about the family structures and dynamics that shape the mental health landscape of students. Participants observed a shift in family power structures, with children having significant influence over their parents, which may have contributed to challenges in the mental health of students. As Li claimed:

I think it is one child who controls his parents. In this society, there are

fewer children in one family, maybe one at most two. So, all the central

points, such as resource control, I think, are not in the hands of parents but

in the hands of children. Many parents will compromise too much to ensure

the physical and mental health of the child. However, the children are

already in an unhealthy state. (Li)

Other participants offered a glimpse into the complex dynamics between educational institutions, parents, and the well-being of students facing mental health issues. They reflected a cautious approach to parental involvement and an awareness of the potential for conflict when addressing the necessity for a student's temporary withdrawal from school for mental health reasons. Teachers' concern for the student's well-being was evident but was tempered by the realization of the school's limited influence over parental decisions. As Yang stated:

But what about the situation in the school? You can't let him go back home,

can you? Only his parents are willing to suspend school or not; we can't

mention it like that. The more you say it like that, then his parents themselves

will undoubtedly have some rebound. (Yang)

Participants also revealed a profound sense of interdependence in their role, mainly when supporting students with mental health issues. The teachers' experiences underscore the necessity for collaboration between parents and students and the challenges of lacking this cooperative engagement. This challenge affected the

teachers' ability to help their students and led to a sense of professional inadequacy and powerlessness. As Liu described:

Our work needs the cooperation of others; that is, there is an interaction between the subject and the object. So, they have no such feelings in many noninterpersonal and professional jobs. Completing my work depends on the cooperation of parents and students, so this feeling of powerlessness often occurs. (Liu)

Some participants described an environment where the burden of mental health support was disproportionately placed on their shoulders when parental acceptance and approval were not forthcoming. Without parental cooperation, teachers feel isolated in their efforts, which exacerbates their stress and sense of burden. As Hu stated:

It means my burden will be heavier and heavier, and my pressure will be tremendous. Your parents do not accept or approve. If you disapprove, I will do everything and work. I do it alone. After all, parents know their children best, right? The teacher, who is in school, knows his studies and knows a little about the slight fluctuation of his thoughts. If your parents do not cooperate, our teachers will be under a lot of pressure, and sometimes it will be challenging to deal with. (Hu)

Participants discussed the professional boundaries that limited their ability to probe into students' family life, an area often covered with sensitivity and privacy concerns. While they recognized that understanding a student's home environment can be crucial to providing comprehensive support, they also acknowledged the ethical and professional constraints that deterred them from crossing certain lines. As Chen reported:

We don't know what's happening in his family, do we? We can't inquire about the students' families now, which means we can't go to find out in detail. (Chen)

Participants further revealed their insights into how socioeconomic factors influence the recovery and management of student mental health. Participants witnessed firsthand the disparities in mental health outcomes linked to socioeconomic status, noting that students from lower socioeconomic backgrounds often face additional barriers in accessing mental health resources. These barriers included limited availability of professional support, financial constraints impacting the ability to seek treatment, and sometimes a lack of awareness or stigma surrounding mental health within the family or community. Participants perceived that these socioeconomic challenges can hinder the speed and extent of a student's recovery. As Han revealed:

Some children can recover from certain social practices if their family circumstances are superior and their financial conditions are good.

However, if the student doesn't have a wealthy family, it may be difficult for

them to recover. (Han)

Participants emphasized a need for parents to have greater awareness and active participation in identifying and addressing their children's mental health concerns. They observed that a lack of mental health literacy among parents often leads to misunderstandings, stigma, and a delay in seeking professional help. Participants recognized the challenges first-time parents face and the need for education and training to equip them with the necessary skills to support their children effectively. As Nie revealed:

So I think today's parents, because it is the first time for them to be parents,

really need to learn and also need training. (Nie)

Participants also highlighted the potential impact of educational programs tailored specifically for parents, which could address the unique challenges and concerns they faced regarding their child's mental health. Such programs could better prepare parents to collaborate with schools and mental health professionals. As Wu noted:

So, I feel that the problem with psychological education is that we can't start

with children. Therefore, whether experts or institutions in this field are

reasonable, it should be from parents' perspective to popularize knowledge

or educate them in this field. (Wu)

5.6 Theme 3: Staying agile to keep the students safe: "Getting the job done."

Despite facing numerous challenges, including rigid school systems, limitations in their professional skills, and varying dynamics within students' family environments, secondary school teachers persist in adapting their approaches to support students with mental health issues. These adjustments often involve reducing academic demands, cultivating life skills, engaging in open communication, and employing positive reinforcement strategies for students with mental health issues. By implementing different approaches tailored to individual students' needs, these teachers' ultimate aim was to ensure the safety of their students at school. Such modifications are not merely about making concessions but are strategic in fostering an inclusive and supportive educational atmosphere where students with mental health challenges can thrive. This focus on adaptive teaching helps meet students' immediate needs and prepares them for future challenges by equipping them with essential life skills.

Furthermore, this process of adaptation and support is also profoundly rewarding for the teachers. Teachers often experience a sense of fulfillment and professional growth through their efforts to assist students in overcoming their mental health struggles. This satisfaction comes from witnessing their students' progress and knowing they have significantly impacted students' lives. Moreover, the experience enhances teachers' empathy, flexibility, and communication skills, which were invaluable in their ongoing professional development. Like the first two themes, this theme and its subthemes were supported by rich, qualitative data from the participants' interviews,

outlined in Table 18 and further elaborated upon in Appendix 4. The upcoming content will delve deeper into the development of this theme by analyzing those interviews with participants.

5.6.1 Cultivating a supportive and adaptive educational system for student mental health and resilience

Participants underscored the idea that education was not solely about academic achievement but also about the overall development of the student, which included moral, emotional, and social growth. By instilling the right concepts and positive values, participants aimed to equip students with the mental and emotional tools necessary to navigate life's challenges. This preventive strategy seeks to reduce the likelihood of students developing mental health issues by promoting resilience and positive coping mechanisms. The development of a reasonable worldview and positive outlook had long-term benefits for their students. It prepared students to face future challenges with confidence and adaptability, ultimately supporting their mental health and well-being throughout their lives. As Liao revealed:

So sometimes, when teaching students, we try to instill the right concepts, a reasonable worldview, and a positive outlook to guide them and prevent them from deviating. Because education is not just about teaching subjects but also about nurturing students, we emphasize the importance of cultivating their character and developing their personality traits. (Liao)

Table 18: Staying agile in hopes of keeping the students safe: "getting the job done"-- An Example From Formulated Meaning to Central Theme

Significant Statements	Formulated Meaning	Theme Clusters	Theme
So sometimes when we are teaching students, we try our best to instill them with the right concepts, a good worldview, and a positive outlook on life, in order to guide them and prevent them from deviating. Because education is not just about teaching subjects, but also about nurturing individuals. We emphasize the importance of cultivating their character and developing their personality traits. (Liao)	Emphasising the positive	Cultivating a Supportive and Adaptive Educational System for Student Mental Health and Building Resilience	Staying Agile in Hopes of Keeping the Students Safe: "Getting the Job Done"
I feel that if, in the process, I am unable to reach the ideal state I have in mind, at the very least, I want to teach him (the student with mental health issues) how to be independent and lead a normal life. I don't necessarily expect academic success but rather the ability to function in daily life. I believe that as teachers, this is also acceptable and aligns with the purpose of education.(Peng)	Being flexible to the students need		
As long as he is safe, and both his parents agree with this situation, which is to let him go back and adjust his condition, then it's fine. That would mean, for me, this matter is resolved. (Liu)	Normalization of mental nealth issues and a non-stigmatizing attitude within the educational environment		
My first thought is to treat them equally and normally, without seeing them as too unique or different. It's important to approach them with a sense of normalcy and recognize that it is a very common phenomenon. In today's society, there are many issues, including various mental health problems. (Peng)	Safety as a precondition and a resolution	Growth through Adversity	
Then I feel lucky. I pulled him back from the edge of the balcony. I think it is a happy thing to help him and manage him. Right? If it is serious (jumped off the balcony), what if he is really upset? (Li)	A sense of fulfillment to help a student in crisis		
It is at this time that you will clearly feel that you are needed by another person, and then, whether they need your help or just need your listening, I feel that my work is very valuable, and then my existence is also very meaningful. My years of learning or how to do, What I have always insisted on is right, that is, first of all, there is a kind of affirmation of self-worth. (Liu)	Feeling of self-worth and meaning		

Participants also recognized the importance of adjusting their expectations to better suit the individual needs of students facing mental health challenges. Participants reported a shift in perspective, prioritizing life skills and independence over traditional metrics of academic success. They articulated a sense of responsibility to foster a supportive environment that values the holistic development of students. Teachers acknowledged that for students struggling with mental health issues, the primary objective becomes ensuring that these students acquire the necessary skills to manage their well-being and function independently in their daily lives. Participants expressed the need to adopt a more flexible, agile, and personalized approach to learning and assessment for students with mental health concerns. As Peng shared:

> *I feel that if, in the process, I am unable to reach the ideal state I have in mind, at the very least, I want to teach him (the student with mental health issues) how to be independent and lead an everyday life. I don't necessarily expect academic success but the ability to function daily. I believe that, as teachers, this is also acceptable and aligns with the purpose of education. (Peng)*

> *I have become more accommodating towards his (the student with mental health issues) mistakes and don't demand as much from him as I do from others. When he makes a mistake, I lower my expectations slightly. (Peng)*

Some participants highlighted the compassionate and student-centered approach that teachers took when managing mental health issues. By agreeing with the parent's

decision to take a break from school, participants emphasized the importance of prioritizing the student's health and well-being over academic progress. This approach shows a deep understanding of the need for students to be in a healthy state before they can effectively engage in their studies. This flexibility allows the student to reintegrate into school life at their own pace, which can be crucial for their long-term success and mental health. As Guo and Yang expressed:

Her mother said, "Teacher, we need to take a break from school," I agreed, saying that she should first focus on getting well. If she feels like returning to school and believes she's okay, I told her I would welcome her back anytime. However, if she feels stressed, tired, or still finds it challenging to settle down and study, then she should continue with her treatment until she is better. Eventually, she did leave. (Guo)

Regarding academic performance and mental health issues, I believe that mental well-being is sometimes more important. Suppose a student experiences headaches when coming to school and feels uncomfortable as soon as they enter the classroom. In that case, I think it would be better for them to stay at home where they can have a more comfortable and relaxed environment. Ultimately, prioritizing their well-being is of utmost importance. (Yang)

Some participants highlighted their proactive role in offering motivational support to students who exhibit signs of struggle, particularly those impacted by mental health

challenges. For example, some teachers used the students' past achievements as motivation, reminding them of their capabilities and the possibility of future success. This affirmation of self-efficacy can be crucial in helping students overcome feelings of doubt and helplessness commonly associated with mental health struggles. Additionally, by addressing both the emotional and academic needs of the student, participants provided holistic support. As Chen mentioned:

Sometimes, when he (the student with mental health issues) struggles or feels like giving up on his studies, I will motivate him by saying, "You have performed well in the past, right? It shows that you have the ability. It just takes a little more effort, and you can achieve even better results if you work harder." Occasionally, I would have conversations like this with him. Additionally, I would check his notes and show concern about his learning progress and how he is grasping the knowledge. (Chen)

When cultivating a supportive environment, participants also acknowledged the importance of setting clear boundaries in their role as teachers, focusing on delivering educational content and motivational support rather than delving into therapeutic or clinical interventions. By sharing success stories of individuals who managed their mental health issues effectively—including public figures, historical personalities, or anonymous case studies demonstrating resilience and positive outcomes — they maintained their educational role. This focus on positive possibilities suggests an attempt at cognitive re-framing, helping the student view challenges from a more hopeful perspective. By concentrating on delivering information and sharing

examples, teachers maintained their boundaries as teachers, avoiding the complexity of digging into individual students' problems. As Han claimed as follows:

I can only discuss things like education or share examples I have read online or scenarios I have encountered. I can also share knowledge that others have told me, successful experiences from case studies, and information I have gathered from various sources. We can only impart these things to him (the student with mental health issues). We can focus on sharing positive possibilities and transforming them into a positive mindset. After all, teachers are agents of positive education. (Han)

Some participants reflected on the critical role of empathetic communication in supporting their students. They emphasized the importance of active listening, open dialogue, and the ability to create a space where students felt heard and understood. This exchange was seen as a way to empower students, giving them agency in their educational journey and managing their mental health challenges. As Nie and Liu described:

I will engage in more conversations with him (the student with mental health issues), aiming to understand what is going on in his mind. I will strive to empathize with his perspective and support him. (Nie)

I will encourage them to discuss their views; we communicate rather than my one-way output. Then I think that in this process, we can have exchanges,

and then I need to listen to the current young people's opinions and

understand some of their ideas. (Liu)

Other participants expressed profound respect for maintaining the secrecy of their student's mental health information, reflecting a deep concern for the student's right to privacy. By attributing the student's absence or behavior to physical rather than psychological causes, teachers aimed to prevent the student from facing potential discrimination or negative perceptions from peers. This protective strategy reflects an understanding of the sensitive nature of mental health and the societal tendency to stigmatize those experiencing mental health difficulties. As Liao stated:

I am unsure if the students in the class know her situation, but whenever a

student asks, I would say that she hasn't been feeling well lately, perhaps

with a cold or some other physical discomfort. I might attribute her absence

or behavior to specific causes on a given day or the next. In reality, I am

trying my best to conceal her actual circumstances. (Liao)

Participants emphasized the significance of promptly identifying and addressing mental health problems to minimize their effects on students' academic and personal well-being. They recognized that students may lack the skills or resources to manage their mental health independently. With a teacher's timely intervention, minor issues may not grow into significant problems. They also emphasized a teacher's role as a teacher and a caregiver who monitors and responds to students' emotional and mental health well-being. As Hu reported:

As a teacher, you should intervene in time (students' mental health problems).

If you don't intervene and can't vent your emotions, the problem will become

more and more serious. (Hu)

Participants discussed the delicate balance between supporting students and allowing them the space to navigate minor challenges independently. They saw these struggles as opportunities for students to develop coping skills, problem-solving abilities, and emotional strength. A teacher also highlights the potential downside of a completely trouble-free experience, suggesting that students who never face any challenges may be less equipped to handle difficulties later in life. As Yang revealed:

So I think this child sometimes has a small problem. I think it is still

acceptable that sometimes it is not necessarily bad. Well, there is a small

problem. As long as we can resolve it in time, we can resolve this emotion in

his heart, which is helpful for the child's future, but there is no problem. It

may be more terrible for children who are sailing smoothly. (Yang)

Participants emphasized the significance of acknowledging and addressing the psychological needs of each student. They described efforts to create a classroom culture where students felt accepted, understood, and valued. By fostering positive relationships and ensuring that students feel valued, teachers can help students develop a more optimistic outlook on life and a stronger sense of hope. This strategy not only attends to current psychological needs but also enhances long-term emotional resilience and well-being. As Yang noted:

What they (students) need is more of psychological needs. They may find a sense of existence in class if loved and needed. If they find a sense of existence in their teachers, classmates, and parents, others will not reject them, and they will have an understanding of life and hope. (Yang)

Teachers described their proactive measures in creating an inclusive and respectful classroom culture. Treating students with mental health issues equally helped to reduce the stigma associated with these problems, encouraging students to feel safe and supported in seeking help. Additionally, by actively addressing these issues and setting clear expectations for behavior, teachers prevented bullying and promoted a culture of kindness and inclusion because they understood the dynamics of peer relationships and the potential risks faced by students with mental health issues. As Peng revealed:

My first thought is to treat them equally, usually without seeing them as too unique or different. It's essential to approach them with a sense of normalcy and recognize that it is a widespread phenomenon. In today's society, there are many issues, including various mental health problems. (Peng)

When he is absent, I would inform the other classmates. I would say, "We have been in school for a while now, and you must have noticed that he (the student with mental health issues) is different. But we have someone like him in our class, and each of us is a member of this class. So, how should we act?" At the same time, I spoke sternly to the students. I told them that if they

bullied him, they would sneakily tease or make fun of him and bully the

teacher. I have reminded the students, especially the boys, multiple times

privately. (Peng)

Some participants mentioned they communicated and educated the parents as they understood the family's critical role in students' mental health. By educating parents on how to treat their children with mental health issues, teachers aimed to extend support beyond the classroom and into the home, creating a consistent and supportive environment for the student. As Nie stated:

I would talk to him more to understand what's on his mind, try to stand by

his side, communicate with his parents, and explain to his parents how to

treat these students (with mental health issues). (Nie)

When parents wanted to give up, participants engaged with parents and advocated for the well-being of students. Through sharing examples from their experience, teachers provided concrete evidence that improvement was possible, thereby instilling hope and encouraging persistence for parents. As Yang said:

His parents also often communicated with my office, expressing their desire

to give up multiple times. I felt that wasn't acceptable, so I presented them

with many examples from my experience. If you neglect the child, he might

deteriorate further and might even take drastic measures. The regret this

could cause within the family could last a lifetime. (Yang)

5.6.2 Growth through adversity

Many participants highlighted that ensuring the safety of students was a foundational aspect of a teacher's responsibility. Ensuring safety was also seen as a prerequisite for any successful educational outcome. Teachers recognized that without addressing the fundamental safety and well-being of students, other educational objectives cannot be effectively pursued. Additionally, the resolution of mental health concerns was directly linked to the assurance of the student's safety. Once a student's immediate safety and supportive conditions were established, teachers considered the issue effectively managed within their scope of responsibility. As Wang and Luo demonstrated:

> *This is basic common sense for teachers; life safety issues are paramount.*
> *(Wang)*

> *If he is safe and his parents agree with this situation, which is to let him go*
> *back and adjust his condition, then it's okay. That would mean, for me, this*
> *matter is resolved. (Luo)*

Some participants expressed that the graduation of students with mental health issues was indicative of a feeling of relief. This relief was not only due to the student's successful graduation through school but also from the teacher's perspective of having managed the situation to its conclusion, marking a natural endpoint to the intensive support provided. As Wang said:

(Now that this student has graduated) A great weight has been lifted off my shoulders; that's the feeling, just a sense of relief. (Wang)

Participants also highlighted the co-joint responsibility that parents had in the support system for students with mental health issues. Participants expressed that managing students' needs felt more collaborative and less isolating when parents were actively involved. This partnership often led to a more comprehensive support network for the student and a sense of relief for teachers who sometimes felt the weight of responsibility in addressing mental health concerns. As Luo demonstrated:

When the parents said that the teacher should let my child back home for a rest, maybe I will feel that it is also OK for me. If the parents also said that, it may be easier for me. (Luo)

Participants revealed their emotional experiences when successfully navigating a student through a mental health crisis. The relief and fulfillment that came from seeing a student emerge from a crisis were described as unparalleled. Participants often viewed these moments as a confirmation of the profound impact they can have on a student's life trajectory. Participants underscored the immense satisfaction they felt when they could contribute positively to a student's mental health crisis. This fulfillment was a testament to teachers' significant role in the lives of students facing mental health challenges and the deep sense of responsibility they felt for their student's well-being. As Li expressed:

Then I feel lucky. I pulled him back from the edge of the balcony. I think it is

a happy thing to help him and manage him. Right? If it is serious (jumping

off the balcony), what if he is distraught? (Li)

Participants further reported a sense of professional fulfillment when they saw students who previously struggled with engagement or behavior begin to participate actively, demonstrate improved social skills, or show increased academic interest and performance. These behavioral changes were seen as direct indicators of the effectiveness of their support strategies. As Zhu said:

If I find that she is developing in the direction of improvement, and then I see

that she smiles after talking and finds that she is relieved to play with her

classmates, I'm happy for her at this time because it is developing in a better

direction anyway. (Zhu)

Participants also reported a sense of self-worth that stems from being needed by students, whether through providing help or simply listening. The teacher's feelings of significance and affirmation of self-worth are driven by both external validation from students and internal recognition of their professional dedication and effectiveness. As Liu mentioned:

At this time, you will feel that another person needs you, and then, whether

they need your help or your listening, I think that my work is precious, and

then my existence is also significant. During my years of learning or

learning how to do things, what I have always insisted on is correct; that is,

first of all, there is a kind of affirmation of self-worth. (Liu)

Participants also expressed experiencing a profound sense of pride and professional validation when their efforts to support students' mental health translate into positive outcomes through collaboration with their families. Effective communication with parents ensures that they are informed and involved in their child's mental health journey, creating a supportive home environment that complements the support provided at school. This fulfillment extended beyond the confines of traditional teaching roles as teachers engage in a more holistic approach to student well-being. As Yang declared:

I did a better job communicating with his parents, encouraging the child,

and communicating with him. Later, when his child graduated from the

senior high school, he thanked me very much. (Yang)

Participants experienced personal and professional growth due to their involvement in supporting students' mental health. Participants reflected on how these experiences had expanded their skill sets, emotional intelligence, and pedagogical strategies, which were valuable across all teaching areas. The journey of supporting students with mental health issues was described as continuous learning, where each challenge faced and overcome contributes to the teacher's growth. As Liu claimed:

I think (supporting students with mental health problems) is one of the ways

for a teacher to grow. It's a precious thing for me. (Liu)

Furthermore, participants anticipated ongoing growth and skill development in managing these challenges as they gained experience and the educational environment changed. Teachers offered insights into how they perceive their current experiences with students' mental health issues as preparatory for future roles and challenges. Participants reflected a fundamental belief in the value of experiential learning, where each challenge contributes to a teacher's overall skill set. As Luo described:

> *I may face the same situation (students with mental health issues) when I go to work as a teacher later. I will be more comfortable and know how to manage it. So maybe for me, as a young teacher, my teaching experience and class management experience are also an accumulation. (Luo)*

5.7 Exhaustive Descriptions of the Phenomenon

Within the realm of education, teachers face a complex and often elusive crisis: the mental health challenges experienced by students. In the context of public secondary schools in urban China, teachers are tasked with the formidable job of identifying mental health issues, particularly in large classrooms where individual needs can be lost in the crowd. Reserved students are often deemed "invisible" due to their quiet behavior, and those with average academic performance, whom teachers easily overlook, are more prone to facing their mental health struggles alone. These adolescents' mental health issues are difficult to detect for teachers without specialized training, presenting substantial challenges in their detection and early intervention. Teachers are shocked when the facade of normalcy is broken, especially

when students' hidden mental health challenges and their extreme consequences are revealed in acute and unexpected ways. The unpredictable, extreme consequences of mental health crises, including self-harm or suicide, heighten teachers' concerns and fear for student safety in a subtle manner. Teachers keenly recognize the cumulative impact of their students' underlying mental health issues, a ticking time bomb that places them in a state of constant concern and anticipatory anxiety. Worries about mismanaging students' mental health issues further raise fears among teachers as it can potentially damage their personal reputation and professional career. Teachers are distressed over the unfulfilled potential and reduced capacity of students to cope with adversity due to mental health issues. They see the vulnerability in academic performance and students' inadequacy in facing real-world challenges. Teachers worry about the impact of overindulgent family life on classroom dynamics and recognize that lower adaptability is a precursor to student failure. Teachers are also concerned about the responsibilities and possible consequences, including extreme student responses—such as giving up on learning—due to overly direct criticism. The chain reaction of student mental health issues deeply affects teachers' lives. They face fears and safety concerns stemming from potentially aggressive behavior by students, which could threaten their reputation. Schools also face the risk of reputational damage when a student exhibits suicidal behavior or other safety issues.

