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Exploring the discursive concept of Mental Health and Wellbeing within England's Primary Curriculum

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Abstract

This paper offers a discourse-focused analysis of how mental health and wellbeing are constructed within England's primary education policy. Using mixed methods that combine quantitative content analysis with discursive psychology thematic analysis, it examined statutory National Curriculum frameworks for Key Stages 1-2 and the Early Years Foundation Stage, alongside government guidance documents for primary schools. Quantitative analysis revealed a striking absence of mental health terminology from statutory frameworks, with 'mental health' appearing zero times across the frameworks. However, a thematic discourse analysis of supplementary government guidance identified three main constructions: the medicalisation of mental health, individualisation of responsibility, and the complex connection between physical and mental health. These findings highlight a paradox where mental health is absent from statutory requirements yet extensively addressed through supplementary guidance, creating a "hidden curriculum" that positions schools and educators as surveillance tools for identification and referral rather than as supportive communities. The analysis suggests that seemingly progressive mental health policies may embed problematic discourses that influence children's and teachers' efficacy in supporting mental health in classrooms.

Keywords: *Discursive Psychology; Mental Health; Mental Wellbeing; National Curriculum; Primary Education; Educational Policy*

Introduction

The prominence of children's mental health within educational discourse has increased significantly over the past two decades, reflecting broader societal concerns about young people's psychological well-being (Glazzard & Trussler, 2020; Howard et al., 2020). In England's educational landscape, this focus has been reflected in various policy initiatives, guidance documents, and curriculum reforms that view schools as essential sites for promoting mental health, identifying issues, and implementing early interventions (DfE, 2018; DfE & DfH, 2017). However, despite this apparent policy dedication to tackling children's mental health, there remains a limited critical analysis of how these ideas are discursively constructed and positioned within the formal curriculum structures that oversee primary education.

This paper offers findings from a comprehensive discursive analysis of the Primary and Early Years Foundation Stage (EYFS) National Curriculum in England, examining both the quantitative presence of mental health terminology and the qualitative thematic constructions that arise from government guidance to primary schools. Drawing on discursive psychology principles (Edwards & Potter, 1992), this study examines how mental health and wellbeing are linguistically constructed, and the subject positions available to children and educators. Uncovering this is essential, as how mental health is constructed through discourses may shape teachers' psychological responses to children's emotional needs. As Jennings & Greenberg

(2009) have argued, this can affect their sense of efficacy, emotional labour, and pedagogical approaches in the classroom.

The research focuses on two key questions: First, how explicitly are mental health and wellbeing mentioned within the statutory National Curriculum frameworks for primary education? Second, what thematic discourses arise from government guidance documents concerning children's mental health in primary schools, and how do these discourses position educators and mental health itself?

Discourse Analysis in Educational Research

Ball (2013) argues that discourse analysis has become a strong methodological approach for critically examining educational policy and practice, providing insights into how language constructs rather than describes educational realities. Furthermore, as Gee (2011) and Fairclough (2013) summarise, discourse analysis can draw from various theoretical and methodological traditions, ranging from conversation analysis to critical discourse analysis. Each tradition offers unique insights into how educational phenomena are linguistically shaped and socially organised.

For instance, discursive psychology principles can examine how discourses establish regimes of truth, construct subject positions, and wield power through the production of knowledge (Ball, 2013; Gore, 1994; 1998; Popkewitz & Brennan, 1998). This approach has been effectively employed across various educational fields, including assessment practices (Raaper, 2016) and behaviour management systems (Armstrong, 2018). Such analyses demonstrate how seemingly neutral educational practices can reflect certain assumptions about children, learning, and social organisations.

Adult-focused Approaches to Mental Health Education

The recognition of mental health as a crucial issue within educational policy marks a notable shift in discourse from earlier frameworks that viewed emotional problems primarily as family or medical matters (Burman, 2016; Glazzard, 2018). As Coleman (2009) and Glazzard (2018) both observe, modern educational discourse increasingly sees schools as places for promoting mental health, with teachers expected to identify, address, and prevent mental health issues.

