



Bridges and Barriers: **Teachers' Experiences of** **Parental Involvement in** **Children's Mental Health** **Support**

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Executive Summary

Project Aims

- To understand how schools and families can work more effectively together to improve outcomes for children's mental health.
- To identify effective strategies and facilitators that enable successful school/parent collaboration.
- To examine the practical barriers teachers may face involving parents in mental health support.
- To explore both the strengths and challenges in teacher-parent relationships when supporting children's mental health.

Context

Seedlings are a therapeutic service run by the charity Young Persons Advisory Service (YPAS). They work with primary schools in the Liverpool City Region to deliver one-to-one therapy for children suffering with mental health issues. Their request for research is on the topic of bridging the gap between teachers and parents when it comes to helping these children. Focussing on the barriers teachers' face and subsequently recommendations on how to overcome them. Through their own experiences Seedlings practitioners have recognised the importance of teacher-parent collaboration for children that need mental health support. With the findings from this report Seedlings will continue trying to bridge the gap between teachers and parents supporting children with mental health issues in order to identify effective two-way approaches that enable successful school-parent collaboration.

Methodology

The main research method used within this report was the use of an anonymous online questionnaire. The questionnaire was made up of mainly multiple-choice questions with one optional written response question and received four responses overall. Due to the small number of responses, a grey literature review was also used in conjunction with the questionnaire answers to support findings and recommendations made.

Key Findings

Overall, parental involvement was widely regarded as essential, although the efficiency of current collaboration between teachers and parents was seen as inconsistent based off teachers' experiences.

Other key findings include:

- Regular communication and signposting to external services were identified as the most effective strategies.
- The main barriers included limited parental engagement, cultural differences, mental health stigma, and communication difficulties.
- Suggested improvements included parent workshops, increased access to external services, staff training, and translation or cultural support.
- Participants also highlighted the need for more accessible engagement opportunities and improved parental follow-through.

Conclusions and Recommendations

There is a need for an increased variety of opportunities for parents to get involved with supporting their children who suffer with mental health issues. In order for this to work teachers need to be given more dedicated time and resources for dealing with mental health issues related to the children they work with.

Recommendations include:

- Develop more accessible and flexible engagement opportunities for parents and guardians.
- Strengthen consistent and proactive communication strategies.
- Enhance access to external support services.
- Introduce culturally responsive and inclusive practices.
- Provide targeted staff training on parental engagement.

Introduction

Interchange

Interchange in itself is a charity, set up with the aim of connecting Higher Education students with Voluntary and Community Organisations (VCOs). In doing this, the pairing allows for VCOs to have needed research carried out for them, whilst giving students the opportunity to conduct research first-hand. Interchange brings these groups of people together for the better, allowing VCOs to fulfil any projects they otherwise could not fund or conduct, whilst students gain the invaluable experience of carrying out their own social research.

Seedlings

Seedlings is a Liverpool school-based therapeutic service run by the Young Person's Advisory Service (YPAS). Seedlings work to provide early mental health support to children aged 5-11 who are experiencing emotional difficulties, delivering one-to-one therapy sessions within primary schools across Liverpool. Through a mix of conversational and creative therapies, Seedlings help children to explore and understand their own emotions, allowing them to build resilience alongside expressing themselves. Practitioners collaborate closely with school staff, who they also recognise as instrumental in identifying pupils who may need their support. As a result, Seedlings is recognised as an essential part of Liverpool's 'Whole School Approach' to mental health, and the service has won several awards.

Project aims and objectives

The aim of this study as outlined through Seedlings request for research was to explore teachers' experiences of parental involvement in school-based mental health support. This included the practical barriers teachers face, which strategies do work, what the challenges of teacher-parent relationships are, and understanding how everyone can work more effectively together. The project was designed to understand how schools and families can work more effectively together in order to improve outcomes for primary school children's mental health.

Seedlings wanted to focus on really bridging the gap between the teachers providing mental health support in schools and the parents of the children receiving the support. The purpose of the project was to investigate both the practical and systemic challenges that teachers encounter when trying to work with parents, and the strategies they believe could contribute to more effective collaboration and improved outcomes. The research aims to explore what already works well for teacher-parent collaboration and what challenges it. The overall aim of the research project being able to bring parents and teachers together to form a more cohesive unit when it comes to supporting children with mental health difficulties.