Navigating the terrain of supporting student mental health is made more difficult by the systemic obstacles within the educational setting, the teachers' perceived limitations, and the wider challenges within the students' social environment. Firstly,

teachers strive to cope with a system in crisis; severe resource constraints limit the ability to offer comprehensive mental health support. The need for continuous, integrated mental health services is evident, but schools often lack the infrastructure and personnel to meet this demand. The difficulty in accessing psychological help, coupled with doubts about the effectiveness of existing counseling services, highlights a crisis of trust in the school support structure. However, the management level of school institutions appears to overlook these deficiencies, leaving teachers feeling profoundly powerless when facing systemic pressures and societal expectations and hesitant to intervene with students for fear of assuming responsibility. Inevitably, teachers encounter students with mental health issues, further complicating their educational mission.

Secondly, teachers often find themselves engulfed in a sense of helplessness, especially when assisting students who are not adept at expressing themselves. Teachers feel that their inadequacy in supporting students with mental health issues is a heavy burden, and a lack of control during mental health crisis events exacerbates this burden. The uncertainty and self-doubt in handling mental crisis events leave them feeling overwhelmed. When teachers think their capacity is stretched to the limit, they are often forced to refer students to external professional psychological institutions or advise students to withdraw from school, which makes teachers feel like they are admitting failure. Despite some teachers' best efforts, they see little to no improvement in students, and the constant 24-hour work state leads to exhaustion. Supporting students with mental health issues has a significant impact on teachers'

daily lives, and the increasing anticipation of mental health problems adds to their stress.

Furthermore, when advocating for student mental health support, teachers face complex dynamics within the families of students with mental health problems. Parental denial can be a significant barrier to effectively addressing mental health problems. Engaging parents in managing their mental health issues can be challenging, especially when family dynamics and expectations clash with the needs of the student. Teachers feel isolated and unsupported when parents do not back them up. When family factors undermine teachers' efforts and support for students with mental health challenges, teachers feel frustrated and powerless. Professional boundaries complicate matters further, limiting teachers' ability to delve deeply into students' family lives. Teachers recognize the profound impact of socio-economic factors on students' mental health and recovery. There is an urgent need for parent education and more parent-centered psychological education approaches.

"Staying agile in hopes of keeping the students safe: 'getting the job done,'" describes teachers' flexible strategies and personal growth when supporting students with mental health issues after overcoming numerous challenges. Teachers recognize the need for a flexible educational approach for students with mental health issues, prioritizing life skills and independence, especially for those struggling with mental health problems. Balancing academic expectations with mental health needs requires significant adjustments by teachers, who often prioritize well-being over academic performance. Strategies include prioritizing students' health, assertive discipline,

proactive teaching, two-way communication, and privacy protection. Timely intervention when problems arise, fostering a sense of belonging in students, and instilling hope was crucial, as was creating a non-stigmatizing educational environment that normalizes mental health issues and establishes a resilient and inclusive learning environment for students with mental health challenges.

Teachers place student safety as a top priority. Safety is a fundamental requirement and an outcome in addressing mental health challenges. The graduation of students with mental health issues brings a sense of relief to teachers, and helping students successfully navigate crises provides a deep sense of accomplishment. During the challenging journey of supporting students with mental health issues, teachers experience adversity and personal growth. As they learn to navigate complex environments, they develop resilience and adaptability, enriching their teaching practices. Although supporting students with mental health issues is challenging, it is also marked by teachers' personal growth and substantial professional development.

5.8 Fundamental Structure of the Phenomenon

The phenomenon of secondary school teachers supporting the mental health challenges of their students reveals a complex tapestry of experiences and meanings. As Colaizzi (1978) emphasizes, this process allows for the emergence of hidden meanings and a reconstitution of the teachers' lived world. In the disclosures of these teachers, we discover the essence of their engagement with student mental health.

Essentially, the experience of teachers is characterized by a vigilant journey through invisible battles and unpredictable storms, navigating through the chaos and insufficiencies of the school system, the limitations of their professional capabilities, and the predicaments of students' families. Despite numerous challenges, teachers still strive to support students with mental health issues and achieve growth and accomplishment in the face of adversity.

In the conceptual model of how secondary school teachers support students with mental health issues, the initial experience module involves teachers beginning to recognize the importance of their role in identifying and managing students' mental health issues. This responsibility is filled with challenges, as teachers are prone to overlooking often subtle signs of distress in students or misinterpreting behaviors that may indicate underlying mental health issues. Teachers are concerned about the direct and long-term consequences of these oversights, including the potential escalation of mental health crises, the fear of extreme outcomes of potential mental health crises, concerned about the potential harm to their reputation, and the fear of negative academic and social outcomes resulting from student failure. This stage is characterized by teachers increasingly becoming aware of the complexity and dangers of student mental health problems.

The second module describes as teachers become more involved in supporting students with mental health issues, they often encounter systemic barriers that hinder effective intervention. System challenges may include a lack of psychological professional resources and insufficient school administrative oversight. Additionally,

the inefficiency of existing counseling services and supervision can exacerbate the problem, making teachers feel unsupported and inadequately backed. On a personal level, teachers may face professional limitations when supporting students who are not adept at expressing their emotions or when they exert their utmost effort yet see no apparent progress in students. Supporting unsupportive parents or handling complex family situations can lead to feelings of helplessness and frustration among teachers. This stage is characterized by a tension between the desire to provide help and the reality of obstacles that impede adequate support.

Despite encountering difficulties in the second phase, some teachers have found ways to adapt and overcome these challenges. They innovate in their teaching methods, adopting more flexible, empathetic, and inclusive approaches to cater to the diverse needs of students with mental health issues. By fostering an environment where mental health can be openly discussed, they strive to eliminate the stigma associated with mental health problems within the school community. They feel greatly reassured when their efforts positively impact their students' safety and health. These successes provide a profound sense of accomplishment and facilitate the professional development of the teachers. However, this journey does not end with these successes. The cyclical nature of these challenges means that even experienced teachers might find themselves back in the first or second phases, facing new fears and concerns about students' mental health or navigating the system, as well as personal and family challenges. This cyclical process highlights the need for ongoing commitment to

effectively support student mental health in educational settings and for teachers to adapt and continue learning (Figure 6).

5.9 Participant Validation- "Returning to the participants"

The participant validation process, as the final phase of Colaizzi's (1978) phenomenological method, was meticulously undertaken to ensure the integrity and authenticity of our findings related to secondary school teachers' experiences in supporting students with mental health issues. Following the recommendations of Haas and Holloway, an exhaustive description of the study findings was prepared to make the results recognizable and relatable to the participants (Haase & Myers, 1988; Holloway & Galvin, 2016).

Each participant was approached individually and provided an exhaustive description of the findings. They were requested to reflect on this representation's accuracy and verify that it resonated with their experiences. Participants were also encouraged to identify any new Insights that may have arisen upon reviewing the description which would warrant incorporation into the final analysis. Three of the 16 secondary school teachers who participated in the study were reachable. The remaining 13 could not be reached for the validation process.

The feedback from the participants who were engaged in the validation process affirmed that the exhaustive description provided a truthful and accurate reflection of their experiences supporting students with mental health concerns. The participants confirmed that the study's depiction of their challenges, coping mechanisms, and

emotional labor was representative of their real-world encounters. The process of emotional labor was representative of their real-world encounters. The process of participant validation has thus contributed significantly to the overall rigor and trustworthiness of the research, offering a foundation for future initiatives aimed at improving support for teachers in similar contexts.
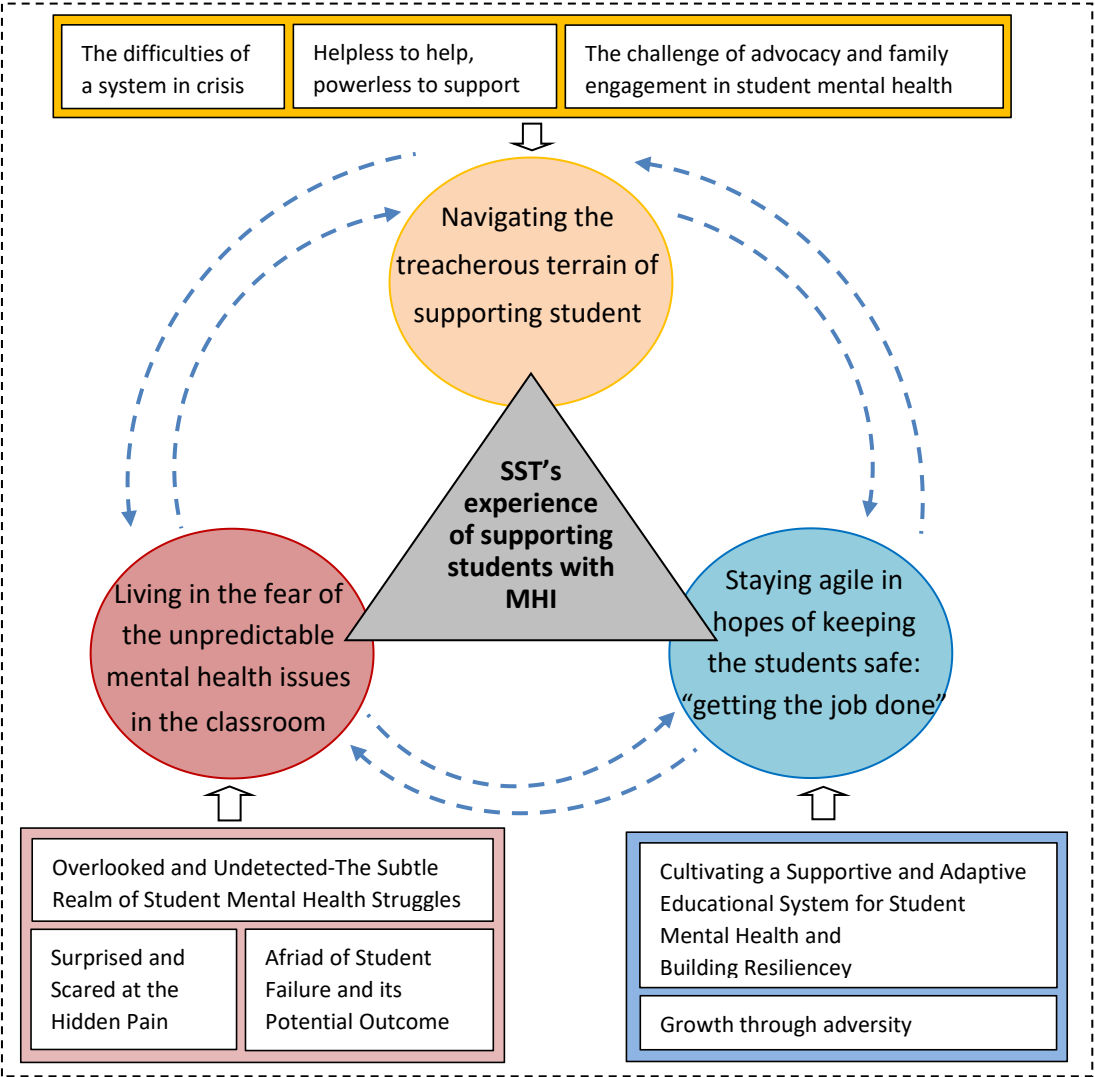
Figure 6: The Fundamental Structure of the Phenomenon of the Lived Experience of Secondary School Teacher in Supporting Students in Mental Health Issues

5.10 Chapter Summary

This chapter provided detailed findings on secondary school teachers' lived experiences as they supported students with mental health issues in a Chinese context. More precisely, we utilized phases four to six of Colaizzi's framework (1978) to create themes by analyzing the significant statements given by the participants. The result was a comprehensive depiction of the secondary school teachers' lived experiences in their efforts to support students with mental health challenges.

Chapter 6: Discussion of Findings

6.1 Introduction

This chapter aims to thoroughly discuss the outcomes of this study in relation to the existing body of knowledge, specifically regarding the lived experiences of secondary school teachers. The search approach for determining the currently existing literature offered here relied heavily on the three main themes and their corresponding subthemes. Furthermore, this chapter provides a concise assessment of the existing knowledge and gaps in understanding related to the three topics. Additionally, it highlights how this research brings novel insights into the phenomena.

6.2 Presentation of the Study Findings

The main objective of this research was to investigate the lived experiences of secondary school teachers in assisting students who are struggling with mental health issues. In order to place this inquiry within the wider academic discussion on the experiences of these teachers, it was necessary to conduct a thorough evaluation of existing literature. This review attempted to build a strong framework for interpreting our findings. We utilized the search functionalities of CINHAL, Medline, and Pubmed as our main database engines to carry out this operation. In addition, we conducted an initial search using Google Scholar, PsycINFO, and Embase, but we found just a small amount of relevant material. Moreover, thorough scrutiny of systematic review repositories such as the Cochrane Library and Joanna Briggs Institute uncovered a lack of relevant papers, reflecting the scarcity discovered in the

first search channels. The second iteration of the literature study, conducted from 2022 to 2024, included a wide range of research methods, such as qualitative and quantitative approaches, as well as anecdotal narratives and discursive evidence. The aim was to thoroughly examine many viewpoints on this topic. It took into account published studies conducted in the English language. Out of the 3058 abstracts that were examined, 3049 were eliminated because they were duplicates and lacked specificity, making them irrelevant (see Figure 7). As a result, these articles were deemed to be beyond the scope of this study.

The main themes and their sub-themes were adopted as pivotal keywords, employing the Boolean conjunction "AND" in order to systematically identify and select noteworthy and pertinent studies (Table 20). Subsequent to the exhaustive search process, a rigorous examination of the abstracts and titles was conducted, ensuring the elimination of any duplicative materials. The ensuing discourse incorporated exclusively those publications that exhibited relevance to the objectives of this secondary literature evaluation. Nevertheless, confronted with a notable paucity of available information, it was deemed judicious to undertake a comparative analysis of the study's findings against those previously identified and synthesized within the first round of literature review, thereby enhancing the robustness and comprehensiveness of the overall analysis. The theme of *Living in fear of unpredictable mental health issues in the classroom* is the first theme to be discussed (Table 17).

Table 19: Literature review search strategy and results 2022-2024.

Keywords	CINAHL	PubMed	Medline	Relevant to study 2022-2024
Living in fear AND the unpredictable mental health issues AND in the classroom	37	2080	71	0
Navigating the treacherous terrain AND supporting student mental wellness	3	1	3	0
Staying agile in hopes of keeping the students safe	135	0	872	0
Duplicates removed				146
Total				2

Figure 7: PRISMA flow diagram of literature selection and exclusion 2022-2024
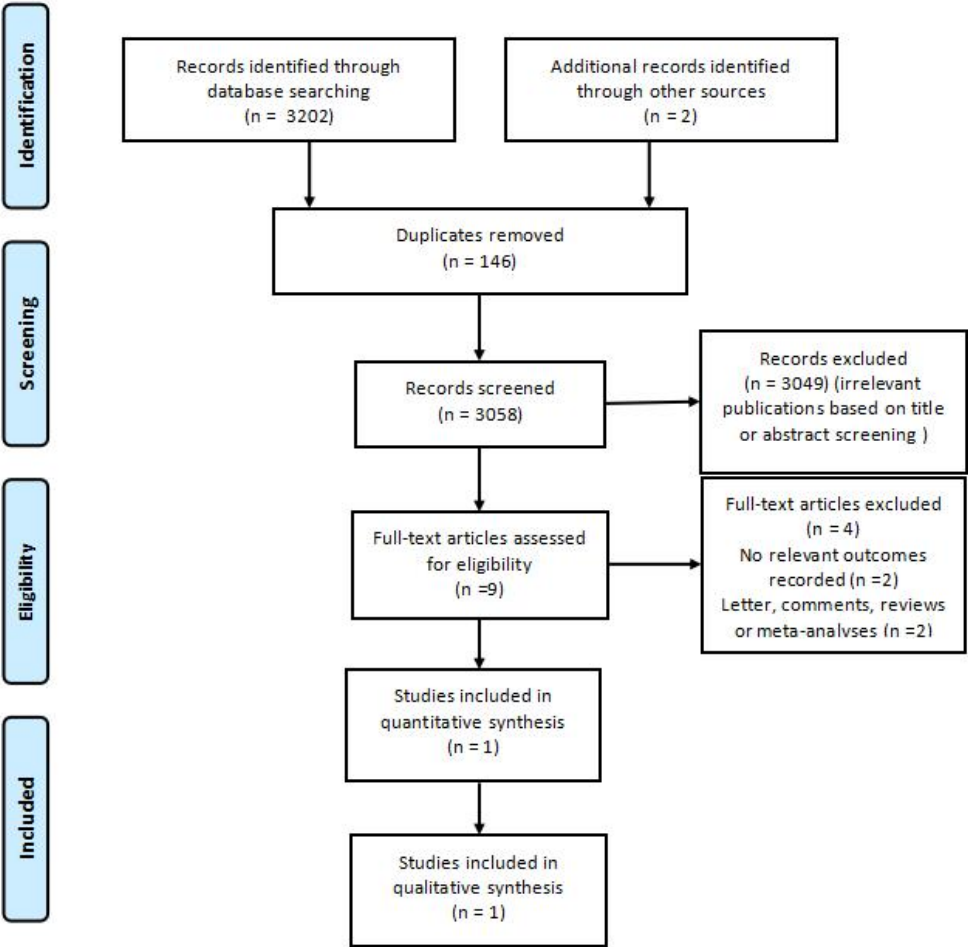
6.3 Living in Fear of Unpredictable mental health issues in the Classroom

Table 20: Living in Fear of unpredictable mental health issues in the classroom Search Terms

Search Terms for Themes and Subthemes	CINAHL	PubMed	Medline	Relevance to Study
Living in fear of the unpredictable mental health issues in the classroom	0	0	0	-
Living in fear of the unpredictable mental health issues in the classroom AND Overlooked and Undetected-The Subtle Realm of Student Mental Health Struggles	0	0	0	-
Living in Fear of the unpredictable mental health issues in the classroom AND Surprised and scared at the extreme outcome of invisible mental health issues	0	0	0	-
Living in fear of unpredictable mental health issues in the classroom AND Afraid of student failure and its potential outcome	0	0	0	-
Total after removal of duplicates				0

In our study, secondary school teachers expressed fear about the unpredictable nature of mental health difficulties, as they found it challenging to identify such concerns in large classroom settings. This aligns with the results of a phenomenological investigation on how faculty members assist college students with mental health concerns. The study highlighted the challenges teachers encountered in recognizing students with mental health problems in a large lecture hall with 150 students compared to a smaller classroom with 10-15 students (Kalkbrenner et al., 2021). This

was also supported by a prior quantitative study in the U.K. that found larger class sizes were associated with lower individual attention from teachers and less active interactions between pupils and teachers, which would potentially reduce teachers' opportunities to address mental health struggles within pupils (Blatchford et al., 2011). Meanwhile, secondary school teachers in our study were afraid of overlooking mental health issues as they paid less attention to reserved students due to their less noticeable presence in the classroom. However, among these reserved students, there might be some students who have mental health issues. This was supported by Schat (2012), who argued that the contemporary educational system often overlooks reserved students' needs and contributions (Schat, 2012). In addition, our study participants had a tendency to allocate more attention towards students who were at the top, characterized by exceptional academic performance or notable achievements, as well as students who were at the bottom, characterized by difficulties in academic performance or disciplinary problems. Nevertheless, teachers paid less attention to students who were in the middle, so making it more difficult for them to identify mental health problems in such students. This is less mentioned in the existing literature. In the West, schools do not place much importance on students' academic performance. In contrast, in China, students' academic performance is highly valued, resulting in less attention paid to students in the middle.