Several scholars have criticised this expansion of educational responsibility for children's mental health (Craig, 2007; Ecclestone, 2014). These tensions between therapeutic and educational discourses question whether schools have sufficient resources and expertise to address complex mental health needs (Kidger et al., 2010). Furthermore, they point out concerning trends towards the pathologisation of everyday childhood emotional experiences (Graham, 2006) and the individualisation of problems that may have structural or social origins (Foucault, 1972).

Child-Centred Approaches to Mental Health Education

Alternative approaches to mental health education emphasise child participation, agency, and rights-based frameworks (Flutter & Rudduck, 2004; Lundy, 2007). These perspectives position children as competent social actors capable of contributing to discussions about their own wellbeing (James & Prout, 2015). As Noddings argued well, back in 2005, child-centred approaches contrast with deficit-based models that position children as passive recipients of adult intervention.

Research in this tradition emphasises the importance of understanding children's own perspectives on mental health and wellbeing (Crivello et al, 2009; Ben-

Arieh, 2005). Such studies reveal that children often conceptualise wellbeing in relational and contextual terms, emphasising friendships, family relationships, and school experiences rather than individual psychological states (Fattore et al., 2007; Smith-Lewis, 2023). This body of work suggests that educational approaches to mental health could benefit from paying greater attention to children's voices and experiences, rather than relying on adult-centric notions of the concept.

Methodology

Research Design

This study used a two-phase mixed-methods approach combining quantitative content analysis with qualitative thematic discourse analysis. The research was guided by a social constructionist epistemology that views language as constitutive of social reality rather than merely reflecting pre-existing phenomena (Burr, 2015; Gergen, 2001). This perspective aligns with the principles of discursive psychology, which explore how psychological concepts are constructed and used in social interaction (Cartmell, 2017; Edwards & Potter, 1992).

Phase One: Quantitative Content Analysis

The initial phase involved a systematic quantitative analysis of mental health terminology within core National Curriculum documents. This included examining the statutory frameworks for Key Stages 1 and 2 (ages 5-11) and the Early Years Foundation Stage Framework (ages 0-5), focusing on the frequency of key terms such as 'mental', 'health', 'mental health', and 'wellbeing'.

Phase Two: Thematic Discourse Analysis

The second phase involved a thematic discourse analysis of government guidance documents related to mental health in primary schools. The main documents analysed included:

- Mental Health and Behaviour in Schools (DfE, 2018)
- Relationships Education, Relationships and Sex Education and Health Education Guidance (DfE, 2019)

Our analytical approach drew on principles of discursive psychology (Willig, 2013), exploring how mental health is constructed as a form of knowledge, the subject positions available, and how power relations are expressed through discourse. We employed a discursive thematic analysis method, including systematic coding, theme development, and reflective analysis of our own interpretive practices (Parker, 1992; Potter & Wetherall, 1987).

Data Analysis

Thematic analysis followed Braun and Clarke's (2006; 2024) six-phase approach, adapted for discourse analytical purposes. Analysis was carried out collaboratively by a group of four reviewers, beginning with individual reviews and coding of all documents, then progressing through thematic refinements via an iterative group review process. This involved multiple rounds of reviewing and discussing the findings, with each round building on insights from the previous discussion to refine and improve the analysis progressively.

Reflexivity and Researcher Positionality

This analysis was conducted from an explicit constructionist epistemological standpoint that recognises the researcher as actively engaged in knowledge creation rather than as a neutral observer (Burr, 2015; Gergen, 2001). In this framework, researcher subjectivity is not seen as a limitation to be minimised, but rather as a vital part of the interpretive process that requires acknowledgement and reflexive involvement (Finlay, 2002; Peshkin, 1988). As Bourke (2014) contends, researcher positionality and perspective are inevitably intertwined with qualitative analysis, and the aim is not to eliminate this influence but to make it transparent and analytically valuable.