Background, Context and Literature Review

Policy and research background

Existing policy and research emphasise that schools have a key role in identifying and supporting children and young people's mental health needs, and that this work should be done in partnership with families. In England, government guidance on promoting mental health and wellbeing in schools stresses a 'Whole School Approach' in which staff, pupils and parents work together. One of the eight core principles is strong engagement with parents and carers as part of early identification and support (DfE, 2017). The 'Transforming Children and Young People's Mental Health Provision' green paper, and subsequent implementation reports, similarly highlight schools as a front line for mental health support. Backed by mental health support teams and senior mental health leads, they assume collaboration between schools, health services, and families (DfE, 2017).

Early mental health support in schools

The support primary school pupils receive for mental health issues varies from teacher to teacher and school to school, the inconsistency causing growing concern around the impact this is having on primary-aged children (Education Policy Institute, 2018). The focus rests particularly on primary school interventions as up to half of all mental health disorders start before the age of 14 (World Health Organisation, 2021) meaning earlier intervention could help address the long-term consequences of otherwise missed mental health difficulties in childhood. Primary schools are widely regarded as a key setting for this, given that children spend a considerable proportion of their formative years within them, and that teachers are often among the first adults to notice changes in a child's behaviour or wellbeing (Weare, 2015). However, literature consistently suggests that despite this potential, the reality of early support in primary schools remains inconsistent and underdeveloped (Department for Education, 2018).

One key issue identified across existing research is the gap between policy ambition and classroom practice. In England, the introduction of the Mental Health in Schools Team (MHST) programme through the NHS Long Term Plan (2019) represented a significant step towards embedding mental health support within educational settings. Nevertheless, one in six children aged 5 to 16 meet the criteria for a probable mental health disorder, whilst almost 1 in 12 actually then have contact with a teacher over mental health issues, and even fewer contact with specialist services, suggesting that such provisions are failing to meet the level of need required (Newlove-Delgado *et al*, 2021). Whilst government frameworks have therefore emphasised the importance of mental health training in schools, research indicates that primary schools offer significantly less training than secondary schools and often lack the staffing capacity or expertise to implement roles such as a designated mental health lead meaningfully, resulting in provision that is reactive rather than preventative (Mansfield *et al*, 2021). This

is problematic for primary aged children with mental health issues as they are then missing out on access to early interventions which could otherwise help them manage future struggles.

One systemic review highlighted the effectiveness of school-based mental health interventions and found compelling evidence that programmes delivered to all pupils regardless of individual need or issues were successful in promoting emotional wellbeing and reducing the risk of later difficulties (Weare and Nind, 2011). Such Whole-School Approaches, which embed mental health into the culture and ethos of the school rather than treating it as a separate concern, have similarly been endorsed by Public Health England (2015) as best practice. Despite this, many schools continue to rely on targeted, individual-level interventions only once difficulties have become entrenched, missing the opportunity for earlier action (Froese-Germain and Riel, 2012).

Role of teachers

Primary school teachers recognise pupil's mental health as an important part of their role; however, their confidence remains a significant mediating factor in the effectiveness of early support. Primary school teachers in the UK frequently reported feeling ill-equipped to recognise the early signs of mental health difficulties, particularly in younger children where symptoms may present differently than in adolescents (Danby and Hamilton, 2016). Additionally, the majority of them have not received adequate training on how to effectively address and manage mental health issues in primary-aged children, leaving many feeling uncertain about when and how to act (Reinke et al, 2011). This lack of confidence can create barriers to meaningful communication with parents where teachers who are unsure of their own understanding may be reluctant to raise concerns with families for fear of overstepping or causing unnecessary alarm (Rothi, Leavey & Best, 2008). Furthermore, teachers frequently occupy an ambiguous position where they may be aware that a child is struggling, yet unclear about what support is available within the school or how to signpost families to external services (Shelemy, Harvey and Waite, 2019). This ambiguity risks producing inconsistency in the way mental health concerns are communicated to parents, potentially undermining the trust that effective partnership depends upon.