Some secondary school teachers fear the unpredictability of mental health issues as detecting mental health issues in students is a complex task, complicated by the often invisible nature of these struggles. Previous research has indicated that the

internalization of mental health distress can make detection particularly difficult for teachers, who may not be trained to recognize the subtler signs of mental health issues (Dowdy et al., 2012). A qualitative investigation of secondary school teachers in Japan similarly revealed that teachers have a tendency to overlook certain aspects of their practice. Teacher support typically commences only after observable behavioral issues, such as self-inflicted harm, harassment, excessive absenteeism, and frequent visits to the school nurse, become apparent (Amai, 2022a). The teachers in our study also describe a sense of uncertainty in detecting these less overt signs, underscoring a discrepancy between teachers' responsibilities and their preparedness for mental health issues. Besides, participants in our study feared the unpredictability of mental health issues as there exists a dissonance between the outward appearance of happiness or normalcy and the underlying vulnerabilities that adolescents may experience. This dissonance often made it challenging for teachers to detect and address mental health issues among their students. The concept of "smiling depression"—where individuals appear happy and well-adjusted while suffering from depressive symptoms internally—has been identified in the psychological literature (Misra & Srivastava, 2021). Our study aligns with this research, highlighting the difficulty teachers face in recognizing mental health distress masked by a seemingly positive outlook. Our study brought to light the complexities that teachers faced in interpreting students' behaviors and the potential for misjudging the mental health needs of those who did not fit the traditional markers of vulnerability.

Other secondary school teachers expressed feelings of shock and fear when confronted with sudden extreme outcomes of mental health issues, such as suicide attempts or severe depressive episodes among students. Consistent with our findings, existing research has highlighted that many teachers felt inadequately prepared to handle mental health crises (Andrews et al., 2014b). This lack of preparedness can often lead to shock and significant emotional distress when teachers face severe, unforeseen incidents (Bradshaw et al., 2022). A qualitative study including post-primary school teachers and guidance counselors in Ireland revealed that all participants admitted experiencing intense emotional responses upon learning about a student's self-harm. These emotional reactions included feelings of concern, astonishment, sorrow, and fear, which were repeatedly reported (Dowling & Doyle, 2017).

Additionally, our study revealed that teachers encountered aggressive behaviors, which disrupt the learning environment and induce a high fear of personal safety. Consistent with these findings, a survey by Berg, J. K., & Cornell, D. (2016) found that exposure to student aggression significantly impacted secondary school teachers' sense of safety (Berg & Cornell, 2016). Meanwhile, previous research has demonstrated that teachers frequently encounter elevated levels of anxiety when they handle students who have mental health conditions. An example is a study conducted by Reinke et al. (2011), which showed that primary school teachers express anxiety about their ability to effectively assist pupils with emotional or behavioral issues (Reinke et al., 2011). However, our study expended this heightened level of anxiety as

secondary school teachers experience anticipating anxiety, fearing that they need to take care of more and more students with mental health issues in the future.

Secondary school teachers expressed concern about students' potential for failure due to the major influence of mental health disorders on students' learning ability. These teachers saw a noticeable decline in academic performance among students facing such challenges. Consistent with our findings, Castaneda et al. (2008) highlighted how mental disorders such as depression and anxiety could impair cognitive functions like memory and concentration in young adults (Castaneda et al., 2008). A longitudinal study by McLeod, Uemura, and Rohrman (2012) also provided evidence that U.S. adolescents with emotional disorders have lower educational attainment and increased difficulties in learning environments from the middle and high school years through the transition to early adulthood (McLeod et al., 2012). Similarly, our research indicated that teachers saw a direct correlation between mental health issues and a decline in student engagement and learning outcomes. Our study findings also revealed that teachers were acutely aware of the gap between current performance and potential capabilities in students with mental health issues, often expressing regret and concern for these students' future opportunities.

Secondary school teachers in our study found that students in Changsha had lower stress tolerance than they met in the countryside. They believed that lower stress tolerance often leads to a lack of persistence in challenging tasks, ultimately influencing students' potential to succeed. The correlation between stress tolerance and academic achievement has been extensively studied in the field of educational

psychology. For instance, De la Fuente et al. (2017) found that students with higher resilience, a component of stress tolerance, achieved better academic outcomes (De la Fuente et al., 2017). Teachers in our study expressed concern that students with mental health issues might not be adequately prepared for the complexities of real-world challenges, aligning with studies that emphasize the need for comprehensive educational approaches that incorporate emotional and social learning (Durlak et al., 2011).

Furthermore, secondary school teachers were reluctant to criticize students with mental health issues as they were afraid of their withdrawal behaviors or other unpredictable reactions after criticizing. According to Jones et al. (2013), teachers frequently expressed concern that criticism could demotivate students, particularly those with mental health challenges, potentially leading to adverse outcomes like decreased self-esteem or increased anxiety (Jones et al., 2013). However, the participants in our survey also conveyed a sense of doubt regarding whether their efforts to alleviate pressure were indeed the most effective approach to assisting students in managing their mental health concerns, as well as their academic pursuits more generally. The question pertained to whether the adjustments being made were beneficial or, conversely, hindered the development of resilience in students by depriving them of tough settings where they may learn effective strategies for coping (Maelan et al., 2018)

One interesting finding of our study was that participants feared their professional reputation might be tarnished if a severe issue occurred involving students with

mental health issues, especially involving physical harm or suicide. As Wu said: "No matter how well you teach or how excellent your students' grades are, if a safety incident occurs in your class, it can be said that this is a stain on your professional reputation and career." This fear of tarnishing one's professional reputation due to mental health incidents in the classroom resonates deeply with the cultural importance of maintaining "face" in Chinese society. Erving Goffman, an American sociologist, provided a definition of "face" in 1955. He described it as the favorable social worth that an individual asserts for oneself based on how others perceive their behavior in a specific context (Goffman, 1955). According to Goffman, the face represents a self-image shaped according to socially approved attributes. Researchers who have studied the concept of face consider it a universal aspect of human social life (Wei & Li, 2013). The primary distinction between the Chinese and Western notions of the face lies in its heightened social importance among the Chinese, who are always mindful of the face in their interactions. This concept is captured by a frequently referenced Chinese proverb: "Just as a tree requires bark, a person requires face." Due to thousands of years of Confucian and legalist autocratic tradition, China still retains an ancient social formation centered around power relationships. In a society centered on power relationships, the distribution of social resources depends almost entirely on an individual's position within social relations rather than on their abilities or character. In Chinese culture, the notion of "face" is closely linked to an individual's social status, largely influenced by Confucian cultural norms. The concept of earning or losing face in social interactions has a direct impact on an individual's standing in

social relationships. The face here represents a soft form of social status or social influence. In this context, maintaining one's face becomes extremely important. The pursuit of face by Chinese people is essentially a chase for a higher social status. Chinese people believe that failing to handle a vital matter well or not achieving commonly attainable goals can lead to losing face. In teacher-student relationships, commonly accepted goals such as academic performance and students' healthy development are considered part of the teacher's role and responsibility in China. Therefore, when students fail to achieve these goals, teachers often feel embarrassed or lose face, affecting their social status and promotion. In summary, when addressing students' mental health issues, secondary school teachers should prioritize not only the student's physical and academic well-being but also take into account how these interactions influence teachers' social status and reputation, thus emphasizing the significant influence of cultural background on teachers' supportive actions.

The involvement of school nurses is particularly important in effectively addressing these issues. Prior studies have demonstrated that school nurses have a significant impact on promoting the mental well-being of students. School nurses demonstrated an enhanced ability to promptly and precisely detect mental health concerns among students. Doi, L. et al. conducted a mixed methods study that included 27 school nurses in Scotland. The study revealed that school nurses possess the capacity to identify children and young individuals who are experiencing mental health challenges (Doi et al., 2018). School nurses also have a vital role in managing mental health crises. Shattuck, D. et al. gathered data from the 2019 New Mexico School

Nurse Workforce Survey and found that school nurses in New Mexico, USA, demonstrated a significant ability to treat behavioral health emergencies. Over 50% of school nurses reported administering emergency care for suicidal tendencies, self-harming behavior, etc. Depression (42.6%) and violence (48.9%) were frequently mentioned as other emergencies at school. In addition, they found that school nurses in secondary schools were considerably more inclined than nurses in primary schools to report handling these emergencies (Shattuck et al., 2022). Furthermore, school nurses can provide mental health support not only to students but also to offer mental health education to school teachers. For example, Hoekstra, B. et al. did a qualitative study that involved conducting semi-structured interviews and focus groups with thirty-one school nurses from four NHS trusts in England. The study revealed that the function of school nurses in health education has evolved over time. Instead of explicitly providing health education, they now primarily offer guidance and support to schools in this area. Additionally, they assist teachers by directing them to relevant resources (Hoekstra et al., 2016). Therefore, school nurses' expertise and skills can alleviate the burden on secondary school teachers in recognizing students with mental health issues and supporting students in mental health crises. School nurses might alleviate Chinese secondary school teachers' concerns about damage to their reputation, thereby enabling them to provide improved assistance to adolescents facing mental health issues within the school environment.

6.4 Summary of what is known and what is not known as it relates to *Living in Fear of Unpredictable mental health issues in the Classroom.*

The literature on secondary school teachers supporting students with mental health issues primarily reported on the emotional experiences of these teachers in their roles. The results of this study were generally in line with the findings of similar studies conducted in other Western nations. They felt shocked and distressed when they learned of students self-harming or committing suicide. However, the participants of our study described how reserved students and those with average academic performance were easily overlooked when identifying students with mental health issues. Mental health problems were not as easily recognized as physical issues; hence, secondary school teachers experience a great deal of uncertainty. They worried about their safety significantly when students with mental health issues exhibited impulsive behaviors. They also were concerned about students with mental health problems failing academically and not being able to adapt to society in the future successfully. One interesting finding was that, in China, teachers feel responsible for their students' success or failure and care about their welfare and achievements. Some secondary school teachers even worried that if negative issues arose during the process of supporting students with mental health problems, it could tarnish their reputation, stain their careers, and be a source of "losing face." Thus, if issues arose while supporting students with mental health problems, it could cast a shadow over the teacher's moral reputation and lead others to doubt their teaching abilities, affecting their career development and colleagues' evaluations, making the teacher feel they cannot continue working in the education sector for long.

6.5 Navigating the treacherous terrain of supporting student mental wellness

The individuals involved in our research experienced a sense of being overwhelmed due to the inadequate availability of resources within the educational system, such as limited access to specialized assistance in efficiently addressing complex mental health concerns. This perceived lack of effectiveness might result in reduced results for students with mental health conditions, so continuing the cycle of insufficient support. China's lesser allocation of funds for mental health treatments in schools could be the underlying cause (Chen et al., 2024). Previous literature consistently highlights resource constraints as a significant barrier to effective school mental health support. A qualitative study with post-primary school teachers and guidance counselors in Ireland reported limited support for counseling hours (Dowling & Doyle, 2017). Another qualitative research with teachers and school counselors in Ghana found an acute shortage of mental health professionals in schools (Quarshie et al., 2020). Besides, participants in our study found it challenging to locate psychological help as they said: "I don't find a good opportunity to find a psychological teacher because the psychological teacher may also need to know what happened." Similar to our findings, a study conducted with high-school teachers in Nicaragua revealed that the teachers expressed dissatisfaction in attempting to establish a connection between their students and mental health services after noticing signs of mental health difficulties. In addition, they expressed a sense of exclusion from the information flow when they successfully facilitated students' access to mental health resources, which left them uncertain about whether their students were receiving the necessary assistance (Gajaria et al., 2020). Furthermore, the participants in our study expressed a

Table 21: Navigating the treacherous terrain of supporting student mental wellness search terms

Search Terms for Themes and Subthemes	CINAHL	PubMed	Medline	Relevance to Study
Navigating the treacherous terrain of supporting student mental wellness	0	0	0	-
Navigating the treacherous terrain of supporting student mental wellness AND The difficulties of a system in crisis	0	0	0	-
Navigating the treacherous terrain of supporting student mental wellness AND Helpless to help, powerless to support	0	0	0	-
Navigating the treacherous terrain of supporting student mental wellness AND The challenge of advocacy and family engagement in student mental health	0	0	0	-
Total after removal of duplicates				0

sense of dissatisfaction with the absence of consistent mental health assistance at educational institutions. In line with our discoveries, the study conducted in Nicaragua also revealed that teachers expressed a desire for improved integration of services, aiming to reduce the isolation of the school system from medical services. One of the desires expressed was for enhanced integration between the school and mental healthcare system. They desired a quick and smooth referral mechanism to assist students who require assistance beyond their current capabilities (Gajaria et al., 2020).

Secondary school teachers expressed a lack of support from the school administration in addressing mental health issues effectively within the school environment. This phenomenon was not unique to our findings. According to Rothì, Leavey, and Best (2008), many teachers felt ill-equipped and unsupported by their schools when caring for students with mental health disorders. Although recognized inadequacy in the current school support structure, participants in our study perceived their role in supporting students with mental health issues as integral, not optional, because every year, among the new students allocated to the school, there were inevitably those who have mental health issues. The literature consistently showed a shift towards a more holistic approach to education where teachers were expected to address students' academic but also social and emotional needs. A qualitative investigation involving 14 secondary school personnel in England unveiled an inherent connection between teaching and the emotional health and well-being of students (Kidger et al., 2009). The connection between emotional health and well-being and the learning process was seen as significant, making it impossible for even those solely focused on education and outcomes to disregard. A qualitative investigation involving 14 secondary school personnel in England unveiled an inherent connection between teaching and the emotional health and well-being of students (Kidger et al., 2009). The connection between emotional health and well-being and the learning process was seen as significant, making it impossible for even those solely focused on education and outcomes to disregard.

Personal and professional limitations were the second challenge teachers needed to navigate. Participants in our study felt helpless to help students as they found it challenging to communicate effectively with non-expressive students who may be experiencing mental health issues. They felt particularly stymied by their inability to 'reach' or understand the emotional state of these students. In traditional culture, there is a strong emphasis on self-control and introversion. Openly expressing emotions, particularly unpleasant ones, may be perceived as a sign of weakness or immaturity. Additionally, the Confucian values of filial piety and respect for elders make students more likely to hide their feelings when dealing with parents and teachers to avoid causing unnecessary worry or conflict. This cultural background leads students to be more inclined to suppress their emotions, lacking effective channels for emotional expression and communication. On the other hand, participants in our study reported that they were inadequate in supporting students with mental health issues as they were not equipped to respond appropriately. Similar to our findings, qualitative research with primary and secondary school teachers in Kenya felt unprepared to manage several student problems (Mbwayo et al., 2020a). A survey of 75 secondary school teachers in Canada found that teachers in this study lacked mental health knowledge and the ability to assist their students (Andrews et al., 2014b). Another survey conducted in the USA among 292 preschool and elementary school teachers revealed that a mere 36.0 percent of them expressed trust in their knowledge and abilities to handle mental health issues in their students. Just 34 percent of teachers expressed confidence in their ability to meet the requirements of students in this

regard (Reinke et al., 2011). In their 2008 study, Rothi et al. found that teachers in English schools expressed concerns about their role as 'tier one mental health professionals'. Specifically, they felt unprepared and unsupported in taking on the evolving responsibilities associated with this role (Rothì et al., 2008).

Secondary school teachers reported that they felt powerlessness and lack of control in supporting students in mental health crises, which often required immediate and specialized interventions. Existing research, such as a mixed methods study with K-12 teachers in Norway, highlighted that teachers usually felt unprepared and overwhelmed when a crisis occurred, particularly concerning mental health (Ekornes, 2017b). A study conducted by Koller and Bertel (2006) emphasized that teachers often lack confidence in effectively handling mental health emergencies, partly because they have not received adequate training in this area (Koller & Bertel, 2006). A qualitative study conducted with secondary school educators in South Africa revealed a deficiency in teachers' understanding of the indicators associated with suicidal tendencies in students. Additionally, they stated that they lacked knowledge on how to provide assistance to students in the case of a suicide attempt or completion (Shilubane et al., 2015).

Moreover, participants in our study expressed doubt about the correctness of their responses regarding action during a student's mental health crisis and feared exacerbating the situation. As a result, participants in our study expressed feelings of inadequacy and the need to refer students to mental health professionals. Similar to our results, a study by Koller and Bertel (2006) highlighted that teachers often

experience helplessness when they perceive their interventions as ineffective, further compounded when they must pass the responsibility to others through referrals (Koller & Bertel, 2006). Reinke et al. (2011) also discussed how teachers, feeling unequipped due to a lack of training in specific mental health interventions, frequently resorted to external referrals (Reinke et al., 2011). A study by Mansfield et al. (2016) also shows how teachers continued to seek engagement and intervention strategies even when they felt these efforts might not lead to substantial change (Mansfield et al., 2012). As participants in our study recognized the limitations of their influence, some of the teachers also consistently try their best to aid students; however, other teachers distance themselves from students' mental health problems. The reason might be the feelings of inadequacy and frustration when their interventions did not lead to improvements in students' mental health. A study by Chang (2009) also highlighted K-12 teacher frustration arising from the disparity between the effort invested and the perceived impact on student outcomes, particularly in behavioral and emotional challenges (Chang, 2009).

The concept of emotional labor in teaching, mainly when supporting students with complex needs, is well-documented in educational research. Participants in our study described the exhaustion stemming from the continuous emotional engagement with students experiencing mental health crises. A survey by Hargreaves (2000) illustrated how the emotional demands of teaching can lead to burnout, primarily when teachers must constantly suppress their feelings to remain professional (Hargreaves, 2000). In their study, Rothi et al. (2008) found that teachers' perception of students' mental

health issues increased the workload and management challenges in the classroom. This, in turn, resulted in decreased job satisfaction and had a significant impact on the teachers' psychological well-being (Rothì et al., 2008). Besides, participants in our study reported feeling as if they were never indeed 'off the clock,' mainly when concerned about the mental health of their students. This aligns with a qualitative investigation conducted with high-school teachers in Nicaragua, which revealed that working in this setting can result in teachers experiencing a feeling of futility. Teachers expressed a desire to assist young people but also expressed exhaustion due to the challenges of supporting them in intricate social circumstances, all while fulfilling their teaching responsibilities (Gajaria et al., 2020). In addition, the participants in our study expressed concern regarding the rising prevalence of students experiencing mental health problems and the subsequent rise in their workload. Previous studies have established the influence of a higher workload on teacher stress and burnout. A study by Kyriacou (2001) highlights that the growing complexity of student needs significantly contributes to teacher stress (Kyriacou, 2001). A qualitative study conducted with secondary school staff in England revealed that although the interviewees acknowledged that addressing emotional health well-being (EHWB) could potentially enhance academic standards in the long run, teachers felt increasingly stressed in the short term. The expectation to prioritize emotional health and well-being was perceived as a burden rather than a solution (Kidger et al., 2009).