The analysis approach used here aligns with established discursive psychology practice, where the interpretive insights of individual researchers are considered methodologically valid when based on systematic analytical procedures and reflexive practice (Potter & Wetherell, 1987; Willig, 2013). This stance draws on Lincoln and Guba's (1985) conceptualisation of trustworthiness in qualitative research, which emphasises the credibility and transferability of findings rather than traditional notions of reliability and validity. Furthermore, Denzin and Lincoln (2005) argue that the researcher serves as the primary instrument in qualitative inquiry, bringing unique interpretive skills that cannot be replicated through purely mechanical or consensus-based methods.

Findings

Quantitative Analysis: Mental Health Terminology in the National Curriculum

Our quantitative analysis revealed striking patterns regarding the presence of mental health terminology within statutory curriculum frameworks (see Table 1).

<<<TABLE 1 ABOUT HERE>>>

These findings reveal minimal direct mention of mental health within the core statutory curriculum. The only instance of ‘mental’ in the Key Stages 1-2 framework appeared in the broader curriculum aims, which state that schools should promote “*the spiritual, moral, cultural, mental and physical development of pupils”* (DfE, 2013, p. 5). Notably, the phrase 'mental health' did not appear in either framework, indicating that while mental development is recognised, mental health as a specific issue is absent from statutory requirements.

The relative frequency of mentions of 'health' mainly relates to physical health education, especially within science and physical education programmes. The EYFS Framework demonstrated a higher overall use of health terminology, reflecting its focus on children's holistic development; however, mental health was mainly implicit rather than explicitly addressed. ‘Wellbeing’ was mentioned once in this framework but was clearly placed within a message about physical development, with the idea that being physically healthy forms the basis for social and emotional wellbeing: “*Gross motor skills provide the foundation for developing healthy bodies and social and emotional well-being*” (DfE, 2024, p. 11).

Thematic Discourse Analysis: Constructing Mental Health in Government Guidance

Despite minimal presence within statutory curricula, our analysis of related government guidance revealed extensive and complex discursive constructions of children's mental health. Three primary themes deductively emerged from the analysis to address the second research question: 1) Medicalisation of Mental Health, 2) Individualisation of Responsibility, and 3) Physical-Mental Health Interconnection.

Theme 1: Medicalisation of Mental Health

The reviewed government guidance consistently uses medical and clinical terminology when addressing children's mental health, portraying it as a field requiring professional expertise and intervention. This language frames mental health problems as distinct, identifiable conditions that can be diagnosed and treated.

"Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem… Schools, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem" (DfE, 2018, p. 17).

"School staff cannot act as mental health experts and should not try to diagnose conditions. However, they should ensure they have clear systems and processes in place for identifying possible mental health problems" (DfE, 2018, p. 5).

"*By precise and targeted care by appropriate health care professionals*" (DfE, 2018, p. 8)

"S*chools should expect parents and pupils to seek and receive support elsewhere*…" (DfE, 2018, p. 5)

Interestingly, the guidance emphasises schools' limitations in addressing mental health concerns and the need for external professional intervention. This discourse draws a clear boundary between educational and therapeutic expertise, positioning schools as observers and reporters rather than spaces for understanding and responding to children's emotional experiences. While recognising professional boundaries has merit, this framing may restrict teachers' ability to respond flexibly and supportively to children's emotional needs. Finally, the emphasis on 'diagnosis' and 'problems' frames mental health through a deficit lens, and as Probst (2006) has previously argued, could pathologise normal childhood emotional responses.

Theme 2: Individualisation of Responsibility

The guidance documents invariably focus on mental health difficulties within individual children rather than exploring structural, social, or contextual factors that may contribute to emotional distress. This discourse highlights individual coping strategies, self-regulation, and personal responsibility.

"This will enable them to become confident in their ability to achieve well and persevere even when they encounter setbacks or when their goals are distant, and to respond calmly and rationally to setbacks and challenges" (DfE, 2019, p. 31).