Parental involvement in mental health support

Guidance from charities and sector bodies such as Young Minds, Place2Be, the Anna Freud centre and Department for Education explicitly state that parental engagement is essential for effective school-based mental health support. Organisations like these argue that when parents and teachers communicate regularly and make decisions together, children are more likely to access help early, adhere to interventions and show improved educational and wellbeing outcomes (Anna Freud Centre 2021). Practice case studies commissioned by the government also present examples of schools using workshops, home and school liaison, and structured feedback to engage parents in mental health initiatives (Department for Education, 2017).

Empirical research supports the view that parental involvement can enhance the impact of school-based mental health interventions. Recent work on parental involvement in school-based mental health programmes suggests that practices such as routine parent-teacher meetings increase the chances of support being carried home from school, improving children's behaviour and emotional outcomes (Sheridan *et al*, 2019). A review conducted in 2025 by See Me Scotland, a Scottish government-funded mental health programme delivered by third-sector organisations, on parent/carer engagement in school-based mental health interventions concluded that sustained parental engagement is crucial for the success and reach of these programmes.

Barriers and facilitators to collaboration

Furthermore, the See Me Scotland review also helped to identify common barriers such as stigma, time constraints, language/cultural differences, and parents' own negative experiences of school (See Me Scotland, 2025). Studies focusing on teachers' experiences highlight significant challenges in working with parents around children's mental health. For example, teachers note that staff often feel under-trained, over-burdened and uncertain about boundaries when communicating with parents about mental health concerns (Kidger *et al*, 2016). Other research on sharing information between schools, Child and Adolescent Mental Health Services (CAMHS) and families report that teachers experience tensions between confidentiality, safeguarding obligations, and parents' expectations for information, and call for clearer guidance and systems for communication (Atkinson *et al*, 2019). Reviews of the policy also suggest that, despite strong commitments to partnership with parents, implementation is uneven and often constrained by limited time, resources, and support for school staff (Local Government Association, 2023).

Methodology

Rationale

The initial research strategy for this study was to use a combination of questionnaires, semi-structured interviews, and a possible focus group to gather real-world primary data from primary school teachers who work with Seedlings, specifically, teachers with primarily pastoral roles or who are Special Educational Needs Co-ordinators (SENCOs). Unfortunately, the delay in receiving ethical approval from the University ethics committee, which impacted everyone taking Interchange, had a significant impact on this project because by the time the questionnaires were sent out to teachers it was short of two weeks until the Easter holidays for the majority of schools, alongside year six SATs getting closer. Therefore, the response rate for the questionnaire was significantly lower than anticipated with only four responses, this meant planned interviews were also unable to be conducted. As a result, this report has been developed to incorporate a range of grey literature and a wider examination of research literature to support the more limited primary data.

Sampling

Purposive sampling was used as the Seedlings team forwarded the email containing the online questionnaire link to participants they deemed suitable. All four participants in the study were recruited via this email link. Following this, in the original plan, participants would have been selected for interview or focus group by responding to a further email invitation sent out by Seedlings and chosen based on their eagerness to take part and schedule availability, but for the reasons outlined above, this was not possible.

Online Questionnaire

The online questionnaire was designed and responses collected using Smart Survey. All the responses were anonymous upon submission of the questionnaire. The initial goal was to source around 20 teachers willing to answer the questionnaire however, as mentioned, only four responses were received. The questionnaire was made up of mostly multiple choice, closed-ended questions (see Appendix A). There was one optional open-ended question which allowed participants to answer in their own words.

A questionnaire was chosen as they are a useful tool to gather data quickly from a large sample whilst being able to draw conclusions easily (Bryman, 2017). Due to the nature of the study being sensitive, regarding children's mental health, closed questions enabled an initial mapping of teachers' experiences before more in depth discussion in interviews. Using standardised questions allowed for more direct comparability across participants (Bell et al, 2024), which is particularly valuable when analysing the variation in responses across different school contexts and teachers. Additionally, the questionnaire being anonymous meant responses may be more honest and candid than

those offered during an interview or focus group (Cohen, Manion and Morrison, 2018). Furthermore, as primary school teachers are generally time poor, a brief 5-minute questionnaire was thought to yield a higher response rate than just asking participants for interviews. Using the questionnaire as the initial data collection point also meant it could serve to inform purposive sampling and thematic focus for subsequent qualitative phases such as interviews (Creswell *et al*, 2022).