In addition, secondary school teachers reported that the stress associated with supporting students with mental health issues sometimes led to tensions and less

emotional availability for their spouses, which can disrupt teachers' family dynamics and reduce the quality of family time. Consistent with our findings, a qualitative study conducted with post-primary school teachers and guidance counselors in Ireland revealed that the participants characterized their interactions with young individuals who engage in self-harm using descriptors such as 'challenging,' 'distressing,' 'disturbing,' or 'difficult to handle.' Participants frequently had similar emotions after the school day ended, to the point where it affected their personal lives (Dowling & Doyle, 2017).

Limited parent engagement was the third challenge secondary school teachers need to navigate. Participants in our study felt significantly hindered in their efforts when parental denial was present. In China, parents of students deny that their children have mental health problems, largely due to the influence of the face culture. In traditional culture, family honor and social status are highly valued, and mental health problems are seen as a weakness or a failure of family education. Therefore, admitting that a child has mental health problems may be considered damage to the family's face, and parents worry that this will affect their image among relatives and society. This cultural background makes parents more inclined to ignore or deny their child's psychological problems to avoid facing potential social judgment and pressure. Existing literature underscored the importance of parental involvement in effectively addressing student mental health. A study by Hill & Tyson (2009) highlighted that positive parental engagement in school activities correlates strongly with better student outcomes (Hill & Tyson, 2009). However, when parents are in denial about

their children's mental health issues, this necessary collaboration can be severely undermined. A qualitative study conducted in secondary schools in the U.K. revealed that a significant number of survey participants encountered obstacles within their families that hindered their access to care pathways. These barriers were consistently seen in a negative manner, leading to feelings of powerlessness and personal vulnerability (McConnellogue & Storey, 2017). Besides, participants in our study felt frustration and helplessness when unsupportive or dysfunctional family situations undermined support for a student's mental health. Hostile family environments could significantly exacerbate children's mental health issues and impact the effectiveness of school-based interventions. A qualitative study conducted with high-school teachers in Nicaragua yielded similar findings, revealing that teachers made efforts to offer assistance to students impacted by poverty, domestic violence, and parental migration. The study also emphasized the difficulties faced in providing sufficient support to students who faced challenges in their home environment due to parental mental health and addiction problems, as well as economic pressures. Teachers emphasized the challenge they face in including parents in a child's care (Gajaria et al., 2020). In addition, participants in our study found themselves in situations where they were providing unilateral support—acting as the sole source of aid due to a lack of involvement. Furthermore, participants in our study felt frustrated when they tried to engage parents who lacked the necessary knowledge to support their children's mental health needs.

The existing literature on one-child families often discusses the intense focus a single child receives from parents. Falbo and Polit (1986) noted that while only children frequently benefit from increased parental attention and resources, this can also lead to excessive pressure to meet parental expectations (Falbo & Polit, 1986). Poston and Falbo (1990) discussed only children's social and emotional aspects, suggesting that they often face stereotypes about poor social skills (Poston Jr & Falbo, 1990). Our study expands on this by highlighting the psychological stress experienced by students from one-child families, as perceived by their teachers. In addition, participants in our study noted the pressure exerted by parents for academic excellence, often at the expense of student well-being, conflicting about parental expectations and student needs. Participants in our study valued interdisciplinary collaboration as it enhances their capability to support their students effectively. The literature consistently highlights the importance of cooperation between school staff, parents, and mental health professionals in helping students with mental health needs. Atkins et al. (2010) emphasize that effective collaboration improves student outcomes by integrating support across different areas of their life (Atkins et al., 2010). Besides, participants in our study felt powerless when they could not engage parents effectively, negatively impacting student support. Echoing our findings, Jeynes (2005) points out that lack of parental engagement can significantly hinder the effectiveness of educational and psychological interventions (Jeynes, 2005).

6.6 Summary of what is known and what is not known as it relates to *Navigating the Treacherous Terrain of Supporting Student Mental Wellness.*

In this study, secondary school teachers faced challenges related to the school, their professional skills, and the parents of students when supporting students with mental health issues. Regarding the school system, similar to our findings, research also pointed out that secondary school teachers perceived limited resources for school psychological counseling. However, in this study, teachers found a lack of counseling resources at schools and experienced challenges finding the right time to seek psychological counseling, which is less mentioned previously. In addition, secondary school teachers saw a dearth of assistance from the school administration and shouldered the primary burden themselves when it came to aiding students with mental health issues, resulting in a sense of being unsupported. Professionally, existing research indicated that secondary school teachers generally lack the expertise to help students with psychological issues. However, in this study, secondary school teachers highlighted a lack of skills to handle sudden mental health crises; they felt helplessness and powerlessness in this situation. Some of them were confused about whether their methods of intervention were appropriate, which might hinder their ability to handle new mental health crises proactively. In terms of student parents, existing research also suggested that parents can be a barrier to supporting students with mental health problems. Parents of students in our study deny their child's mental health problems may be due to China's face culture. In China, during the one-child policy era, the high expectations of parents and the psychological health of students represent a unique and fundamental issue.

6.7 Staying agile in hopes of keeping the students safe: "getting the job done."

Table 23: Staying agile in hopes of keeping the students safe: "getting the job done" Search Terms

Search Terms for Themes and Subthemes	CINAHL	PubMed	Medline	Relevance to Study
Staying agile in hopes of keeping the students safe: "getting the job done."	0	0	0	-
Staying agile in hopes of keeping the students safe: "getting the job done" AND Cultivating a supportive and adaptive educational system for student mental health and building resilience	0	0	0	-
Staying agile in hopes of keeping the students safe: "getting the job done" AND Growth through adversity	0	0	0	-
Total after removal of duplicates				0

Despite encountering numerous obstacles, some teachers made efforts to accommodate the requirements of students with mental health concerns by demonstrating flexibility. Participants in our study emphasized the importance of addressing both the academic and emotional needs of kids. They suggested that this dual focus contributes to improved mental health and academic achievement. This approach involved recognizing and cultivating students' strengths, interests, and emotional well-being alongside their academic skills. Influenced by Confucian culture in China, teachers also feel that these responsibilities are their duty. Our findings aligned with the approach advocated by Cohen, Manion, and Morrison (2011), which emphasized that education should cater to students' physical, emotional, and social

needs and cognitive development (Marcucci, 2011; Wiedermann et al., 2023). In addition, they advocated for the inclusion of mental health education in the core curriculum, providing students with essential strategies for managing stress and promoting emotional intelligence (Wiedermann et al., 2023). Like our study, their research supported the idea that a holistic educational approach can improve student engagement and learning outcomes. Contrasting with traditional views that primarily focus on academic outcomes, our study highlighted the teachers' advocacy for a flexible curriculum that integrates life skills training as a fundamental component for the holistic development of students with mental health challenges. This perspective aligned with Prajapati et al. (2017), who found that life skills education significantly contributes to students' psychological resilience and independence with mental health issues (Prajapati et al., 2017).

Secondary school teachers in our study firmly believe in modifying academic demands to better accommodate students' mental health needs. Similar to our findings, a qualitative study conducted with special education teachers in the United States revealed that every participant stated that the ability to address the unique requirements of students with emotional/behavioral disorders is a characteristic of excellent teachers (Leggio & Terras, 2019). Three participants emphasized the importance of understanding students' individual needs, as a single approach cannot cater to everyone. Given the unique requirements of each student, it was crucial to determine effective strategies and adapt the way lessons were delivered. However, the process of recognizing and addressing these specific requirements continued over

time. Emphasizing individualization was crucial in behavior management. Having access to the behavior plan of each student equipped participants with protocols to proactively avert and handle emergencies (Leggio & Terras, 2019). Besides, participants in our study described a nuanced approach to adjusting their expectations for students struggling with mental health issues. These adjustments were not about lowering standards but adapting learning goals and strategies to meet students where they were, psychologically and emotionally. This flexibility helped maintain academic integrity while supporting individual student needs. Our findings aligned with the research by Masten et al. (2008), who emphasized the importance of "resilience in development" and suggested that adaptable expectations were crucial for fostering resilience among students facing adversity (Masten et al., 2008). Like Masten et al., teachers in our study utilized flexibility in expectations to empower students rather than to excuse them from learning. Increasingly, educational research has recognized the importance of student well-being as a precursor to effective learning. In our study, teachers frequently emphasized that addressing mental health needs was not just a prerequisite for academic success but a goal in itself. This emphasis on well-being was foundational to developing capable, resilient students. Our findings aligned with Meschko (2021), who argues that emotional well-being should be an integral part of educational outcomes, not secondary to academic performance (Meschko et al., 2021). They suggested that emotional resilience can enhance academic engagement by providing students with the psychological tools necessary to face academic challenges.

Positive reinforcement in education involves using praise, encouragement, and rewards to motivate students and reinforce desirable behaviors and academic achievements. In the context of our study, teachers emphasized using positive reinforcement to boost academic performance and improve students' self-esteem and resilience, which were often compromised in students facing mental health challenges. Our findings resonated with those of Kobus (2007), who demonstrated that positive reinforcement can improve student behavior and academic engagement (Kobus et al., 2007). Similar to Kellam, teachers in our study found that regular, consistent positive feedback helped students with mental health issues feel more valued and confident in their academic abilities. Additionally, in our study, teachers reported using techniques from positive psychology to foster a supportive classroom environment that promotes mental resilience and emotional well-being. Our findings aligned with Seligman et al. (2009), who advocated positive education to increase students' life satisfaction and academic performance (Seligman et al., 2009). Reciprocal communication in the context of our study refers to open, two-way interactions where both teacher and student actively listen and respond to each other. This communication style was crucial as it facilitated a deeper understanding and connection, which is vital for adequate mental health support. Participants in our study highlighted how such interactions helped accurately identify students' needs and provide tailored support. Our findings aligned with qualitative research with special education teachers in the USA, which found that empathetic and reciprocal communication builds trust and can significantly enhance student engagement in their mental health management (Leggio

& Terras, 2019). Furthermore, our findings revealed that secondary school teachers perceived minor struggles not merely as obstacles but as essential opportunities for growth. This perspective aligned with the research by Campbell-Sills (2006), who argued that overcoming small challenges helped students develop coping mechanisms crucial in facing more considerable life adversities (Campbell-Sills et al., 2006).

Our findings revealed that teachers who actively work to normalize mental health issues in their classrooms do so by integrating discussions about mental health into the curriculum, promoting open dialogues, and modeling supportive behaviors. These practices were consistent with a qualitative study of special education teachers in the USA. Every participant in this study unanimously acknowledged that the arrangement of the physical classroom setting had a direct impact on the behaviors of students with emotional/behavioral disorders. They emphasized the significance of establishing a cozy and uniform setting to foster student ownership and create a calm learning space (Leggio & Terras, 2019). In addition, our research highlighted that teachers perceived inclusivity not just as a matter of policy but as a daily practice that involved empathy, understanding, and continual adaptation to meet the needs of students with mental health issues. Teachers reported using various strategies, from differentiated instruction to fostering a supportive classroom culture.

The literature extensively documents that teachers often carry significant concerns about student safety, particularly mental health issues (Dimitropoulos et al., 2021). Participants in our study prioritized student safety and health in the educational

context, and a safe and healthy school environment was foundational for effective learning and student well-being. Moreover, ensuring the students' safety was also an essential and primary requirement for teachers. Therefore, participants in our study not only saw safety as a precondition, but they also believed it was a resolution to the challenges posed by mental health issues. This high level of attention to student safety may be related to China's face culture. If an extreme event occurs during a student's time at school, it would not only cause a significant blow to the student's family but also negatively impact the reputation of the school and the teachers. This perspective was explored less in the existing literature. Our findings illustrated that when mental health crises occur, the immediate re-establishment of safety becomes a direct educational intervention aim. Therefore, participants in our study decided for a student to take a leave of absence to keep students safe, balancing the student's immediate educational needs against the potential long-term benefits of a break from school pressures. Additionally, some participants in our study experienced a sense of alleviation when students with mental health difficulties graduated. It was partly attributed to teachers' investment in their students' success and well-being. Our study illuminates how teachers experience a profound sense of fulfillment when successfully supporting a student through a mental health crisis. This feeling is rooted in the teachers' intrinsic motivation to positively impact their students' lives. In addition, our findings reveal that teachers felt a significant sense of achievement and accomplishment when they saw tangible improvements in their student's mental health and overall behavior. This sense of accomplishment was not merely about

academic performance but broader aspects of student's social and emotional well-being. Our findings highlighted successful instances of parent-teacher collaboration that made teachers feel their guidance helped parents support students with mental health issues.

Moreover, our study revealed that teachers experienced a strong sense of pride and validation when they saw their efforts positively affecting students' mental health and overall well-being. This validation was particularly pronounced when their support helped students achieve personal growth or overcome specific mental health challenges. Our findings revealed that teachers experience a substantial increase in self-worth when they effectively support the mental health of their students. This sense of enhanced self-worth was not solely due to their professional responsibilities but was deeply tied to their personal values and ethical commitments to student welfare. Besides, our research indicated that teachers underwent substantial personal and professional growth when they supported their students' mental health. This growth was often characterized by improved emotional intelligence, increased empathy, and enhanced problem-solving skills. In addition, our findings suggested that teachers who anticipated growth and were proactive in managing student mental health were better prepared and more resilient when faced with mental health challenges.

6.8 Summary of what is known and what is not known as it relates to *Staying Agile in Hopes of Keeping the Students Safe: "Getting the Job Done."*

After navigating the challenges of the school system and personal and professional limitations, secondary school teachers make considerable efforts to assist students with mental health issues. Previous research in the West had also found that secondary school teachers strived to help these students at school and individual levels. In this study, secondary school teachers primarily adjusted their teaching methods and expectations to meet the needs of students with mental health issues, prioritizing their mental health to help them integrate into school life and learning. This study highlighted that teachers emphasized the safety of students with mental health issues at school and considered safety as a goal in supporting these students. This high level of attention to student safety may be related to China's face culture, which was less mentioned in previous Western literature. Consequently, when students with mental health issues graduated safely, teachers felt a significant relief. Meanwhile, previous studies have also found that teachers felt happy and fulfilled when they effectively supported students with mental health issues. In this study, some teachers also felt a sense of achievement when they saw improvements in these students, believing their support to be valuable. Several participants perceived the experience of assisting students with mental health concerns as a chance for their own personal development. Providing support to students with mental health concerns can enhance teachers' confidence in helping these teachers in the future.

Table 24: Summary of New Knowledge and Extant Knowledge from the Literature

Knowledge Cleaned from the Literature	New Knowledge in the Chinese/Changsha context
Theme 1: Living in Fear of Unpredictable Mental Health Issues in the Classroom	
■ The challenge to identify mental health issues in the classroom (Buchanan & Harris, 2014; Greif Green et al., 2017)	■ Secondary school teachers fear overlooking and undetected average students in the classroom.
■ Feeling unprepared or ill-equipped in a professional capacity to address mental health issues (Iudici & Fabbri, 2017)	■ Difficulty of identification because of the hidden nature of mental health issues.
■ Worried and astonished at the severe outcomes of mental health crisis (Buchanan & Harris, 2014)	■ Worry and apprehension about damaging professional reputation.
■ Deep worry about the possibility of student suicide risk (Buchanan & Harris, 2014)	
Theme 2: Navigating the treacherous terrain of supporting student mental wellness	
■ Perceived limited resources for school psychological counseling (Maelan et al., 2018; McConnellogue & Storey, 2017)	■ Challenges in finding the right time for seeking psychological counseling.
■ Teachers lack the expertise to support students with psychological issues (Mbwayo et al., 2020a; Yao et al., 2021)	■ Uncertainty and self-doubt regarding action during a student's mental health crises.
■ Parents can be a barrier to supporting students with mental health problems (Amai, 2022b; Doumit et al., 2018; McConnellogue & Storey, 2017)	■ Conflicts between parents' expectations and students' needs in one-child families.
Theme 3: Staying agile in hopes of keeping the students safe: "getting the job done"	
■ Strived to help these students at both the school and individual levels (Maelan et al., 2018)	■ Teachers considered safety as a goal in supporting these students.
■ Adjusted their teaching methods and	■ When students with mental health issues graduated safely, teachers felt a

expectations to meet the needs of students with mental health issues (Dey et al., 2022; Maelan et al., 2018) ■ Teachers felt happy and fulfilled when they effectively supported students with mental health issues(Shelemy, Harvey, Waite, et al., 2019)	significant relief. ■ Participants viewed the experience of supporting students with mental health issues as an opportunity for personal growth.

The study's findings can be productively interpreted through the dual lenses of Bronfenbrenner's ecological systems theory and developmental perspectives, revealing multilayered implications for supporting student mental health. The first theme - Living in fear of unpredictable mental health issues in the classroom - reflects critical microsystem dynamics: Teachers operate as primary actors within students' immediate learning environments. The reported unpredictability aligns with developmental research on adolescent mental health volatility (Patton et al., 2016). Daily classroom interactions constitute foundational developmental contexts where teacher competencies directly impact student wellbeing.

The second theme - Navigating the treacherous terrain of supporting student mental wellness - exposes systemic disconnections: Fragmented coordination between school-family-medical subsystems creates hazardous "gaps". Confirms Bronfenbrenner's (1979) postulate that mesosystem linkages moderate developmental outcomes. School nurses emerge as potential mesosystem brokers who could: Establish tripartite communication channels; Provide clinical assessments to relieve teacher burden; Coordinate cross-system resources through case management.

The third theme - Staying agile to keep students safe - reveals broader structural impacts: Policy constraints (exosystem) limit teachers' crisis response capacities; Cultural stigma (macrosystem) compounds help-seeking barriers; Developmental science emphasizes the need for age-graded support systems (Masten, 2014).

Longitudinal dimensions emerge across themes: Mental health strategies must evolve with developmental stages; Teacher roles require adjustment to match students' changing needs; Pandemic after effects may have accelerated certain behavioral manifestations.

School nurses can have a substantial impact on resolving the issues faced by secondary school teachers, the school system, and parents. First, school nurses can introduce and coordinate external mental health services, ensuring that students receive timely and professional help, thereby alleviating the burden on the school system. For example, In 2021, Hoskote A. and their team conducted a comprehensive nationwide assessment using the 21st Century School Nurse Framework. The researchers analyzed self-reported modifications in mental health interventions administered by school nurses, revealing a heightened level of collaboration not only amongst school nurses, administrators, and faculty members, but also with primary healthcare providers and local community resources subsequent to the COVID-19 pandemic's emergence (Hoskote, Rolin, et al., 2023). Similarly, Bradley-Klug et al. (2010) observed a heightened tendency among primary care practitioners to collaborate with school nurses, as compared to school psychologists and counselors, particularly in the realm of mental health matters (Bradley-Klug et al., 2010). This

enhanced collaboration between school staff and external professionals represents a necessary improvement that can enhance available mental health resources. Secondly, school nurses can provide psychological interventions for students. For example, Attwood, M. et al. discovered that providing focused individual computer-based cognitive behavioral therapy (CBT) by the school nurse to children with diagnosed mental health issues in the UK led to enhanced self-esteem and a reduction in anxiety and depression (Attwood et al., 2012). Thirdly, school nurses facilitate the connection between parents and students with resources available both within the school and in the surrounding community. Crosby and Connolly (1970) outlined how school nurses offer direct and cooperative care by employing sympathetic listening, physical presence, and collaborating with social workers, teachers, and families. According to Hooven, C. et al., school nurses played a role in a youth/parent suicide intervention led by a counselor. Their role involved offering assistance to students after doing suicide screenings. The youth/parent intervention resulted in a reduction of student suicide risk variables and an increase in protective factors (Hooven et al., 2012). Therefore, school nurses can alleviate the obstacles and challenges faced by secondary school teachers in supporting students with mental health issues and play a role in fostering collaboration between home and school.

Furthermore, a policy statement from the American Academy of Pediatrics underscores the crucial role of school nurses in addressing the health needs of both individuals and the broader public. It emphasizes the capacity to connect primary healthcare with the contexts of students (such as their families and schools) and

advocates for cooperation between primary care physicians and school nurses in addressing the increasing mental health issues among adolescents (Hoskote, Croce, et al., 2023). The National Association of School Nurses (NASN) in the United States created the Framework for 21st Century School Nursing Practice to accurately represent the current practice of school nurses (Figure 8). The core of the Framework revolves around student-centered nursing care, which occurs within the student's home and school community. The core is surrounded by the integral and linked concepts of Care Coordination, Leadership, Quality Improvement, and Community/Public Health. These principles are nonhierarchical and overlap with one another. The fifth principle, Standards of Practice, encompasses and supports the provision of evidence-based and clinically competent quality treatment (Nurses, 2016).