"*Schools have a central role in enabling their pupils to be resilient and to support good mental health and wellbeing*" (DfE, 2018, p. 4)

"Prevent mental health problems by promoting resilience" (DfE, 2018, p. 8)

"*It is important that schools have an understanding of the protective factors that can enable pupils to be resilient*" (DfE, 2018, p. 13)

The focus on personal resilience shifts responsibility onto children to cope with potentially problematic situations. Moreover, this represents a reactive approach to mental health education that requires children to experience difficulties before they can develop coping strategies, rather than proactively building psychological resources. In contrast, educational psychology research demonstrates that positive psychology techniques can be taught preventively to enhance children's wellbeing, with significant effects on subjective wellbeing, positive emotions, and social engagement in primary-aged children (Benoit, et al., 2021; Seligman et al., 2009; Waters, 2011). These include evidence-based techniques such as gratitude exercises, character strengths identification, mindfulness practices, and optimistic thinking strategies (Seligman & Csikszentmihalyi, 2000; Shoshani & Slone, 2013; Waters, 2011).

Theme 3: Physical-Mental Health Interconnection

A dominant theme throughout the guidance documents emphasises the interconnection between physical and mental health, constructing this relationship as foundational to educational approaches:

"Physical health and mental wellbeing are interlinked, and it is important that pupils understand that good physical health contributes to good mental wellbeing, and vice versa" (DfE, 2019, p. 27).

"*The benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness*.' (DfE, 2019, p. 33).

"Students should know that there is a relationship between good physical and good mental wellbeing, and this can influence their ability to learn. Teachers should

cover self-care, the benefits of physical activity and time spent outdoors. This should be linked to information on the benefits of sufficient sleep, good nutrition." (DfE, 2019, p. 35).

This discourse, while recognising important links between physical and mental wellbeing, may oversimplify complex relationships and potentially reduce mental health concerns to matters of exercise, nutrition, and sleep. Arguably, the guidance provided aims to normalise mental health by equating it with physical health in everyday experiences. However, after thoroughly reviewing the guidance documents, the discussion around developing good mental health indicates a causal rather than a correlational relationship with good physical health. This may influence teachers' discussions and indirectly affect children's understanding of mental wellbeing. In fact, a recent study (Cartmell et al., 2025) found that young children perceive mental wellbeing as their own individual responsibility, risking neglect of the social, emotional, and relational dimensions of children's understanding of wellbeing experiences.

Discussion

The Paradox of Presence and Absence

Our analysis reveals a striking paradox: while mental health terminology is almost absent from statutory curriculum requirements, it is widely present in supplementary guidance documents. This pattern suggests that mental health functions as what Jackson (1968) called a 'hidden curriculum' – it operates as an ungoverned but influential dimension of primary education. This dynamic of absence and presence has several implications. Firstly, it allows policymakers to claim commitment to children's mental health while avoiding the resources and training

obligations that statutory inclusion would entail. Secondly, it creates ambiguity about schools' actual responsibilities, which could lead to inconsistent implementation and professional concern among educators (Weare, 2015).

Psychological Implications for Educational Practice

The discursive constructions identified in this analysis have significant psychological implications for teachers' classroom experiences and mental health practices in primary education. Research has demonstrated that teachers' beliefs about children's capabilities and needs directly influence their instructional decisions, emotional responses, and relationship-building strategies (Roffey, 2012; Rubie-Davies, 2007). Understanding how these discourse formations shape teachers' psychological processes is therefore crucial for supporting both educator wellbeing and effective classroom mental health approaches.

The medicalisation discourse creates a particular psychological positioning for teachers that may undermine their sense of professional efficacy in supporting children's emotional needs. When mental health is consistently framed as requiring external professional expertise, teachers are positioned as observers rather than supporters, which can create psychological barriers to their natural nurturing instincts (Hochschild, 1983; Noddings, 2013; Shelemy et al., 2019).