Semi-structured interviews (and potential focus group)

At the onset, the research design included the use of semi-structured interviews and potentially a focus group, however due to the lack of responses to the questionnaire neither were conducted. They were included in the design as a second phase method to build upon the questionnaire findings. The idea was that unlike closed-ended questionnaires, the interviews would allow participants to elaborate on their experiences using their own words and provide rich, contextualised data which the questionnaire would not capture (Kvale and Brinkman, 2015). This was felt to be important because the research aims included teachers' experiences of parental involvement. The semi-structured format was planned as it allowed for flexibility to probe significant responses whilst keeping the interview schedule consistent across participants, allowing for cross comparison (Cohen, Manion and Morrison, 2018). Given the sensitive nature of the research topic, flexibility in interviews would be valuable as it allows the researcher to follow the participants' lead.

Grey Literature

Due to the fact the semi-structured interviews were not able to be conducted the report instead relies upon the use of grey literature to support its findings from the questionnaire results. The grey literature included reports and policy documents by government departments or non-profit organisations and while often not peer reviewed, they can offer more current and 'real' evidence than formally published literature (Paez, 2017).

Ethics

Participants were alerted about the study via an emailed advertisement which Seedlings sent out to relevant schools on behalf of the study. The advert was approved by the School of Law and Social Justice Ethics Committee and stated the requirements and timeline of the study (see Appendix B). All participants who received the email fit the study criteria as they all worked with Seedlings in schools supporting children with mental health issues. Once the advert was sent out a link for the questionnaire was also then emailed, clicking the link directed participants straight to the first question of the questionnaire.

The first question of the questionnaire explained the study and asked for informed consent by answering “yes” to the “Do you consent?” question. Participants were unable to continue to the second question if they did not answer “yes”. Also listed in the first question was a reminder of their right to withdraw at any point of the questionnaire or the choice to skip any questions they did not want to answer. In regard to skipped questions, the only skipped question was the last ‘optional’ question where participants were asked to write in their own words “If you could change one thing to improve collaboration with parents around mental health, what would it be?”. All the questions on the questionnaire avoided overly sensitive topics to ensure it was not distressing for participants to complete. All questionnaire responses were anonymous at every point of the questionnaire and password protected through Smart Survey.

Analysis

Due to the small number of responses received, statistical analysis was not appropriate. Instead, the closed-question responses were examined descriptively, keeping note of themes within the responses to identify any patterns or areas of consensus (Bryman, 2017). The optional open-ended question was analysed using an extremely basic thematic approach, with responses read closely to identify recurring words or ideas (Braun and Clarke, 2006). Given the limited sample, findings from the questionnaire are treated cautiously and are not considered representative.

Limitations

As the sample for the questionnaire was small the findings cannot be representative of all primary school teachers working with children who suffer with mental health issues. Additionally, the four teachers who did reply were all recruited through contact with Seedling, meaning any conclusions drawn can only be applied to teachers working with Seedlings in the Liverpool City Region and not on a wider scale.

Findings

Importance and effectiveness of parent collaboration

The first few questions in the questionnaire focussed on how important parent collaboration is believed to be in supporting children's mental health in schools, how effective current collaboration is, and which strategies have been most effective in supporting parental collaboration.

- The importance of parental involvement in schools for supporting children's mental health was **essential** to three of the four participants.
- The effectiveness of current collaborations between schools and parents regarding children's mental health was regarded as **effective** by half of the respondents while the other half regarded them as being mixed between ineffective and effective.
- The most effective strategies for supporting parental collaboration around children's mental health were said to be **regular communication** and **signposting to external services**.

Although based on a small sample, the findings strongly align with wider grey literature on parental involvement in children's mental health. Most participants viewed parental engagement as essential, which is supported by research identifying it as a key factor in effective school-based mental health interventions (See Me Scotland, 2025). Additionally, signposting to external services to receive treatment such as trauma-focussed CBT therapies is identified as being effective in supporting parental collaboration around children's mental health (Youth Endowment Fund, 2025). This is as well as family-based interventions which focus on addressing behavioural and relational issues (Youth Endowment Fund, 2025).

Barriers to parental collaboration

The next relevant theme in the questionnaire was perceived barriers to effective parental collaboration in supporting children's mental health. Once again, the questions asked were closed-ended with multiple response options for some of them.

- The most commonly identified barriers recounted by teachers were **lack of parental engagement** (three out of four participants), and **cultural differences** between home and school (also three out of four participants).