Through the analysis of this study and the application of the concepts described in the Framework for 21st Century School Nursing Practice, we have developed a thorough comprehension of the school nurses' role in assisting secondary school teachers in addressing the needs of students with mental health concerns. This framework highlights the diverse range of responsibilities that school nurses have and their crucial role within the school ecosystem (Figure 9).

School nurses in the United States typically receive systematic professional training, enabling them to better identify and address student health issues, including mental health concerns. For example, New York City's suicide prevention training program,

School Nursing Practice Framework™
Supporting Students to be Healthy, Safe and Ready to Learn

School Nurse

Care Coordination

Community/ Public Health

Family and School Community

Students

Quality Improvement

Leadership

Standards of Practice

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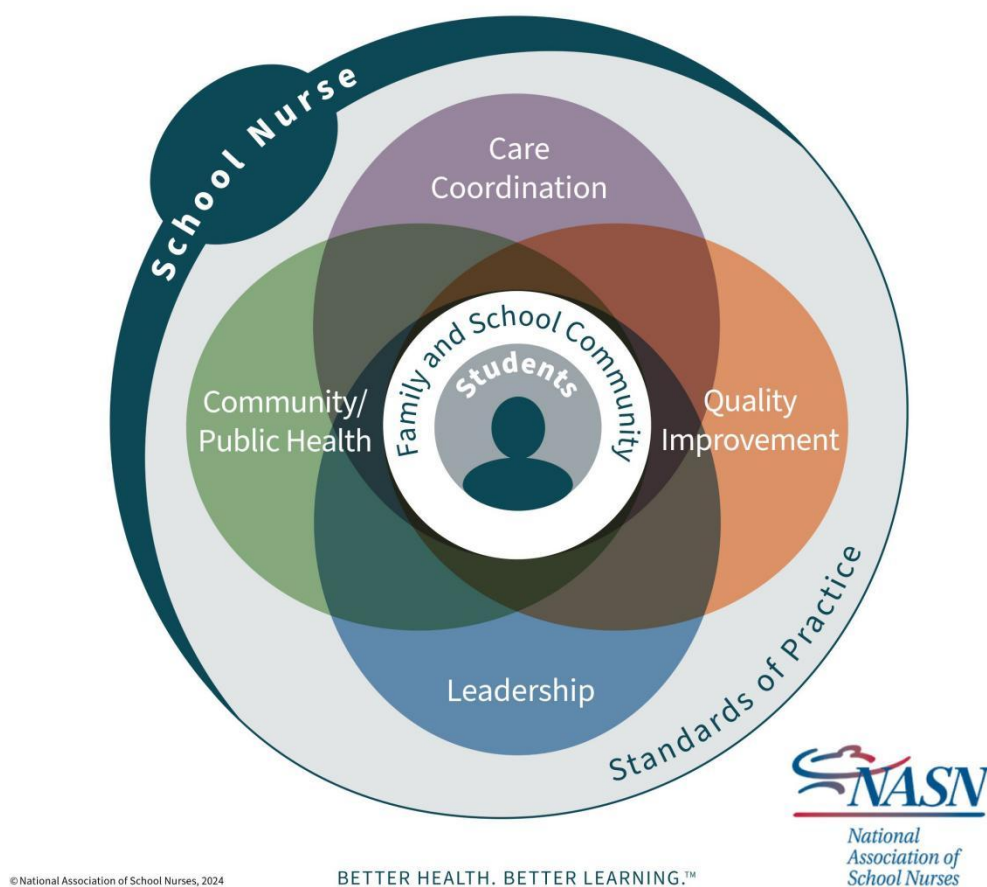
Figure 8: Framework for 21st Century School Nursing Practice

provided by The Jed Foundation, equips school nurses with essential skills to identify, screen, and refer students at risk of suicide. Participating school nurses reported an average one-third improvement in their ability to recognize suicide risk and psychological distress, allowing them to identify problems more quickly and help students access professional support.

Massachusetts has established a three-tiered intervention system to provide personalized support for students (Yang Hong, China Education Daily, March 2, 2023,

p. 9). Additionally, U.S. school nurses play a crucial role in multidisciplinary teams, collaborating closely with teachers, psychologists, and other professionals to offer comprehensive student support. This collaborative model helps address students' health issues holistically and improves intervention outcomes.

School nurses also contribute to mental health education through specialized courses, lectures, and workshops, raising students' awareness of mental health issues. In crisis intervention, they develop safety plans and facilitate referrals to professional services. Some U.S. schools utilize digital tools, such as mental health apps, to provide accessible support (Yang Hong). Similarly, Australia has developed online mental health programs like Smooth Sailing, which uses a stepped-care model to alleviate depression and anxiety symptoms in adolescents (Liu Yan, Xing Shufen, Wang Yongli, Basic Education Reference, January 24, 2024).

However, a recent review (Hoskote et al., 2023) found that research on school nurses' role in mental health interventions remains limited from 1970 to 2019, and it is unclear whether these interventions are consistently evidence-based. Additionally, in the U.S.'s multicultural context, school nurses may face cultural and language barriers, affecting communication with students and families.

In China, while nursing resources have improved in quantity and structure, regional disparities persist. School nurses' roles—particularly in mental health support—remain underdeveloped. China could learn from the U.S. in nursing education and multidisciplinary collaboration, enhancing school nurses' professional

training and mental health competencies. Strengthening partnerships among school nurses, teachers, and psychologists could provide more holistic student support.

Given China's cultural emphasis on education, school nurses could engage parents more actively in mental health efforts. Policymakers should increase funding and policy support, especially in underdeveloped regions, to ensure school nurses can work effectively. Optimizing nursing workforce allocation would further improve efficiency and service quality.

Table 22   Comparison and Recommendations for School Mental Health Services

| Dimension	China/Changsha Context	Western Context	Recommendations for China
Role Definition	School nurses focus on physical health without mental health responsibilities	Nurses serve as mental health hubs with clearly defined roles alongside teachers	Amend "School Health Work Regulations" to clarify school nurses' mental health collaboration duties
Collaboration	Teacher-school nurses communication occurs case-by-case without system	Institutionalized team meetings (e.g., School-Based Mental Health Teams)	Pilot "Monthly Joint Meetings" among mental health teachers, school nurses, and homeroom teachers
Technical Tools	Lacking digital solutions	Apps for early warning and resource distribution	Develop localized platforms (e.g., WeChat Mini Program "Psychological Sentinel")
Training System	School nurses receive little mental health training; teachers get generalized lectures only	Standardized programs like Mental Health First Aid (MHFA)	Incorporate mental health crisis recognition into teachers' continuing education credits
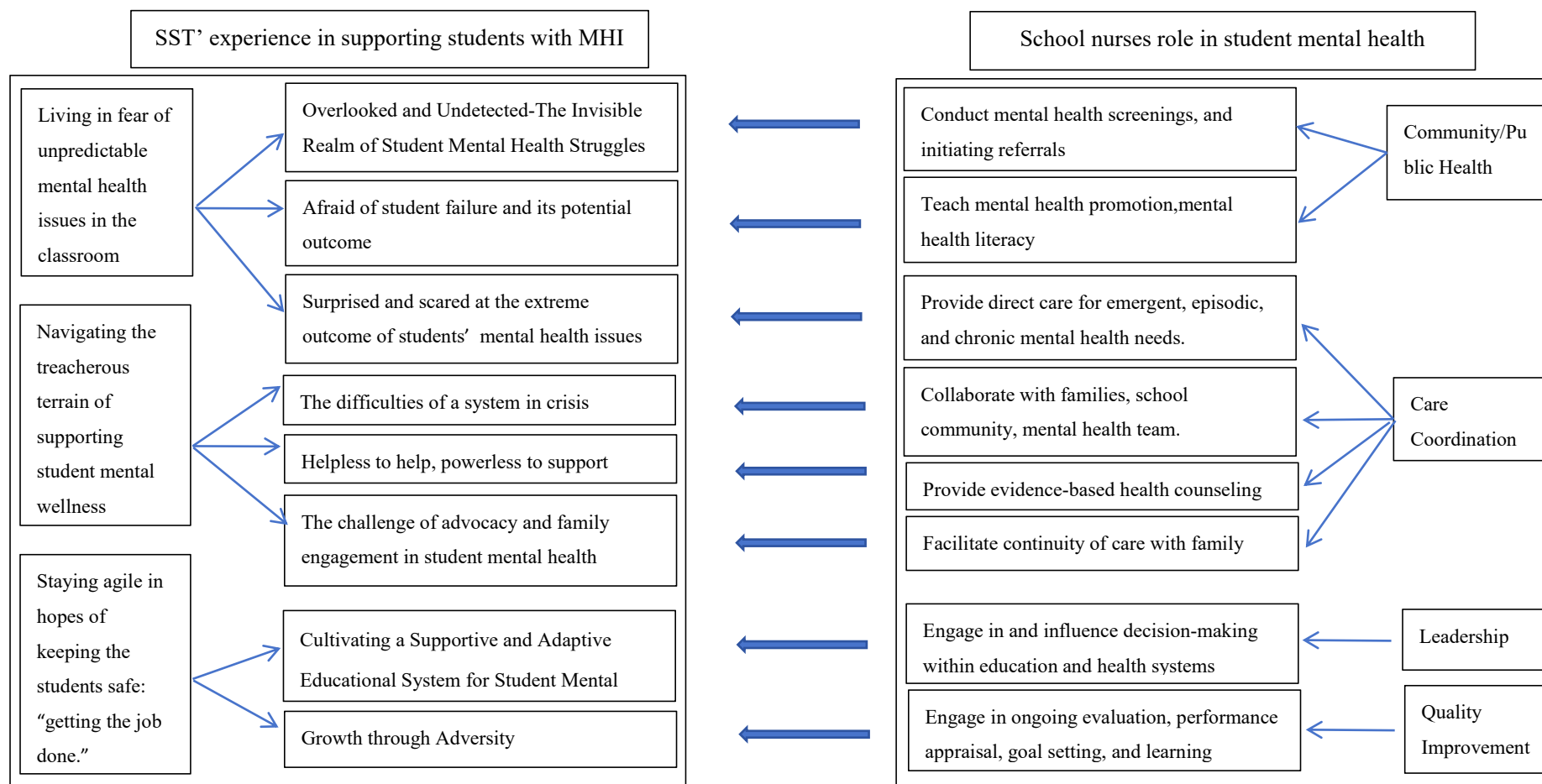
Figure 9: School nurses' role in supporting secondary school teachers in caring for students with mental health issues

The discussion of the findings must return to Husserlian phenomenology's methodological demands: the philosophical foundations of Husserlian descriptive phenomenology are in tension with the validity-checking methods (e.g., member checking) and structured analytical frameworks within Colaizzi's approach. Member checking, where participants review and validate researchers' interpretations, is a common practice in qualitative research to enhance credibility. However, its applicability to Husserlian descriptive phenomenology is debated due to philosophical tensions: Husserl's approach seeks to uncover the essential structures (eidetic reduction) of lived experience by suspending preconceptions (epoché) (Husserl, 1931/1960). The focus is on pure description rather than participant validation. Member checking may reintroduce the natural attitude (everyday assumptions), distorting the phenomenological reduction. Participants' revisions could reflect their subjective opinions rather than the invariant essences of experience (Giorgi, 2009). Some scholars suggest limited use of member checking to ensure rigor without compromising phenomenology's core tenets (Sandelowski, 1993).

Colaizzi's (1978) seven-step method is widely used in phenomenological research but raises philosophical concerns when applied to Husserlian phenomenology: Colaizzi's Steps: Include transcript review, meaning extraction, theme development, and participant validation. This structured approach aligns more with interpretative phenomenology (e.g., Heideggerian hermeneutics) than Husserl's descriptive focus (Finlay, 2011). Husserl's (intuition of essences) prioritizes unmediated description, whereas Colaizzi's steps risk imposing external frameworks. The final validation step

may conflate description (Husserl) with interpretation (Gadamer, 1975). Giorgi's (2009) method, which emphasizes imaginative variation to isolate essences, may better preserve Husserl's intent. To strengthen descriptive phenomenology, future studies should: Clarify Philosophical Alignment: Explicitly justify whether member checking or Colaizzi's steps align with Husserl's epoché or risk diluting it. Prioritize Rigorous Reduction: Use methods like Giorgi's analysis to isolate essences without overstructuring data. Transparency about how epoché and reduction were applied enhances methodological integrity (Smith et al., 2009).

While member checking and Colaizzi's framework offer practical benefits, their fit with Husserlian descriptive phenomenology requires careful scrutiny. Future methodology should balance rigor with philosophical fidelity, favoring approaches that preserve the descriptive essence of Husserl's work. Researchers must critically assess whether their techniques align with phenomenology's goal: to reveal the invariant structures of consciousness.

6.9 Chapter Summary

This chapter provides a thorough analysis of the phenomena of Chinese secondary school teachers offering assistance to students with mental health problems. Prior to this, a comprehensive examination of the literature was undertaken to identify recent scholarly works that are pertinent to this study and to substantiate the findings and debates given. Through an analysis of the current body of literature, we have found previously unexplored areas of knowledge. Furthermore, it is suggested that school

nurses can aid teachers in providing assistance to students who are facing mental

health challenges. The acquired insights establish the basis for addressing reflections

on the PhD journey and the implications and suggestions for future research,

education, and policy.

Chapter 7: Conclusion and Recommendations for Further Research

7.1 Introduction

In this final chapter, I will outline this study's conclusion and the advantages and constraints I have observed during my research. I also analyze the implications and suggest future research on this topic.

7.2 Conclusion

This study aimed to explore the lived experiences of secondary school teachers in assisting students suffering from mental health issues. Although existing literature reported secondary school teachers experiencing challenges in helping students with mental health problems, feeling at a loss and coping with compassion, and understanding the conflicts imposed on and by the education system, this is the first time a descriptive phenomenology was conducted in-depth to explore the lived experience of secondary school teachers in the context of China. Study results indicated that secondary school teachers worried about unpredictable outcomes related to students' mental health crises; they faced system, personal, and family challenges when assisting their students, and some teachers adjusted their teaching strategies to ensure the safety and mental well-being of those students. Three central themes: 'living in fear of unpredictable mental health issues in the classroom,' 'navigating the treacherous terrain of supporting student mental wellness,' 'staying agile in hopes of keeping the students safe: "getting the job done,"' captures the core experience of secondary school teachers in supporting students with mental health

issues in the educational setting. In addition, this study identified some aspects that give novel insight into this phenomenon, which are specific to the context of Chinese culture. In the context of Chinese culture, where teachers hold a high status and are regarded with great respect, their role is further influenced by cultural values such as face and honor. Chinese people believe poor handling of important matters or failure to perform within expectations may lead to losing face. Therefore, teachers felt immense pressure due to concerns that students' mental health issues could impact their own careers and social reputation. The study highlights the need to include school nurses to empower teachers in this vital role, which will be discussed in the following contents.

7.3 The Study's Strengths

Qualitative research, primarily through phenomenological methods, can deeply explore the experiences of secondary school teachers in supporting students with mental health issues in natural environments, yields results with cultural relevance, such as the high importance placed on education and the high responsibility of teachers for students. School nurses have the potential to fulfill a significant function in this particular situation. As the Chinese government has increasingly focused on mental health education for adolescents in recent years, such research outcomes can provide policymakers with evidence-based insights, helping to optimize related policies and enhance their implementation effects. Based on these research findings, educational institutions can design culturally sensitive educational modules for teachers led by school nurses and other professionals. They have the expertise and

skills to help secondary school teachers address the challenges they encounter when supporting students with mental health issues. Therefore, employing a descriptive phenomenological approach in this type of research is appropriate as it reveals secondary school teachers' specific experiences and feelings in supporting students with mental health issues. As for Grounded Theory, although it is precious in building theoretical frameworks, it is not applicable in this study because the goal is not to develop a new theoretical framework but to deeply understand and describe existing phenomena.

7.4 The Study's Limitations

Phenomenological studies, like other qualitative research, heavily depend on participants' personal experiences and descriptions, resulting in a significant level of subjectivity in the research findings. Teachers' personal feelings, backgrounds, and individual interpretations may influence their descriptions of situations, thus affecting the objectivity of the research. Since phenomenological research often involves deep analysis based on a small sample, its results are difficult to generalize to a broader population. Secondary school teachers' experiences may vary by region, culture, school environment, and individual differences, so the research results might not be universally applicable. Phenomenological research depends on the researchers' data analysis, and variations in analysis can lead to different researchers drawing different conclusions. Exploring how teachers support students with mental health issues may involve sensitive information. Ensuring participant privacy and handling sensitive

content requires strict ethical considerations, which may pose additional challenges in the design and implementation of the research.

7.5 Implications and Recommendations

The participants in this study indicated certain crucial domains that contribute to a more comprehensive comprehension of the experiences of secondary school teachers in assisting students with mental health concerns. The following issues are worth further consideration:

7.5.1 Implication for education

In this study, despite acknowledging the significance of parents in the problem-solving process when adolescents face mental health challenges, secondary school teachers are facing frustration in their attempts to engage parents who are disconnected from the school system, especially when there has been no prior relationship built. This finding highlights the complexity of home-school cooperation in supporting students with mental health issues.

7.5.2 Recommendation for education

School staff should proactively engage with parents instead of merely extending invitations for their involvement at school. School nurses have the potential to play a vital role in facilitating collaboration between homes and schools, thereby enhancing the link between teachers and parents. Due to various factors, school nurses are well-positioned to take charge of the planning and execution of collaborative efforts between schools and households. School nurses have a deep understanding of child

development, the effects of both effective and ineffective parenting, and the necessary actions to be taken at home, school, and in collaboration between home and school to effectively support children in their social, academic, and adaptive learning.

Furthermore, they have the expertise to evaluate, resolve issues, and provide guidance, allowing them to impartially examine the advantages, disadvantages, potential benefits, and potential risks associated with collaboration between homes and schools in many settings, including the home, school, and community. Hence, school nurses have the capacity to transcend various responsibilities, settings, research domains, and methods of delivering services by employing methodical and evidence-based approaches to the processes of planning, implementing, and evaluating.

In China, the primary responsibility of school nurses is to focus on students' physical health and handle emergencies during sports events, and the training of nurses in China involves relatively little content on mental health knowledge. Therefore, integrating school nurses into home-school collaboration in supporting students with mental health problems is an innovative approach that requires research to validate this initiative. Future research could focus on the following areas: Firstly, investigate the specific roles and impacts of school nurses in enhancing home-school collaboration in supporting students with mental health issues. To achieve this, qualitative methods should be used to evaluate how school nurses promote communication and collaboration between home and school. Secondly, identify the specific training and resources that school nurses need to better fulfill their roles in home-school collaboration in supporting students with mental health issues. This

aspect can be explored through questionnaires and interviews. Thirdly, examine how teachers perceive the role and function of school nurses in home-school collaboration in supporting students with mental health challenges. This analysis can be done through surveys or focus group discussions. Lastly, evaluate the effectiveness of home-school collaboration that incorporates the involvement of school nurses. Ultimately, these study directions can enhance our comprehension and enhance the effectiveness of school nurses in fostering collaboration between homes and schools. This will provide empirical evidence to enhance overall strategies for promoting student mental health and academic achievement within the educational system.

7.5.3 Implication for health/nursing practice

In this study, secondary school teachers reported a lack of school administrators' support and insufficient system resources in school. Teachers felt helpless and powerless to support students with mental health issues. This situation highlights the need for a multidimensional strategy to support teachers in caring for students with mental health issues.

7.5.4 Recommendation for health/nursing practice

Therefore, interdisciplinary teams could be established, which include teachers, school nurses, counselors, and administrators, to provide holistic support to students with mental health issues. This team-based approach can distribute responsibilities and reduce the pressure on individual teachers. Susanne Condron, D. disclosed that school nurses, along with teachers, mental health experts, and social workers, took

part in gatekeeper school-based training. The objective of this program was to enhance the ability to recognize young individuals who are at risk and to streamline the process of referring them to appropriate services (Susanne Condron et al., 2015). School nurses have the ability to perform regular mental health screenings on students in order to identify individuals who are at risk early on and provide the necessary interventions before problems worsen. For instance, Allison, V. L. et al. discovered that school nurses in urban schools in the United States utilized two approved screening instruments for assessing middle and high-school-aged adolescents. The screenings enhanced the process of identifying and referring students who are suffering from anxiety and/or depression, hence facilitating their ability to get necessary resources (Allison et al., 2014).