Furthermore, this positioning has profound implications for teacher identity construction, as Roeser & Midgley (1997) reported 99% of teachers consider managing pupils' mental health needs to be part of their role. Nevertheless, the discourse simultaneously tells them they lack the expertise to do so effectively. This creates what might be termed "identity dissonance" – a psychological tension between teachers'

perceived responsibilities and their perceived competence. Research with teachers indicates they desire training that positions them as capable of providing meaningful early support while maintaining appropriate professional boundaries (Shelemy et al., 2019). However, the current discourse overlooks teachers' existing strengths and capacity for relationship-building, emotional support, and creating psychologically safe learning environments.

Limitations and Future Research

As previously mentioned, this review conducted a deductive discursive psychology analysis focused specifically on government policy documents and guidance, which represent only one aspect of mental health discourse in educational settings. Future research could usefully investigate how these official discourses are adopted, challenged, or reshaped in real school environments through ethnographic or interview-based studies with educators, children, and families. Furthermore, our focus on primary education suggests that patterns may differ in secondary settings, where mental health issues are often addressed more explicitly. Comparing different educational stages could provide valuable insights into how age-related constructions influence mental health discourse. The research would also benefit from including children's own perspectives on mental health and wellbeing in educational contexts. Such studies could examine how official discourses align with or oppose children's lived experiences and understandings (Cartmell, 2017).

Conclusion

This review of England's National Curriculum uncovers notable tensions between declared policy commitments and actual curriculum implementation. While mental health terminology is absent mainly from statutory frameworks, extensive guidance documents develop intricate and sometimes conflicting discourses about children's mental health within educational settings. This research, therefore, has several implications for policy and practice.

Firstly, it highlights the need for greater coherence between stated policy commitments and statutory curriculum requirements. If mental health is genuinely regarded as fundamental to children's education, it should be reflected in the curriculum structures rather than being relegated to supplementary guidance.

Second, professional development that acknowledges teachers as competent professionals within appropriate boundaries may be more effective than approaches that position them as passive observers requiring external guidance for any substantial intervention. Supporting teachers to understand how discursive constructions shape their psychological responses to children's mental health needs could enhance their professional efficacy and reduce the emotional labour associated with current policy frameworks.

Ultimately, the research highlights the need for a critical examination of how educational institutions may inadvertently contribute to the very issues they aim to address. Instead of focusing solely on identifying and responding to individual mental health challenges, schools could benefit from analysing how their own practices, policies, and cultures either support or undermine both children’s and educators’ emotional wellbeing.

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References

Armstrong, D. (2018). Addressing the wicked problem of behaviour in schools. *Emotional and Behavioural Difficulties*, 23(4), 475–487. https://doi.org/10.1080/13603116.2017.1413732

Ball, S. J. (2013). *Foucault, Power, and Education*. Routledge.

Ben-Arieh, A. (2005). Where are the children? Children's role in measuring and monitoring their well-being. *Social Indicators Research*, 74(3), 573–596. https://doi.org/10.1007/s11205-004-4645-6

Benoit, V., & Gabola, P. (2021). Effects of Positive Psychology Interventions on the Well-Being of Young Children: A Systematic Literature Review. *International Journal of Environmental Research and Public Health*, *18*(22), 12065. https://doi.org/10.3390/ijerph182212065

Bourke, B. (2014). Positionality: Reflecting on the research process. *The Qualitative Report*,19(33), 1–9. core.ac.uk/download/pdf/51087095.pdf

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2024). Thematic discourse analysis. In C. Willig & W. Stainton Rogers(Eds.), *The SAGE handbook of qualitative research in psychology* (3rd ed., pp. 457–477). SAGE.

Burman, E. (2016). *Deconstructing Developmental Psychology*. Routledge.

Burr, V. (2015). *Social constructionism* (3rd ed.). Routledge.

Cartmell, K. M. (2017). *An Ethnographic Exploration of the Starting School Transition Within an English School*. PhD Thesis. Liverpool John Moores University.