- Two out of four participants identified **parental stigma** around mental health as a barrier to effective collaboration.
- The same proportion of participants identified how **communication difficulties** affected their ability to manage children's mental health issues.

These findings are supported by the existing literature which identifies how limited parental engagement and cultural differences gives rise to disparities between home and school expectations to produce key challenges to effective collaboration (Public Health England, 2015). Additionally, parental stigma around mental health is widely recognised as a barrier to help-seeking and engagement with schools (Children's Commissioner for England, 2018). Communication difficulties further reflect national findings which emphasise that ineffective home-school communication can hinder early identification and support for children's mental health needs (Education Endowment Foundation, 2018).

Strategies to overcome current barriers

Participants were also asked to identify strategies that could improve parental collaboration in supporting children's mental health. These questions allowed for multiple responses, as follows:

- Three quarters of participants said providing **mental health workshops for parents** to attend would be one improvement strategy.
- **Greater access to external support** services was also selected by the same proportion of participants (three out of four).
- A half (two out of four) of participants selected **training for staff in working with parents around mental health** as a means to overcome current barriers.
- The same proportion of participants said **translation or cultural liaison support** would be useful.

The emphasis on providing workshops for parents reflects existing evidence that equipping families with knowledge and skills can strengthen engagement and support early intervention (Clarke *et al*, 2021). Similarly, greater access to external services strongly aligns with national concerns around the availability and accessibility of mental health support for children and families (National Audit Office, 2018). The need for staff training accords with the importance of developing school capacity to work effectively

with families as highlighted by the National Institute for Health and Care Excellence (2022). Finally, the inclusion of translation and cultural liaison support is in full accordance with guidance emphasising culturally responsive practice to reduce inequalities in engagement (Public Health England, 2015).

Improving collaboration with parents around children's mental health

The section at the end of the questionnaire was optional and open-ended, allowing participants to write in their own words about what they would change to improve collaboration with parents around their child's mental health. Two participants accepted the opportunity to provide an answer to this question and their responses were as follows:

- ***“Provide more accessible opportunities for parents to engage in conversations about mental health, such as informal workshops or drop-in sessions, to build trust and confidence in working collaboratively with school.”*** (Participant A)
- ***“Parental engagement and where courses have been signed up to, we need parents to follow through and attend these.”*** (Participant B)

These responses provided further insights into teachers' experiences of parental collaboration and help to highlight the key themes around engagement and participation for parents and schools. Participant A emphasised the importance of creating more accessible opportunities for parents to engage in discussions around their children's mental health, suggesting informal workshops or drop-in sessions to build trust and confidence in working collaboratively with teachers and schools. In contrast, Participant B highlighted challenges with parental commitment, noting that while opportunities for engagement may sometimes be offered, attendance and continued participation can remain inconsistent, making it challenging to fully engage parents into school-based interventions.

Although limited in scope, these responses reflect recommendations in the wider grey literature, highlighting the importance of accessible, relationship-focused approaches, and the ongoing challenge of maintaining parental engagement (Education Endowment Fund, 2018). Together, these suggestions from teachers reinforce the need for strategies that not only provide opportunities for engagement but also support sustained parental involvement.

Conclusions

This report concludes that whilst parental involvement for children dealing with mental health issues is regarded as essential by teachers, there is currently a lack of effective and consistent collaboration between the two in practice.

The findings of the report indicate a significant gap between how important parental engagement is deemed to be for children dealing with mental health issues, and the challenges teachers then face in achieving it. The barriers identified based on teachers' experiences in this report all significantly impact the effectiveness of partnership between them and parents. While teachers and schools are making the effort to support parents whose children require additional support, findings suggest that the existing approaches may not be fully addressing the complexity of these problems.

The report also highlights that both structural and relational strategies are needed to improve collaboration. Efforts in getting parents to engage more with teachers around the topic of their child's mental health have frequently been made by schools. However, as highlighted in the findings, teacher-parent collaboration is a two-way relationship and whilst schools can provide opportunities for engagement, continued participation from parents and their trust in the school remain ongoing challenges in teachers' experiences.

It is acknowledged that the findings of this report are limited in generalisability due to its small sample size. Nevertheless, the consistency with wider literature suggests that the issues identified through teachers' experiences are reflective of broader patterns within schools and their happenings with children's mental health support.