Despite the potential for school nurses to assist teachers in providing better care for students with mental health problems, several studies have found that school nurses are frequently overlooked as members of the school-based mental health team (Bohnenkamp et al., 2015). Research conducted on suicide prevention programs in American schools has revealed that school nurses are frequently excluded from involvement (Katz et al., 2013). The function of nursing practice in school settings involves addressing physical injuries or diseases that hinder the ability to engage with other school staff members in addressing the mental health needs of pupils (Bohnenkamp et al., 2015). Currently, no research has been found in China regarding school nurses supporting students with mental health issues. Future research could be done as follows: assess the training and professional development needs of school

nurses in the area of mental health, explore the current state of mental health training in nursing education programs, the availability of continuing education opportunities, and the perceived gaps in knowledge and skills among practicing school nurses in China.

7.5.5 Implication for policy

Although national policies explicitly emphasize the importance of students' mental health and the holistic development of students, mandating that schools provide adequate attention and resources, this study found that most teachers felt the school administration's implementation of specific systems and procedures to support students with mental health issues is unclear and incomplete. This vagueness in policy implementation leads to teachers often feeling at a loss and lacking necessary support and guidance when supporting students with mental health issues in their daily teaching activities. Within this particular framework, it is imperative that school nurses assume a pivotal duty in fostering the comprehensive development of adolescents. They have a distinct advantage in connecting health and education, guaranteeing that students' physical and mental health requirements are fully addressed.

7.5.6 Recommendation for policy

Policymakers need to provide more precise and detailed guidelines for handling mental health crises in schools. The purpose of these guidelines is to delineate the specific duties and obligations of teachers, school nurses, and other personnel in order

to guarantee an efficient response. The involvement of school nurses can significantly alleviate the burden on teachers. By having trained health professionals on staff, teachers can rely on school nurses to assume responsibility for detecting, resolving, and overseeing student mental health concerns. This specialized support not only ensures that students receive prompt and suitable care but also allows teachers to focus more on their primary educational roles without the added stress of handling mental health crises alone.

Furthermore, the presence of school nurses can reduce teachers' concerns about potential damage to their reputations. With clear protocols in place and dedicated health professionals managing sensitive situations, teachers can feel more secure in their roles. They can trust that the school's response to mental health issues is being handled professionally and confidentially, thus minimizing the fear of negative repercussions. Future research could explore the implementation of these policies and their impact on teachers' concerns regarding potential damage to their reputation when supporting students with mental health problems. Future studies could explore the utilization of policies, examining how they are implemented and their effectiveness in these specific situations.

Chapter 8: The lived experience of doing a phenomenological study: my journey of their journey.

8.1 Introduction

This chapter deeply reflects on my doctoral journey, exploring how the research process has shaped my academic and personal growth. Throughout this journey, I learned complex research methods and techniques and experienced how knowledge can be applied in the real world. This research enabled me to deeply understand the challenges faced by secondary school teachers in supporting students with mental health issues, which enriched my academic perspective and significantly impacted my values and career planning. I also summarized the challenges I faced conducting qualitative research in Chinese schools and reflected on the role of school nurses in assisting secondary school teachers in supporting students with mental health issues. Robert Frost writes in "The Road Not Taken," "Two roads diverged in a wood, and I —I took the one less traveled by, and that has made all the difference"(Frost, 1992). This verse vividly captures my choices on my research path and how these choices have shaped my future. This chapter aims to sort out the essential findings and insights from this learning experience and how these experiences translate into profound implications for my growth and future career path.

8.2 My Journey of their journey

This research represents the journey of its participants and my journey. During this study, I extensively explored how secondary school teachers provide assistance to

adolescents facing mental health challenges. This investigation also led me to contemplate my own encounters in supporting patients with mental disorders as a nurse.

Reflecting on this work reminds me of when I first started working in the hospital, caring for patients with mental health challenges. When I first entered the ward, I noticed that patients with mental health problems did not look any different from those who were not ill. However, when I encountered a series of emergencies, such as a patient attempting to jump from the hospital building during a lunch break or another trying to hang themselves with a rope made from a mop, I felt highly shocked and helpless. These incidents made me realize that caring for patients with mental health issues requires immense vigilance and meticulous attention.

In China, the nursing profession is not divided into general nursing and psychiatric nursing. Although I was exposed to psychiatric nursing during university, the limited time spent on it meant that I was not proficient in the relevant knowledge and skills in mental health. Over time, I continually improved my observational abilities and nursing skills, gradually becoming more effective in caring for patients. Additionally, I came to appreciate that the department is a collective where doctors and nurses each play their roles in providing better patient care, and the departmental management system ensures patient safety. Moreover, I took the initiative to learn more about psychiatry by attending courses for psychiatric residents, purchasing relevant books, participating in psychological counseling training, and exchanging counseling techniques with experienced nurses. I felt I was learning things that could not be

learned in other hospital departments. This learning enhanced my professional skills and helped me better understand and manage interpersonal relationships in my personal life.

8.3 The Doctoral Journey: from Confirmation to Submission

My doctoral research journey began with a deep concern: how to help students with mental health issues within the school environment. This concern stemmed from my own experiences in psychological counseling, particularly during interactions with students who expressed feelings of isolation and misunderstanding within their schools.

These students with mental health issues have only brief hospital stays, and after discharge, they are supposed to return to school and continue their education. However, they face challenges in reintegrating into school life. Concerned and limited in my ability to help these students while in school, I reflected on my desire for teacher guidance when I was a student. This led me to wonder if school nurses and teachers could be leveraged to assist these students. Since students interact with their teachers the most at school, this sparked my interest in exploring how teachers can support students with mental health issues. Through my research, I aimed to investigate and understand teachers' experiences and challenges in this regard.

During my master's program, I primarily engaged with and utilized quantitative research methods. After graduating and starting my professional career, I encountered research papers based on qualitative studies. I desired to acquire knowledge on

qualitative research, yet I encountered difficulty in comprehending its fundamental nature through independent study, especially in my country's research environment dominated by quantitative methods. During the COVID-19 pandemic, due to the difficulties in data collection, I attempted to use qualitative research methods, specifically interviews, to gather data. However, I found myself at a loss, not knowing how to properly conduct interviews with my research subjects or how to analyze the interview data. It took me nearly half a year to complete this paper. Still, I remained skeptical about the results of this research, feeling a strong need to learn more about qualitative research methodologies. This experience highlighted my need for formal training or guidance in qualitative methods to enhance my research abilities and guarantee the integrity and reliability of my research outcomes.

When I decided to study secondary school teachers' experiences, I realized that quantitative methods might not be able to deeply explore and understand the complexities and nuances of this topic. Therefore, I opted for qualitative research methods, specifically descriptive phenomenology, designed to intensely understand how people experience phenomena from their perspectives. Fortunately, I was accepted into the doctoral program at Hong Kong Polytechnic University, where my supervisors is a specialist in qualitative research. Learning qualitative methods under the guidance of a specialized mentor is essential, and I am grateful to have a good mentor guiding my learning. Additionally, my co-supervisor is an expert in mental health, and the combination of the two supervisors provides the best guidance for my qualitative research in mental health.

Under the guidance of my supervisors, I began to understand and learn the theories and practices of descriptive phenomenology. Through extensive literature review and discussions with my supervisors, I gradually mastered extracting meaningful themes and patterns from interviews. Descriptive phenomenology requires setting aside one's preconceptions about the phenomena being studied. Fortunately, my lack of experience as a secondary school teacher ensures that I do not own any preconceived notions that could influence my comprehension of how teachers assist adolescents with mental health concerns. Meanwhile, my supervisors guided me in conducting a literature review on domestic and international qualitative research regarding secondary school teachers' support for students with mental health issues. Upon conducting this assessment, it became evident that the majority of existing research is mostly focused on Western countries, whereas there is a lack of qualitative research conducted in China. This gap helped define the focus of my research. For this, I developed a timeline for my research work.

Through the literature review, I acquired insights into the experiences of secondary school teachers in providing support to students with mental health challenges. However, I often doubted my abilities in qualitative research, but my supervisors were always there to encourage me. I am fortunate to have such supportive mentors who never criticize me. I felt excited and ready to begin my research when my proposal was approved.

After receiving ethical approval, I began collecting my study's data. Reflecting on the interviews I conducted during COVID-19, I realized that I was afraid of participants

suddenly becoming silent and felt awkward during moments of silence. I also don't know how to ask questions in the interview. Therefore, I actively sought guidance from my supervisors on interview techniques. My supervisors and I conducted multiple mock interviews, which significantly improved my confidence and skills in conducting interviews. Furthermore, I engaged in a mock interview with a friend, which helped me realize that as long as participants have personal experiences related to the phenomenon, they usually have many relevant experiences to share.

When I began my research, my supervisors advised me to seek out individuals with rich experiences with the phenomenon under study. After completing my interview preparations, I felt ready to start my research. I returned to Changsha, China, to find my research participants. I sought secondary school teachers who had experience supporting students with mental health issues through colleagues and friends in Changsha, who introduced the school principal to me. My interview question was:

> *"My interest lies in secondary school teachers' experiences supporting students with mental health issues. Could you please tell me about your experiences supporting students with mental health issues?"*

Participants freely shared their experiences in supporting students with mental health issues. Most teachers often felt significant stress when providing support, and a few teachers even cried uncontrollably during the interviews. After interviewing the 15th participant, I noticed that the data had reached saturation, meaning no new themes or

insights emerged from the interviews. Therefore, I stopped data collection after confirming data saturation with one more secondary school teacher.

This process of conducting interviews and reaching data saturation gave me a rich dataset to analyze. It also challenged me to handle sensitive topics with empathy and professionalism, ensuring that I created a secure environment for participants to openly share their feelings and personal encounters. As I moved into the data analysis phase, I felt prepared to extract meaningful insights from the interviews, which would contribute to understanding the complex relationship between secondary school teachers and students with mental health issues.

8.4 Post-Interview: Data Analysis Phase

When it comes to data analysis in qualitative research, although I had seen the names and brief steps of data analysis methods in the literature, truly understanding and applying these methods remained challenging. I discovered that there are many analytical methods in qualitative research, and I struggled to differentiate between them effectively. The existing literature on qualitative research sometimes showcases ambiguous methodologies or mismatches between the methodology and the data analysis methods, which undoubtedly increases the learning difficulty for a novice like me. Fortunately, my supervisors was very patient in explaining the data analysis methods used in qualitative research, including the differences between thematic analysis and phenomenological analysis, which allowed me to better understand the various qualitative research data analysis methods. I then comprehended which data

analysis method I needed to adopt. Ultimately, I chose Colaizzi's (1978) method for

my research, which is particularly suitable for descriptive phenomenology. Under the

detailed guidance of my supervisors, I not only grasped the theoretical foundations of

this analysis method but also began to master its practical application.

Data analysis is a continuous process, and I began by repeatedly reading my interview

texts. Under the guidance of my supervisors, I started annotating these texts. Initially,

I generated hundreds of formulated meanings and began feeling lost among them.

Fortunately, my supervisors guided me through organizing these formulated meanings,

and I gradually began to identify some sub-themes. I noticed that many secondary

school teachers expressed that they were not fully prepared to support students with

mental health issues, which somewhat overlapped with my anticipated themes but

also brought new confusion because this theme was similar to existing research

findings. Under the guidance of my supervisors, I continued deeper data analysis, and

themes that had not been seen in previous literature emerged, such as secondary

school teachers' fear that supporting students with mental health issues might impact

their reputation. The concept of reputation in Chinese culture, which involves 'face,' is

significantly different and more pervasive than in Western contexts.

With further guidance from my supervisors, I began to form central themes. I ensured

the accuracy of these central themes through several discussions with my supervisors,

maintaining consistency from data to formulated meanings to themes and vice versa.

Eventually, I developed a conceptual model regarding secondary school teachers'

experiences supporting students with mental health issues. Through continuous

practice and meticulous guidance from my supervisors, I learned how to identify and interpret deeper meanings from the data and understand the real intentions behind the teachers' words. This process enhanced my research abilities and improved my critical thinking and problem-solving skills.

Reflecting on the research findings, I realized that secondary school teachers' fear of negative outcomes for students with mental health issues causing damage to their own reputations is closely tied to the Chinese cultural context. In China, teachers bear significant responsibility for their students, and any issues with students can result in a tarnished reputation for the teacher. This can affect their chances of receiving awards and promotion, and the impact can be long-lasting. This fear may influence teachers' attitudes and confidence in supporting students with mental health issues.

Given this context, I began to consider whether school nurses could share some of the responsibilities that currently fall on teachers, allowing teachers to better support their students. School nurses, with their specialized training in health and wellness, could potentially play a critical role in mitigating the burden on teachers and improving the overall support system for students with mental health issues. By involving school nurses more actively in the support process, we could create a collaborative environment where both teachers and school nurses work together to address students' mental health needs. This could not only alleviate the pressure on teachers but also enhance the effectiveness of the support provided to those students.

8.5 Procedural Insights

I developed a profound interest in people's lived experiences by learning and applying descriptive phenomenology. I had never before imagined the possibility of extracting knowledge directly from interviews. Descriptive phenomenology not only deepened my understanding of the lived experiences of secondary school teachers supporting students with mental health issues but also greatly enhanced my insight and comprehension abilities. However, this method also brought considerable pressure, requiring me to accurately describe the participants' lifeworlds. A major challenges encountered during the study process was the need to consistently uphold objectivity and fairness. This required ongoing monitoring to prevent personal biases from influencing the authenticity and reliability of the research findings.

Conducting research in the Chinese school system presented its own set of challenges. The hierarchical structure in Chinese schools is quite rigid, and I had to obtain approval from the principals before I could interview the teachers. This added an extra layer of complexity to the research process. Fortunately, with the help of friends, I was able to gain the support of the school principals and successfully interviewed teachers who met the inclusion criteria.

This experience highlighted the importance of building strong relationships and networks when conducting research in such structured environments. Despite these challenges, the insights gained from this process were invaluable. The support from school administrators enabled me to collect rich and meaningful data, which ultimately contributed to a deeper understanding of the challenges and experiences faced by secondary school teachers in supporting students with mental health issues.

This process not only tested my perseverance and problem-solving skills but also demonstrated the importance of cultural sensitivity and adaptability in research.

Descriptive phenomenology opened new perspectives, equipping me with new knowledge and skills. Moreover, nurses are particularly suited for learning qualitative research methods, as nurses communicate daily with patients. Integrating qualitative research methods into clinical practice can explore patients' experiences more deeply, thereby providing higher-quality care. Qualitative research can also explore differences across cultural backgrounds, build theoretical frameworks, develop assessment tools, and identify possible interventions for existing problems. As Einstein said, "The formulation of a problem is often more essential than its solution." Therefore, I am incredibly grateful to have learned descriptive qualitative research methods, which undeniably represent a valuable asset in my career.

8.6 As a Team with My Supervisor

My supervisors told me initially that I was not fighting alone; we were a team. Throughout my PhD journey, I never felt isolated, as my supervisors were always there supporting and guiding me. This experience of team spirit was completely different from my previous educational experiences and profoundly changed my view on learning. I often felt anxious in the early stages of my studies, but each time I communicated with my supervisors, the anxiety dissipated. Therefore, I deeply realized that following the guidance of my supervisors was a shortcut to obtaining a PhD degree. At the same time, I believe it is essential that the content of a PhD

research is highly aligned with the research direction of the supervisors, as this not only helps in learning the research methods but also ensures practical guidance from the supervisors.

The PhD journey is a process of growth, and although there were pressures, I felt very relieved and satisfied by the end. Just as a senior student about to graduate said when I first arrived at PolyU: "It was well worth the trip!" I am grateful for my supervisor's selfless help and guidance during my PhD, which answered all my queries and facilitated my growth.

As the principal investigator of this research, I delved into secondary school teachers' experiences in supporting students with mental health issues. I look forward to applying these experiences and insights in future work. This research journey enhanced my academic horizon and profoundly impacted my personal and professional life.

To encapsulate the essence of my PhD journey—a path filled with challenges, learning, and invaluable support—I turn to the timeless words of Wang Bo, a poet from the Tang Dynasty. His lines resonate deeply with my experience:

Friends in our hearts,

neighbors though seas apart,

At the crossroads of life,

our common joys start.

These words elegantly capture the interpersonal interactions and teamwork with my supervisors during my academic pursuits. They remind me that we share profound moments of joy and achievement at the crossroads of scholarly exploration.

8.7 Chapter Summary

Within this chapter, my intention is for readers to comprehend the progression I have undergone throughout my PhD, commencing from my background as a psychiatric nurse, progressing through the initial topics, and ultimately, grasping the significance of this personal journey. Pursuing a PhD is a demanding and arduous process that demands substantial effort, continual perseverance, and the astute counsel of a mentor. Upon concluding this chapter, I would want to extend my sincere gratitude to all individuals who actively contributed to and provided assistance for my research.

Chapter 9: Appendices

9.1 Appendix 1: Participant Information Sheet

Project Title: Secondary School Teachers' Lived Experience in Supporting Students with Mental Health Issues: a Descriptive Phenomenology Study.

Project Summary:

Mental health concerns are prevalent among adolescents, with approximately 14 percent of the global population aged 10 to 19 years estimated to grapple with mental health disorders, accounting for a substantial 13 percent of the total health burden within this age bracket. Extensive quantitative investigations underscore the experience of secondary school teachers in aiding students confronted with mental health challenges. However, a notable gap exists in qualitative research that delves into the lived experiences of secondary school teachers in China, particularly those engaged in supporting students amidst mental health struggles.

This research study aims to investigate the perspectives of individuals who provide help to students with mental health conditions. Hence, you are cordially invited to partake in a research endeavor overseen by Dr. CHRISTENSEN Martin and Dr. Grace Ho WK, and carried out by LIANG Mining, a doctoral candidate in the School of Nursing at the Hong Kong Polytechnic University (PolyU). The project has received approval from the PolyU Institutional Review Board (PolyU IRB) under the reference number HSEARS20221215002. Prior to engaging in this research, kindly

peruse the subsequent resources. Don't hesitate to reach out to us if you have any inquiries or need additional details.

What is the purpose of the study?

The objective of this study is to gain a comprehensive understanding of the lived experiences of secondary school teachers in providing help to students with mental health concerns. This study aims to assist school nurses in formulating strategies to provide support to secondary school teachers.

Why have I been chosen?

We need secondary school teachers with expertise in assisting students who have mental health challenges. Your experience will enable us to comprehend the challenges you are encountering. You will also assist us in identifying the specific qualities that secondary school teachers can bring to this form of support.

What will I be asked to do?

You will be requested to partake in a one-to-one interview regarding your perspectives and emotions around providing help to a student with a mental health condition as a secondary school teacher. You will **<u>not</u>** be asked for any information that would identify you.

How much of my time will I need to give?

The duration of the individual interview is estimated to be between 45 and 60 minutes. The interview will be arranged at a time and location that is mutually convenient. The interview can be conducted either in person or online. With your consent, the interview will be recorded in audio format.

What benefits will I, and/or the broader community, receive for participating?

The anticipated advantages of this study will be to enhance comprehension of the experience of secondary school teachers in assisting students with mental health concerns. It is expected that the findings of this study may offer additional insights into how school nurses or other professionals can enhance their support for secondary school teachers.

Will the study involve any risk or discomfort for me? If so, what will be done to rectify it?

Your involvement in this project carries minimal risks. However, our intention is not to revisit possibly unpleasant memories but rather to gain insight into your emotions, perspectives, and encounters in assisting students with mental health concerns. If you experience any discomfort in participating in this research project, you have the option to consult and receive support from the counseling department at the Second Xiangya Hospital. To reach the counseling reception, please dial the counseling hotline at (0731)85292999. You may also solicit assistance from a healthcare professional of your preference.

What will happen to information about me?

The data collected in this study will remain confidential and will only be disclosed to the principal researcher (Mining Liang) and the supervisory team members. The transcripts of the individual interviews do not contain any information that might be used to identify you. Pseudonyms will be employed when suitable. Your involvement will remain confidential and will not be revealed to anyone else. The report and publications will maintain anonymity by not disclosing the identities of the study participants. Data analysis, quotations, or potential publishing will not disclose any identifiable information pertaining to personal particulars or designations. Your personal information will be securely saved in a password-protected database that can only be accessed by the principal investigator.

How do you intend to publish or disseminate the results?

The findings of this research project will be disseminated through publication in peer-reviewed academic journals and by presentations at relevant conferences. Any publication or presentation will contain information that ensures the participant cannot be identified.

Will the data and information that I have provided be disposed of?

Yes. Please be assured that only the study team will be granted access to the raw data you supply. Nevertheless, your data may be utilized in other correlated projects for a

prolonged duration as a component of PolyU's Open Access to Research Data policy. Nevertheless, in accordance with PolyU's Data Management policy, all data will be eradicated after a period of five years from the most recent publishing.

Can I withdraw from the study?

Participation is optional, and you are not required to be involved. You have the right to withdraw from the interview before or after without any negative consequences. Before recording the interview, we will ask if you still wish to participate. You will be free to leave if you do not want to participate. To confirm your willingness to participate, you will be requested to sign a consent form after reviewing this information sheet. You will receive a copy of the consent form, and the researcher will retain another copy.

Can I tell other people about the study?

Indeed, we highly recommend that you inform anyone you believe would be interested in taking part in the study, and you can accomplish this by sharing my contact information with them.

What if I require further information?

Kindly contact Mining Liang to arrange a discussion regarding the research prior to making a decision on whether or not to join. To reach us, please use the email address mining.liang@   .

What if I have a complaint?

If you have any issues or complaints regarding the conduct of this research study, you can express them by writing to the Secretary of the PolyU Institutional Review Board at institutional.review.board@polyu.edu.hk. Please ensure that you clearly specify the individual and department responsible for the study, as well as the Reference Number. Thank you for expressing your interest in taking part in this study.

Yours sincerely,

Dr. CHRISTENSEN Martin (Supervisor of the project)

School of Nursing, The Hong Kong Polytechnic University

Dr. Grace Ho MK (Supervisor of the project)

School of Nursing, The Hong Kong Polytechnic University

Ms. LIANG Mining　(PhD Candidate, Principal Investigator)

School of Nursing, The Hong Kong Polytechnic University

Email: mining.liang@

9.2 Appendix 2: Consent Form for Participation

CONSENT TO PARTICIPATE IN RESEARCH

Secondary School Teachers' Lived Experience in Supporting

Students with Mental Health Issues

I _____ hereby give my consent to participate in the aforementioned study project under the supervision of Dr. Martin Christensen and Dr. Grace Ho and undertaken by LIANG Mining.

I acknowledge that the data gathered from this study may be utilized in further research endeavors and made publicly available through publication. Nevertheless, my entitlement to privacy will be upheld, i.e., my personal information will not be disclosed.

The process outlined in the accompanying information sheet has been thoroughly clarified. I comprehend the advantages and potential hazards associated with this. I am participating in a voluntary project.

I recognize that I have the entitlement to inquire about any aspect of the process and the freedom to withdraw at any moment without incurring any punishment.

Name of participant

_____

Signature of participant

_____

Date

_____

Name of researcher

_____

Signature of researcher

_____

Date

_____

9.3 Appendix 3: Ethics Approval

THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學

To	Christensen Martin John (School of Nursing)
From	Cheung Kin, Delegate, Departmental Research Committee
Email	kin.cheung@ Date 28-Mar-2023

Application for Ethical Review for Teaching/Research Involving Human Subjects

I write to inform you that approval has been given to your application for human subjects ethics review of the following project for a period from 01-Mar-2023 to 28-Jun-2024:

Project Title: The lived experience of secondary school teachers in supporting students with mental health issues: a descriptive phenomenological study

Department: School of Nursing

Principal Investigator: Christensen Martin John

Project Start Date: 01-Mar-2023

Project type: Human subjects (non-clinical)

Reference Number: HSEARS20221215002

You will be held responsible for the ethical approval granted for the project and the ethical conduct of the personnel involved in the project. In case the Co-PI, if any, has also obtained ethical approval for the project, the Co-PI will also assume the responsibility in respect of the ethical approval (in relation to the areas of expertise of respective Co-PI in accordance with the stipulations given by the approving authority).

You are responsible for informing the PolyU Institutional Review Board in advance of any changes in the proposal or procedures which may affect the validity of this ethical approval.

Cheung Kin

Delegate

Departmental Research Committee (on behalf of PolyU Institutional Review Board)

9.4 Appendix 4: Search Strategy for Qualitative Systematic Review

Search included: Medline, CINAHL Complete, ERIC, Embase, APA PsycInfo, Web of Science, Scopus, CNKI, WanFang.

Table A1. Search strategy for Medline (Publication date to March 2022) result 68

Search ID	Search Terms
S1	((MH "Qualitative Research") OR (MH "Empirical Research")) OR ("qualitative stud*" OR "empirical research" OR "qualitative research" OR "qualitative method" OR "case stud*" OR interview OR "Empirical Research" OR "behavior research" OR "comparative study" OR "observational study" OR "personal narrative")
S2	(MH"mental health" OR MH"mental disorders") OR ("mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide)
S3	(MM "School Teachers") AND ((secondary OR high))
S4	("high school" OR "secondary school") AND (teacher OR educator)
S5	S3 OR S4
S6	S1 AND S2 AND S5

Table A2. Search strategy for CINAHL Complete (Publication date to March 2022) result 86

Search ID	Search Terms
S1	((MH "Qualitative Studies") OR (MH "Empirical Research")) OR ("qualitative stud*" OR "empirical research" OR "qualitative research" OR "qualitative method" OR "case stud*" OR interview OR "Empirical Research" OR "behavior research" OR "comparative study" OR "observational study" OR "personal narrative")
S2	((MH "Mental Disorders") OR (MH "Mental Health")) OR ("mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide)
S3	((MH "Schools, Secondary") AND (teacher OR educator)) OR (("High School" OR

"Secondary School") AND (teacher OR educator))

S4	S1 AND S2 AND S3

Table A3. Search strategy for ERIC (Publication date to March 2022) result 214

Search ID	Search Terms
S1	DE "Qualitative Research" OR ("qualitative stud*" OR "empirical research" OR "qualitative research" OR "qualitative method" OR "case stud*" OR interview OR "Empirical Research" OR "behavior research" OR "comparative study" OR "observational study" OR "personal narrative")
S2	(DE "Mental Health") OR (DE "Mental Disorders") OR ("mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide)
S3	(DE "Secondary Schools" OR DE "High Schools" OR DE "Junior High School") AND (teacher OR educator)
S4	(("Secondary Schools" OR "High Schools" OR "Junior High Schools") AND (teacher OR educator)) OR "Secondary School Teachers"
S5	S3 OR S4
S6	S1 AND S2 AND S5

Table A4. Search strategy for Embase (Publication date to March 2022) result 170

Search ID	Search Terms
#1	qualitative research'/exp OR 'qualitative stud*' OR 'qualitative research' OR 'qualitative method' OR 'case stud*' OR interview OR 'empirical research' OR 'behavior research' OR 'comparative study' OR 'observational study' OR 'personal narrative'
#2	mental health'/exp OR 'mental disease'/exp
#3	"mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide

#4	#2 OR #3
#5	('high school'/exp OR 'middle school'/exp) AND (teacher OR educator)
#6	('high school' OR 'secondary school') AND (teacher OR educator)
#7	#5 OR #6
#9	#1 AND #4 AND #7

Table A5. Search strategy for APA PsycInfo (Publication date to March 2022) result 168

Search ID	Search Terms
S1	(MAINSUBJECT.EXACT("Empirical Methods") OR MAINSUBJECT.EXACT("Qualitative Methods")) OR ("qualitative stud*" OR "empirical research" OR "qualitative research" OR "qualitative method" OR "case stud*" OR interview OR "Empirical Research" OR "behavior research" OR "comparative study" OR "observational study" OR "personal narrative")
S2	(MAINSUBJECT.EXACT("Mental Disorders") OR MAINSUBJECT.EXACT("Mental Health")) OR ("mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide)
S3	MAINSUBJECT.EXACT("Secondary Education")　AND (teacher OR educator)
S4	("Secondary Schools" OR "High Schools") AND (teacher OR educator)
S5	S3 OR S4
S6	S1 AND S2 AND S5

Table A6. Search strategy for Web of Science (Publication date to March 2022) result 95

Search Terms

("qualitative stud*" OR "empirical research" OR "qualitative research" OR "qualitative method" OR "case stud*" OR interview OR "Empirical Research" OR "behavior research" OR "comparative study" OR "observational study" OR "personal narrative") AND ("mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide) AND (("High School" OR "secondary school") AND (teacher OR educator)) (Title) or ("qualitative stud*" OR "empirical research" OR "qualitative research" OR "qualitative method" OR "case stud*" OR interview OR "Empirical Research" OR "behavior research" OR "comparative study" OR "observational study" OR "personal narrative") AND ("mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide) AND (("High School" OR "secondary school") AND (teacher OR educator)) (Abstract) or ("qualitative stud*" OR "empirical research" OR "qualitative research" OR "qualitative method" OR "case stud*" OR interview OR "Empirical Research" OR "behavior research" OR "comparative study" OR "observational study" OR "personal narrative") AND ("mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide) AND (("High School" OR "secondary school") AND (teacher OR educator)) (Keyword Plus ®)

Table A7. Search strategy for Scopus (Publication date to March 2022) result 211

Search Terms
TITLE-ABS-KEY (("qualitative stud*" OR "empirical research" OR "qualitative research" OR "qualitative method" OR "case stud*" OR interview OR "Empirical Research" OR "behavior research" OR "comparative study" OR "observational study" OR "personal narrative") AND ("mental disorders" OR "mental health" OR "mental health problem" OR "mental health issue" OR "mood disorder" OR "bipolar and related disorder" OR "anxiety disorder" OR schizophrenia OR "self-harm" OR suicide) AND (("High School" OR "secondary school") AND (teacher OR educator)))

Table A8. Search strategy for CNKI (Publication date to March 2022) result 782

Search ID	Search Terms
1	（（（（（ 主题%='质性研究' or 题名%='质性研究'）OR（ 主题%='定性研究' or 题名%='定性研究'））OR（ 主题%='实证研究' or 题名%='实证研究'））OR（ 主题%='个

案研究' or 题名%='个案研究')) OR（ 主题%='访谈' or 题名%='访谈'))

（（（（（（ 主题%='质性研究' or 题名%='质性研究') OR（ 主题%='定性研究' or 题名%='定性研究')) OR（ 主题%='实证研究' or 题名%='实证研究')) OR（ 主题%='个案研究' or 题名%='个案研究')) OR（ 主题%='访谈' or 题名%='访谈')) AND
（（（（（（（（（ 主题%='心理健康' or 题名%='心理健康') OR（ 主题%='心理健康问题' or 题名%='心理健康问题')) OR（ 主题%='精神疾病' or 题名%='精神疾病')) OR
2   （ 主题%='情绪障碍' or 题名%='情绪障碍')) OR（ 主题%='抑郁症' or 题名%='抑郁症')) OR（ 主题%='双相情感障碍' or 题名%='双相情感障碍')) OR（ 主题%='焦虑症' or 题名%='焦虑症')) OR（ 主题%='精神分裂症' or 题名%='精神分裂症')) OR（ 主题%='自伤' or 题名%='自伤')) OR（ 主题%='自杀' or 题名%='自杀')) ）

（（（（（（（ 主题%='质性研究' or 题名%='质性研究') OR（ 主题%='定性研究' or 题名%='定性研究')) OR（ 主题%='实证研究' or 题名%='实证研究')) OR（ 主题%='个案研究' or 题名%='个案研究')) OR（ 主题%='访谈' or 题名%='访谈')) AND
（（（（（（（（（ 主题%='心理健康' or 题名%='心理健康') OR（ 主题%='心理健康问题' or 题名%='心理健康问题')) OR（ 主题%='精神疾病' or 题名%='精神疾病')) OR
3   （ 主题%='情绪障碍' or 题名%='情绪障碍')) OR（ 主题%='抑郁症' or 题名%='抑郁症')) OR（ 主题%='双相情感障碍' or 题名%='双相情感障碍')) OR（ 主题%='焦虑症' or 题名%='焦虑症')) OR（ 主题%='精神分裂症' or 题名%='精神分裂症')) OR（ 主题%='自伤' or 题名%='自伤')) OR（ 主题%='自杀' or 题名%='自杀'))) AND
（（（ 主题%='初中' or 题名%='初中') OR（ 主题%='中学' or 题名%='中学')) OR（ 主题%='高中' or 题名%='高中')) ）

（（（（（（（（ 主题%='质性研究' or 题名%='质性研究') OR（ 主题%='定性研究' or 题名%='定性研究')) OR（ 主题%='实证研究' or 题名%='实证研究')) OR（ 主题%='个案研究' or 题名%='个案研究')) OR（ 主题%='访谈' or 题名%='访谈')) AND
（（（（（（（（（ 主题%='心理健康' or 题名%='心理健康') OR（ 主题%='心理健康问题' or 题名%='心理健康问题')) OR（ 主题%='精神疾病' or 题名%='精神疾病')) OR
（ 主题%='情绪障碍' or 题名%='情绪障碍')) OR（ 主题%='抑郁症' or 题名%='抑郁症')) OR（ 主题%='双相情感障碍' or 题名%='双相情感障碍')) OR（ 主题%='焦虑
4   症' or 题名%='焦虑症')) OR（ 主题%='精神分裂症' or 题名%='精神分裂症')) OR（ 主题%='自伤' or 题名%='自伤')) OR（ 主题%='自杀' or 题名%='自杀'))) AND
（（（ 主题%='初中' or 题名%='初中') OR（ 主题%='中学' or 题名%='中学')) OR（ 主题%='高中' or 题名%='高中'))) AND（（ 主题%='老师' or 题名%='老师') OR（ 主题%='教师' or 题名%='教师')) ）

Table A9. Search strategy for WanFang (Publication date to March 2022) result 710

Search Terms

主题:("质性研究" OR "定性研究" OR "实证研究" OR "个案研究" OR "访谈") and 主题:("心理健康" OR "心理健康问题" OR "精神疾病" OR "情绪障碍" OR "抑郁症" OR "双相情感障碍" OR "焦虑症" OR "精神分裂症" OR "自伤" OR "自杀") and 主题:("初中" OR "中学" OR "高中") and 主题:(老师 OR 教师)

9.5 Appendix 5: From Significant Statements to Themes – the Explication of Theme Development

9.5.1 Theme 1: Living in fear of unpredictable mental health issues in the classroom

Significant Statements	Formulated Meaning	Theme Cluster	Theme
So, at first, we didn't know that these children had mental health issues because, generally speaking, the students that teachers face, like the students we teach, usually number more than 50, approaching 60.　(Guo)	The challenges of recognizing mental health issues in large classrooms	**Overlooked and undetected-the subtle sign of student mental health struggles**	
In regular circumstances, he tends to be introverted. However, his behavior does not significantly impact the overall pace of the class or the teacher's instruction. In the classroom, he is not the type to actively participate in answering questions, but he also does not disrupt the order of the class. Therefore, he somewhat resembles a 'transparent' presence in the classroom. (Luo)	The invisibility of reserved students		
Especially for us teachers who handle many classes, we tend to remember two types of students: the perfect and outstanding ones who often interact with you and the other, the particularly naughty ones who are frequently criticized. Those students in the middle are the ones who receive relatively less attention. (Wang)	Neglect of average students		
Those who are at the very forefront, those who excel in various aspects, such as academic performance, and those whose performance is more outstanding. Teachers might place more emphasis on these students. On the other hand,	The average student is overlooked.		

there are those at the very bottom. Therefore, students caught in the middle often experience more significant psychological pressure than those at the front or the back. As a result, teachers might not be aware of this. When you're unaware, you don't know what kind of situations might arise if they have mental health issues, making it difficult for us to predict. (Guo)			
You can't see some things for yourself, as they are not within your professional expertise; you don't know what is happening in their minds. (Yang)	Feeling unequipped with professional scope to handle mental health issues		
I genuinely feel I cannot handle it because it's impossible to find out, right? Some signs are subtle. It isn't easy to effectively address these subtle signs because the students won't seek help in an obvious manner. They will only hint at the issue indirectly. So, it becomes pretty challenging. (Chen)	The challenge of detection due to the invisibility of internal struggles		
Many people are reluctant to share their mental health problems, experiences, and thoughts with others. As a result, this problem remains like a time bomb lurking in the background. Over time, this problem, which initially seemed small, gradually grows because the person doesn't know how to vent, release, or communicate with others. Eventually, the situation becomes so significant that it causes an emotional explosion within the individual. (Zhu)	Concerned about the Cumulative Impact of Unaddressed Psychological Issues: a time bomb		
One day after school, I heard a student talk about another student doing extreme things	Astonished by the	**Surprise d and**	

(self-harming), and I found it unbelievable. I thought to myself that she always seemed so normal, always with a smile on her face. (Liao)	discrepancy between students' appearances and internal struggles	**scared at the extreme outcome of invisible mental health issues**	
I was surprised because the student showed no signs of this situation before. I genuinely thought he was an average person. Usually, whether interacting with teachers, other children, or classmates, he appeared very normal and behaved in a typical manner. (Liao)	Astonished by the discrepancy between students' appearances and internal struggles		
I was also scared. There was one time when I received a letter written in blood. The student said she wanted to go home and handed it to someone else. When I saw that blood, I couldn't even dare to open my eyes. It was genuinely sickening to see it. (Xie)	Fear and shock of extreme distress		
I am deeply shocked by how this young person ended up in such a state (commit suicide). He had a promising future, yet he didn't seem to value his life. How could a person become like this? (Yang)	Shocked by unpredicted extreme outcomes of mental health crises		
Suddenly, my leader came to me and said something. He asked if I had once taught a student by a particular name. I said yes, I had taught him for nearly three years. He told me that the student, a boy, had suddenly committed suicide by jumping off a building. At that moment, I felt a bit shocked inside. (Liao)	Shocked by unpredicted extreme outcomes of mental health crises		

The first time he disappeared was during our orientation program when he just entered the first year of middle school. He went missing for the whole afternoon, and that was the first time I had faced his absence. At that moment, I felt apprehensive, and my mind was filled with thoughts of news stories about such incidents. I was afraid that something terrible might have happened, and I felt a sense of fear. (Liu)	Heightened worry for student safety in an unexpected situation		
I feel a bit worried myself. I'm afraid that the student might engage in more intense behaviors towards me in the future. So, when he pushed me down, there were two things on my mind. Firstly, I knew that his emotions were already highly agitated. Secondly, I was concerned whether he would continue to harm me physically. Because he is a boy, I perceive him as having significant physical strength and height, which added to my apprehension. I was afraid that he might strike me or engage in other aggressive behaviors towards me. (Peng)	Fears and safety concerns when faced with aggressive behaviors from students		
If there is a loss of life, I would be psychologically unable to get over it, so I worry about this problem, fearing the worst might happen. Some students have tendencies toward suicide, having cut their wrists many times, and this is still very problematic. Just in case one day it goes unnoticed or their emotional state completely collapses. (Hu)	Profound concern for the potential for student suicide risk		
Just like his mother mentioned before, this child has also had severe suicidal thoughts; when it gets serious, he threatens his parents and has even run away from home before. I am just worrying about safety issues. (Li)	Profound concern for the potential for student suicide risk		

If they are students I have taught myself, I hope that they will not engage in such extreme actions (suicide). I hope that they can lead healthy lives and successfully integrate into society. I don't want to see a day when there are reports of a student I have taught (committing suicide). (Wang)	Profound concern for the potential for student suicide risk		
Because he has mental health issues, his learning abilities are naturally affected. From what I observed, including one very introverted student in the class, his learning abilities have been in this state since childhood. (Peng)	Mental health challenges and its long-term impact on learning abilities	**Afraid of student failure and its potential outcome**	
I feel that this child initially had the opportunity to be admitted to a better school. They have good talent but were ultimately admitted to a second-tier university. Based on their talent, it should have been possible for them to be admitted to a top-tier university. So, the first feeling is a sense of regret and disappointment for this child. (Yang)	Regretting the unfulfilled academic potential		
When I arrived here, I noticed that the work atmosphere, including the students, had a different dynamic compared to students from rural areas in the past. Their [students in urban cities] psychological resilience seemed to be weaker. (Yang)	Vulnerability in the students' ability to cope with adversity		
Criticizing him over this issue becomes the most significant thing, as if it's the most incredible event in his life, and because of this one thing, he could give up on everything in life just like that. (Chen)	Criticism as a precursor to withdrawal		
Some students may have difficulty accepting setbacks and failures. The psychological resilience of the students we teach is relatively	Lower stress tolerance is a precursor to		

low. They are only receptive to praise and encouragement but struggle to handle criticism. If you try to criticize or provide feedback, they tend to have significant stress reactions. (Li)	failure.		
At that time, I was thinking about whether these students, who have not experienced setbacks or challenges within the school, would have a healthy mindset when they enter society. In school, they are treated heavenly, receiving only praise. Nowadays, even the perspectives of our students' parents have changed, and they also focus on encouragement. Once these students enter society, they will encounter many realistic situations. If they face setbacks or difficulties, will they be able to adjust and overcome them? (Yang)	Concerned about student readiness for real-world obstacles beyond school		
If a serious issue arises, particularly involving self-harm, it would significantly impact my reputation. It could escalate to a point where the student's parents and the public make a big fuss. I am genuinely concerned that my reputation and image could be negatively affected. Since I will be staying in this institution for many years, should I prioritize the preservation of my professional image? (Peng)	Fear and concern about professional reputation and image being tarnished		
For the school, first and foremost, losing a student's life is an immeasurable loss from any perspective. Secondly, it is a loss to the school's reputation. Thirdly, there is an economic loss associated with it. Fourthly, there will be negative social consequences as well. (Han)	Multi-dimensional Impact of a student death on the school community		