Overall, the report outlines the need for more effective, inclusive, and sustainable approaches to improve teacher-parent collaboration when it comes to supporting children with mental health issues. These findings help to provide a foundation for considering practical strategies that teachers in primary schools can adopt to improve parental engagement and better support children dealing with mental health issues.

Recommendations

Based on the findings of this report, the following recommendations are proposed to strengthen collaboration between schools and parents in supporting children with mental health issues.

1. Develop more accessible and flexible engagement opportunities for parents and guardians.

In response to teachers' experiences of limited parental engagement, schools should aim to provide a range of accessible opportunities for parents to get involved with the wellbeing of their child. These could include informal workshops organised by year groups enabling parents to get together with each other, as well as with teachers, to discuss what is best for their child and how it is possible to work together to support them. Another way could be for teachers to be allocated designated mental-health drop-in hours, where they are permitted to focus their time on virtual or face-to-face meetings with parents who have a child requiring additional support. Furthermore, opportunities for parents and teachers to discuss children's needs with each other on a regular basis, for example every 6-weeks. This may help to increase participation from parents, even those who face time, confidence, or accessibility barriers.

2. Strengthen consistent and proactive communication strategies.

Building on teachers' identification of communication as a barrier, schools should focus on implementing regular and structured communication methods which at least focus on the one-way approach of school-to-parent information. Methods such as a monthly newsletter or school blog post on the skills and activities used in school that month for mental health support may help to keep parents informed of how school is working with their child to support them without needing individual consultations. This could help parents feel more involved if their child ever requires further intervention, providing them with at least a basic understanding of what has already been explored with them in school.

3. Enhance access to external support services.

As signposting to external services was identified by teachers as an effective strategy, schools should continue to strengthen links with external mental-health services where possible and frequently review any referrals made. In addition to this, if schools are unable to refer children themselves, then they should aim to keep parents regularly informed about which services are available outside of school which can help support their child. This might improve access to specialist interventions beyond the school setting.

4. Introduce culturally responsive and inclusive practices.

To acknowledge the barriers teachers identified around the cultural differences and communication, schools should try and provide translation services and consider

cultural liaison support for teachers, provided either internally or externally. Schools should also consider the previous recommendation of teacher and parent groups to allow parents the opportunity to potentially meet other parents who share their culture. This is in attempt to soften barriers and reduce parental shame over their child needing mental health support, which may be more challenging for parents a part of cultures where mental health problems hold a strong negative stigma. Additionally, breaking down the barriers of cultural differences and merging parents may help reduce misunderstandings and improve engagement with child support with a wider range of families.

5. Provide targeted staff training on parental engagement.

Some teachers reported a lack of training on how to engage with families when they need to discuss their child's mental health issues with them. As a result, schools should be providing staff who are responsible for communicating with parents with training which focuses on building relationships with parents, how to address mental health stigma parents may have, and strategies for effective communication with families. Training and guidance with the sole aim of bridging the gap between teachers and parents permits stronger teacher confidence and improved cooperation.

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Appendices

Appendix A:

Seedlings Survey - Bridges and Barriers: Teachers' Experiences of Parental Involvement in Children's Mental Health Support

1. You are being invited to take part in a research study titled “Bridges and Barriers: Teachers' Experiences of Parental Involvement in Children's Mental Health Support.”

This study explores primary school teachers' perspectives on how parents and schools work together to support children's mental health, including both the challenges they face and the successful strategies that lead to pupil progress and collaboration. The research focuses on teachers' professional experiences within the Liverpool City Region primary schools involved with the Seedlings school-based therapeutic service delivered by the Young Person's Advisory Service (YPAS). The study is part of a project run by Interchange in which undergraduate students can complete research on behalf of charities that may benefit from it.

Participation involves answering questions about your professional experiences as a specialist teacher/SENCO in schools and what you think could help bridge the gap between parents and teachers when it comes to supporting primary school children with mental health issues. The questionnaire is not evaluating you or your school, and all responses are anonymous from the completion of the questionnaire. Your participation is completely voluntary, and you may choose to not answer any questions or to withdraw at any time without consequence. All the information you provide will be treated confidentially and anonymised automatically by Smart Survey.

By selecting “Yes” in response to this first question (Q1.), you confirm that you have read and understood both the participant information sheet provided prior to the link to this questionnaire and the information given above.