9.5.2 Theme 2: Navigating the treacherous terrain of supporting student mental wellness

Significant Statements	Formulated Meaning	Theme Cluster	Theme
There is only one mental health teacher in a grade. There are more than 800 students in our whole grade. So, his workload is enormous, and his scope and depth of contact are also minimal. (Li)	Resource Constraints and the Challenges of Providing Adequate Mental Health Support	**The difficulties of a system in crisis**	**Navigating the treacherous terrain of supporting student mental health**
My student has been here for three years. What was his psychological state when he first enrolled, and what is it like when he is about to graduate? Has there been any improvement? This can also reflect on the effectiveness of your school's counseling center's work, right? Not every student receiving counseling will improve, but it still reveals where the problems lie. So, I feel that our school is still lacking in some respects (tracking the children in the class who have mental health problems). I do think we are still missing something. (Peng)	Lacking Continuous Mental Health Support in Schools		
I feel that its effect is not very evident either. We had a colleague who sent the student to the school counselor, but they came back the same. (Peng)	Perceived Ineffectiveness of Current School Counseling		
If a student's mental health issues haven't reached a certain level, the school counselor or psychologist won't inform the teacher. They will individually approach the student without discussing their condition with the teacher. (Liao)	Feeling excluded		

Does the school have a specific mechanism? For example, is the teacher not the first responsible person? What kind of backstage or backing will the school give me? I think the school should provide for teachers. If the school gives us some support in this way, we will be bold when dealing with these things, and we will not be unable to let go when encountering problems. (Peng)	Managerial Blindness and Perceived Inadequacy in the Current School Support Structure		
Our teachers cannot manage many things every day, including social reasons. Are you burdened with this kind of exam in Changsha? We have a lot of things that our teachers are weak, and we hope they [students] can relax, right? However, the parents also expect the child to attend a famous university. (Zhu)	Powerlessness in the Face of Systemic Pressures and Societal Expectations		
We all have become only focused on discussing the strengths of students and dare not talk about their weaknesses. This situation exists throughout the entire education system, including what I have observed in other schools and our school. There seems to be a general atmosphere among teachers who are afraid of potential issues and hesitant to criticize or talk about students' shortcomings. This atmosphere has formed, resulting in students feeling they can only handle positive feedback and cannot accept criticism. (Yang)	Worried about facing trouble or backlash from criticizing students' shortcomings		
Of course, teachers may not prefer to have students with such mental health issues in their classrooms. However, what can you do if they are assigned to your class? It becomes a matter of luck, and you have no choice but to accept it. Once they are in your class, you have no option but to take them and find ways to	Inevitability of Supporting Students with Mental Health Issues		

address the situation on your own. (Hu)			
I don't know if the student (with mental health issues) will be assigned to my class next semester. If they are, I feel it would still be tormenting. If they are not in my class, perhaps they would be a torment for another teacher. (Liao)	Anticipating anxiety regarding student mental health challenges		
We all have concerns. Being in the same cohort, we have some understanding of each other. We are all on the same floor or in the office area, so there will be some worries. If a student from the adjacent class encounters a problem, it will undoubtedly impact the students in our neighboring class. (Hu)	The ripple effect of student mental health issues		
That is to say, when he can't express himself, I also feel helpless. I don't know where to find this entrance or breakthrough to communicate with him. I can't see his problem because he doesn't express it. (Wu)	Helplessness in Communicating with Non-Expressive Students	**Helpless to Help, Powerless to Support**	
I can't help it. I feel powerless. I want to help him (the student with mental health issues), but I can't get into his heart and open it. I don't know what to do with him because we are not professionals in this field, so I can only rely on my usual experience to carry out exploratory enlightenment. I think my methods are useless, and I feel powerless. (Hu)	Inadequacy in Supporting Students with Mental Health Issues		
At the moment when she locked herself inside (and engaged in self-harm), I had no idea what was happening inside. In the short term, I immediately contacted the relevant teachers to bring the keys. However, during that time, there was nothing I could do. No matter how much I pushed or knocked, there was no response from her. It was a feeling of complete	Powerlessness and Lack of Control in Supporting Students in Crisis		

helplessness. (Xie)			
I was thinking then, what should I do in that situation? Shouldn't I have tried to calm him down? Or should I not have said that when I asked the students to hold onto him? I also contemplated this question later on. What should I have done in that particular situation? Should I have let the students grab him? Would that have agitated him instead? I wasn't clear about it either. (Peng)	Uncertainty and Self-doubt Regarding Action During a Student's Mental Health Crisis		
It's about going with the flow. Because you can't change anything, as a teacher, your power is very, very limited. All I can say is that we try our best within the scope of our responsibilities to do our job well and to manage our class of several dozen children properly. That's all we can do. (Yang)	Try their best in a helpless situation.		
If he further requires advice, it may go beyond my capabilities, and that's something I cannot achieve. In such cases, I can only transfer the issue to someone else, so it doesn't feel easy. (Liu)	Feeling incapable		
But sometimes, I don't find an excellent opportunity to see a psychological teacher because the psychological teacher may also need to know what has happened to solve some problems through his communication. (Luo)	The Challenges of Locating Psychological Help		
When such a situation arises, if it can be handled, then handle it a bit. However, when teachers feel that there is a risk or the risk is relatively high, they will call the parents to come and have the student return home or do whatever needs to be done. In any case, it's about the more tangled and complex issues.	Distancing themselves from mental health issues		

The common practice for schools and teachers is not to get involved if it's possible to avoid it; the parents should take care of it, right? Whether it's going to see a psychologist or whatever other method might be good, it's up to the parents to address it. (Wang)			
I told him you can't blame others for your anger just because you are unhappy. He listens, but he can't do anything to change it. You will see him like this next time. (Chen)	Frustration When Their Efforts Do Not Lead to Observable Changes		
It's like having a stone in front of you, and you don't know what to do with it. You want to shape it and understand how it should look, but your tools cannot crack it open or move it. It remains unchanged, just like that. All the tools are there, but none can break open the stone. That's how it is. (Chen)	Frustration When Their Efforts Do Not Lead to Observable Changes		
The first is to disturb my sleep so that I can find such cases online and talk to him. It would help if you told him a lot of stories (to encourage him). I've been telling them for a year. If you think about it, people are exasperated. I am exhausted mentally and physically, and I am afraid that he still has problems. (Han)	Exhaustion from Continuous Efforts to Support Students with Mental Health Issues		
I will feel that I am working 24 hours a day; if I can't separate my personal life from my work, this is also a part of my burden. (Liu)	Perpetual Work State and Its Impact on Teacher Well-being		
If there are too many students of this kind, we will find that the whole time of our office work	Anticipating Increased		

is scattered. Then a lot of energy will be put into solving this kind of thing, not to mention unimportant, maybe trivial things, which will affect the rhythm of some work, and then in the same class, If there are more children of this type, the whole class will be more difficult to manage, more challenging to take, and will feel unable to accept. (Luo)	Burden of Supporting Multiple Students with Mental Health Issues		
It may affect the relationship between husband and wife in my family if it is bustling for some time. Because my husband is engaged in IT, he will also be swamped, affecting the relationship between the husband and wife. Occasionally, he will transfer his negative emotions to our children, which is annoying. It won't be delightful if something happens, impacting the family. (Peng)	Interpersonal Impact of Supporting Students with Mental Health Issues on Teachers' Lives		
For example, there are some parents who, out of a desire to protect their children, always believe that their children do not have any mental health issues. However, these issues may manifest in the child's daily learning. Addressing or discussing the child's problems becomes challenging from the parent's perspective. (Wu)	Frustration when parents denied addressing student mental health	**The challenge of advocacy and family engagem ent in student mental health**	
So, supporting children like this isn't easy. For example, if parents cannot set firm boundaries and cannot make themselves tough, it becomes challenging for the school to do so. How can we do it, right? What if something goes wrong? Who can take on the responsibility? Who dares to take on that role, you know? And don't even mention extreme cases like jumping off a building. As long as the student runs away from home or something like that, there is a possibility	Reluctant to intervene with students due to fear of assuming responsibility		

that the school and teachers may have to bear an unexpected kind of responsibility that you can't imagine. (Wu)			
Then the parent is one like this: his father cheated, and his parents are not easy to communicate. Ah, (after I told his parents about the student's mental health issues), he was furious, and then he made some personal attacks on me.　(Liu)	Suffering from parental attack		
Why is it that the actions we've taken may not have had a significant impact on her change? I later understood that it had much to do with her family situation. Ultimately, we could only suggest that she take a leave of absence from school. (Li)	Limited Impact leading to feelings of helplessness		
I had good communication with her in school today, and she has also been well.　I made her happy in school. Then she goes back and makes such a fuss again. I feel powerless. My sense of powerlessness will be reflected here. It is equivalent to that after I did some work, she returned to her original form. Her personality, family situation and family atmosphere are just like this. It will not be changed in a short time or at once.　There will be some powerlessness.　(Zhu)	Frustration and Powerlessness when Family Factors Undermine Support for a Student's Mental Health		
I think it is one child who controls his parents. In this society, there are fewer children in one family, maybe one at most two. So, all the central points, such as resource control, I think, are not in the hands of parents but in the hands of children. Many parents will compromise too much to ensure the physical and mental health of the child. However, the children are already in an unhealthy state.	Worried about the influence of child-centric family dynamics on student mental health		

(Li)			
But what about the situation in the school? You can't let him go back home, can you? Only his parents are willing to suspend school or not; we can't mention it like that. The more you say it like that, then his parents themselves will undoubtedly have some rebound. (Yang)	Conflicted about Parental Expectations and Student Needs in Mental Health Crises		
Our work needs the cooperation of others; that is, there is an interaction between the subject and the object. So, they have no such feelings in many noninterpersonal and professional jobs. Completing my work depends on the cooperation of parents and students, so this feeling of powerlessness often occurs. (Liu)	The Role of Collaboration and Powerlessness when Cooperative Engagement is Lacking		
It means my burden will be heavier and heavier, and my pressure will be tremendous. Your parents do not accept or approve. If you disapprove, I will do everything and work. I do it alone. After all, parents know their children best, right? The teacher, who is in school, knows his studies and knows a little about the slight fluctuation of his thoughts. If your parents do not cooperate, our teachers will be under a lot of pressure, and sometimes it will be challenging to manage. (Hu)	The increasing burden of unilateral support for student mental health		
We don't know what's happening in his family, do we? We can't inquire about the students' families now, which means we can't go to find out in detail. (Chen)	Professional Boundaries that Limit Their Ability to Probe into Students' Family Life		
Some children can recover from certain social practices if their family circumstances are superior and their financial conditions are	Perceptions of socioeconomic impact on		

Significant Statements	Formulated Meaning	Theme Cluster	Theme
good. However, if the student doesn't have a wealthy family, it may be difficult for them to recover.　(Han)	student mental health recovery		
So I think today's parents, because it is the first time for them to be parents, really need to learn and also need training. (Nie)	Understanding the need for parental learning and support in addressing student mental health		
So, I feel that the problem with psychological education is that we can't start with children. Therefore, whether experts or institutions in this field are reasonable, it should be from parents' perspective to popularize knowledge or educate them in this field.　(Wu)	Urgent need for parent-centric approaches in psychological education		

9.5.3 Theme 3: Staying agile in hopes of keeping the students safe: "getting the job done."

Significant Statements	Formulated Meaning	Theme Cluster	Theme
So sometimes, when teaching students, we try to instill the right concepts, a reasonable worldview, and a positive outlook to guide them and prevent them from deviating. Because education is not just about teaching subjects but also about nurturing students, we emphasize the importance of cultivating their character and developing their personality traits.　(Liao)	Emphasizing the positive	**Cultivating a Supportive and Adaptive Educational System for Student Mental Health and Building Resilience**	**Staying agile to keep the students safe: "getting the job done."**
I feel that if, in the process, I am unable to reach the ideal state I have in mind, at the very least, I want to teach him (the student with	Being flexible to the student's		

mental health issues) how to be independent and lead an everyday life. I don't necessarily expect academic success but the ability to function daily. I believe that, as teachers, this is also acceptable and aligns with the purpose of education. (Peng)	needs		
I have become more accommodating towards his (the student with mental health issues) mistakes and don't demand as much from him as I do from others. When he makes a mistake, I lower my expectations slightly. (Peng)	Being flexible to the student's needs		
Her mother said, "Teacher, we need to take a break from school," I agreed, saying that she should first focus on getting well. If she feels like returning to school and believes she's okay, I told her I would welcome her back anytime. However, if she feels stressed, tired, or still finds it challenging to settle down and study, then she should continue with her treatment until she is better. Eventually, she did leave. At the time, I felt it was a pity. Seeing a student leave my class felt like a loss. Back then, the school had specific quotas for each class, and I felt the impact of having one fewer student to meet these targets. (Guo)	Being flexible to the student's needs		
Regarding academic performance and mental health issues, I believe that mental well-being is sometimes more important. Suppose a student experiences headaches when coming to school and feels uncomfortable as soon as they enter the classroom. In that case, I think it would be better for them to stay at home where they can have a more comfortable and relaxed environment. Ultimately, prioritizing their well-being is of utmost importance.	Prioritizing Student Well-being		

(Yang)			
Sometimes, when he (the student with mental health issues) struggles or feels like giving up on his studies, I will motivate him by saying, "You have performed well in the past, right? It shows that you have the ability. It just takes a little more effort, and you can achieve even better results if you work harder." Occasionally, I would have conversations like this with him. Additionally, I would check his notes and show concern about his learning progress and how he is grasping the knowledge. (Chen)	Providing positive reinforcement		
I can only discuss things like education or share examples I have read online or scenarios I have encountered. I can also share knowledge that others have told me, successful experiences from case studies, and information I have gathered from various sources. We can only impart these things to him (the student with mental health issues). We can focus on sharing positive possibilities and transforming them into a positive mindset. After all, teachers are agents of positive education. (Han)	Transformation through positive education		
I will engage in more conversations with him (the student with mental health issues), aiming to understand what is going on in his mind. I will strive to empathize with his perspective and support him. (Nie)	Prioritizing Student Well-being		
I will encourage them to discuss their views; we communicate rather than my one-way output. Then I think that in this process, we can have exchanges, and then I need to listen to the current young people's opinions and	Prioritizing Student Well-being		

understand some of their ideas.　(Liu)			
I am unsure if the students in the class know her situation, but whenever a student asks, I would say that she hasn't been feeling well lately, perhaps with a cold or some other physical discomfort. I might attribute her absence or behavior to specific causes on a given day or the next. In reality, I am trying my best to conceal her actual circumstances. (Liao)	Prioritizing Student Well-being		
As a teacher, you should intervene in time (students' psychological problems). If you don't intervene and can't vent your emotions, the problem will become more and more serious.　(Hu)	Being flexible/active in the situation		
So I think this child sometimes has a small problem.　I think it is still acceptable that sometimes it is not necessarily bad. Well, there is a small problem. As long as we can resolve it in time, we can resolve this emotion in his heart, which is helpful for the child's future, but there is no problem. It may be more terrible for children who are sailing smoothly. (Yang)	Prioritizing Student Well-being		
What they (students) need is more of psychological needs. They may find a sense of existence in class if loved and needed. If they find a sense of existence in their teachers, classmates, and parents, others will not reject them, and they will have an understanding of life and hope.　(Yang)	Providing hope		
My first thought is to treat them equally, usually without seeing them as too unique or different. It's essential to approach them with a sense of normalcy and recognize that it is a	Normalization of Mental Health Issues and a		

widespread phenomenon. In today's society, there are many issues, including various mental health problems.　(Peng)	Non-stigmatizing Attitude Within the Educational Environment		
When he is absent, I would inform the other classmates. I would say, "We have been in school for a while now, and you must have noticed that he (the student with mental health issues) is different. But we have someone like him in our class, and each of us is a member of this class. So, how should we act?" At the same time, I spoke sternly to the students.　I told them that if they bullied him, they would sneakily tease or make fun of him and bully the teacher. I have reminded the students, especially the boys, multiple times privately. (Peng)	Fostering Classroom Inclusivity for Students with Mental Health Issues		
I would talk to him more to understand what's on his mind, try to stand by his side, communicate with his parents, and explain to his parents how to treat these students (with mental health issues).　(Nie)	Empowering Parents		
His parents also often communicated with my office, expressing their desire to give up multiple times. I felt that wasn't acceptable, so I presented them with many examples from my experience. If you neglect the child, he might deteriorate further and might even take drastic measures. The regret this could cause within the family could last a lifetime. (Yang)	Empowering Parents		
This is basic common sense for teachers; life safety issues are paramount.　(Wang)	Prioritization of Student Safety and Health in the	**Growth through adversity**	

	Educational Context		
If he is safe and his parents agree with this situation, which is to let him go back and adjust his condition, then it's okay. That would mean, for me, this matter is resolved. (Luo)	Safety as a Precondition and a Resolution		
(Now that this student has graduated) A great weight has been lifted off my shoulders; that's the feeling, just a sense of relief. (Wang)	Relief Upon Student Graduation		
When the parents said that the teacher should let my child back home for a rest, maybe I will feel that it is also OK for me. If the parents also said that, it may be easier for me. (Luo)	Balancing the family situation and taking co-joint responsibility		
Then I feel lucky. I pulled him back from the edge of the balcony. I think it is a happy thing to help him and manage him. Right? If it is serious (jumping off the balcony), what if he is distraught? (Li)	A Sense of Fulfillment to Help a Student in Crisis		
If I find that she is developing in the direction of improvement, and then I see that she smiles after talking and finds that she is relieved to play with her classmates, I'm happy for her at this time because it is developing in a better direction anyway. (Zhu)	Feeling a sense of achievement		
At this time, you will feel that another person needs you, and then, whether they need your help or your listening, I think that my work is precious, and then my existence is also significant. During my years of learning or learning how to do things, what I have always insisted on is correct; that is, first of all, there is a kind of affirmation of self-worth. (Liu)	The feeling of Self-Worth and Meaning		

I did a better job communicating with his parents, encouraging the child, and communicating with him. Later, when his child graduated from the senior high school, he thanked me very much. (Yang)	Sense of pride		
I think (supporting students with mental health problems) is one of the ways for a teacher to grow. It's a precious thing for me. (Liu)	Growth through adversity		
I may face the same situation (students with mental health issues) when I go to work as a teacher later. I will be more comfortable and know how to manage it. So maybe for me, as a young teacher, my teaching experience and class management experience are also an accumulation. (Luo)	Growth through adversity		

9.6 Appendics 6: Exhaustive Description Sent to Participants

Secondary school teachers are facing the increasing challenge of student mental health problems. Mental health problems in students are often complex to identify or easily overlooked, especially for those who are reserved in class or have average grades. Teachers are concerned that they may overlook these students' psychological distress. When students display severe issues, such as self-harm or suicide, teachers often feel shocked and scared. At the same time, teachers believe that mental health issues can affect academic performance, potentially preventing students who could have attended prestigious schools from doing so. They also worry that students' low psychological resilience or adaptability might impact their ability to cope with future societal challenges. Moreover, teachers are concerned that students' mental health issues could affect their reputation as well as the school's.

Participants encountered three main challenges in supporting students with mental health issues. The first challenge comes from the school system itself. Limited resources within the school system make it challenging to help students with mental health issues, including a lack of ongoing mental health services, doubts about the efficacy of existing counseling services, and a lack of support from the school's administrative level. The second challenge is from the participants themselves. Teachers feel professionally inadequate in supporting students with mental health issues, often feeling helpless, especially when assisting students who are unable to express themselves. In crisis moments, teachers doubt their abilities and have to refer students to external professional organizations. The third challenge comes from the

student's parents. Teachers face difficulties cooperating with parents, particularly when families deny the existence of mental health issues or when family expectations conflict with students' needs. Professional boundaries further limit their ability to delve deep into students' family lives.

Despite numerous challenges, participants adopted flexible educational methods, prioritizing students' life skills and independence. They try to balance academic demands and mental health needs through proactive education and empathetic communication. Timely interventions and fostering a sense of belonging within a non-stigmatizing educational environment are crucial for nurturing students' hope. Additionally, participants felt a sense of accomplishment in helping students overcome mental health issues. Teachers' pivotal roles in addressing students' mental health issues were strengthened and recognized with parental involvement and support. Participants also underwent personal development in their work, assisting students with mental health concerns, which led to improved handling of future students with psychological well-being difficulties.

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