I understand the information above, and I agree to participate in this research:

☐ Yes

2. How important do you believe parental involvement is in supporting children's mental health in school?

- ☐ Not important
- ☐ Slightly important
- ☐ Moderately important
- ☐ Very important
- ☐ Essential

3. In your experience, how effective is current collaboration between your school and parents regarding mental health support?

- ☐ Very ineffective
- ☐ Ineffective
- ☐ Mixed
- ☐ Effective
- ☐ Very effective

4. Which of the following strategies have been most effective in supporting positive collaboration with parents? (Select up to 3)

- ☐ Regular communication (emails/phone calls)
- ☐ Structured meetings (e.g., review meetings)
- ☐ Clear action plans / written support plans
- ☐ Signposting to external services
- ☐ Parent workshops or information sessions
- ☐ Strong pre-existing relationships
- ☐ Senior leadership support

☐ Other (please specify):

5. How confident do you feel engaging parents in discussions about their child's mental health?

☐ Not confident

☐ Slightly confident

☐ Moderately confident

☐ Confident

☐ Very confident

6. What are the most common barriers you face when involving parents in mental health support? (Select up to 3)

☐ Parent stigma around mental health

☐ Lack of parental engagement

☐ Communication difficulties

☐ Cultural differences

☐ Time constraints (staff workload)

☐ Disagreement about child's needs

☐ Limited external services

☐ Safeguarding complexities

☐ Other (please specify):

7. How often do disagreements occur between school and parents regarding mental health support?

☐ Never

- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Very often

8. Overall, how would you describe the quality of relationships between your school and parents when supporting children's mental health?

- ☐ Very poor
- ☐ Poor
- ☐ Mixed
- ☐ Good
- ☐ Very strong

9. To what extent do you feel parents trust the school's judgement regarding mental health concerns?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Mostly
- ☐ Completely

10. Which changes would most help you overcome current barriers when working with parents? (Select up to 3)

- ☐ More time allocated for parent communication
- ☐ Training for staff in working with parents around mental health
- ☐ Mental health workshops for parents

- ☐ Clearer school policies/procedures
- ☐ Greater access to external mental health services
- ☐ Translation or cultural liaison support
- ☐ Earlier intervention processes
- ☐ Stronger senior leadership backing
- ☐ More regular review meetings
- ☐ Other (please specify):

11. How well supported do you feel by your school in engaging parents around mental health concerns?

- ☐ Not supported
- ☐ Slightly supported
- ☐ Moderately supported
- ☐ Well supported
- ☐ Very well supported

12. If you could change one thing to improve collaboration with parents around mental health, what would it be? (Optional)

Appendix B:



Participants Needed for Research Study!

Bridges and Barriers: Teachers' Experiences of Parental Involvement in Children's Mental Health Support

What?

The study explores primary school teachers' perspectives on how parents and schools work together to support children's mental health, including both the challenges they face and the successful strategies that lead to pupil progress and collaboration. The research focuses on teachers' professional experiences within the Liverpool City Region primary schools involved with the Seedlings school-based therapeutic service delivered by the Young Person's Advisory Service (YPAS).

Who?

I am inviting SENCO and pastoral care teachers who work alongside Seedlings supporting children with mental health issues in primary schools to take part in my research study with Interchange and the University of Liverpool.

What's Involved?

- **5-Minute Online Questionnaire in early March 2026 (20 participants)**

A short, anonymous survey about your experiences with parental involvement for children you support who have mental health needs.

- **Online Semi-Structured Interview (45-60 minutes) in mid-March 2026 (6-8 participants)**

A further invite for participants who complete the questionnaire to attend a confidential individual interview via video call (Microsoft Teams) at a time convenient for you.

- **Optional Online Focus Group (60-90 mins) end of March 2026 (6-8 participants)**

If participants are willing, then a small-group discussion online (Microsoft Teams) exploring shared common challenges and effective approaches.

Why Take Part?

- Help improve practice around parental engagement in children's mental health.
- Share your professional insights and lived experiences.
- Contribute to research that may inform future training and policy.

Interested in Taking Part?

Contact me at: hsecanfi@liverpool.ac.uk

Ethics & Confidentiality

This study has received ethical approval. All responses are confidential. Participation is voluntary, and you may withdraw at any time.