Cartmell, K. M., Wilkinson, N., Williams, J., Routh, F., Jacobs, A., & Davies, M. (2025, September). *"Mental health means you're a psycho!" Examining young children's understanding of the terms 'mental health and wellbeing'* [Conference presentation].BPS Psychology of Education Section Annual Conference, Milton Keynes, England.

Craig, C. (2007). *The Potential Dangers of a Systematic, Explicit Approach to Teaching Social and Emotional Skills (SEAL)*. Centre for Confidence and Well-being.

Crivello, G., Camfield, L., & Woodhead, M. (2009). How can children tell us about their wellbeing? Exploring the potential of participatory research approaches within young lives. *Social Indicators Research,* 90(1), 51–72.

https://doi.org/10.1007/s11205-008- 9312-x

Department for Education. (2013). *The national curriculum in England: Key stages 1 and 2 framework document*. https://www.gov.uk/government/publications/national-curriculum-in-england-primary-curriculum

Department for Education. (2018). *Mental health and behaviour in schools: Advice for school staff*. https://www.gov.uk/government/publications/mental-health-and-behaviour-in- schools--2

Department for Education. (2019). *Relationships Education, Relationships and Sex Education (RSE) and Health Education: Statutory Guidance for Governing Bodies, Proprietors, Head Teachers, Principals, Senior Leadership Teams, Teachers*. https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education

Department for Education. (2024). *Early years foundation stage statutory framework for group and school-based providers*. https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2

Denzin, N. K., & Lincoln, Y. S. (2005). *The SAGE handbook of qualitative research* (3rd ed.). SAGE.

Ecclestone, K. (2014). From emotional and psychological well-being to character education: challenging policy discourses of behavioural science and 'vulnerability'. In *Emotional well-being in educational policy and practice* (pp. 81-98). Routledge.

Edwards, D., & Potter, J. (1992). *Discursive psychology*. SAGE.

Fairclough, N. (2013). *Critical Discourse Analysis: The Critical Study of Language*. Routledge.

Fattore, T., Mason, J., & Watson, E. (2007). Children's conceptualisation(s) of their well-being. *Social Indicators Research*, 80(1), 5–29. https://doi.org/10.1007/s11205-006-9019-9

Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209-230. https://doi.org/10.1177/146879410200200205

Flutter, J., & Rudduck, J. (2004). *Consulting Pupils: What's in it for Schools?* Routledge.

Foucault, M. (1972). *The Archaeology of Knowledge*. Tavistock Publications.

Gee, J. P. (2011). *An Introduction to Discourse Analysis: Theory and Method*. Routledge.

Gergen, K. J. (2001). *Social construction in context*. SAGE.

Gore, J. (1994). Enticing Challenges: An Introduction to Foucault and Educational Discourses (pp. 109 – 120). In R. A. Martusewicz and W. M. Reynolds (Eds.), *Inside/out: Contemporary Critical Perspectives in Education* (pp. 109–120). Routledge

Gore, J. M. (1998). Disciplining Bodies: On the Continuity of Power Relations in Pedagogy (pp. 231 – 255). In T. S. Popkewitz and M. Brennan (Eds.), *Foucault's Challenge Discourse, Knowledge, and Power in Education* (pp.231–255). Teachers College Press.

Glazzard, J. (2018). The role of schools in supporting children and young people's mental health. *Education and Health*, 36(3), 83–88. https://sheu.org.uk/content/rnl/role-schools-supporting-children-and-young-people%E2%80%99s-mental-health

Glazzard, J., & Trussler, S. (2020). *Supporting Mental Health in Primary And Early Years. A Practice Based Approach*. Sage.

Graham, L. J. (2006). Caught in the net: A Foucaultian interrogation of the incidental effects of limited notions of inclusion. *International Journal of Inclusive Education*, 10(1), 3–25. https://doi.org/10.1080/13603110500173217

Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.

Howard, C., Burton, M., & Levermore, D. (2020). *Children's Mental Health and Emotional Well-Being in Primary Schools*. Sage.

Jackson, P. W. (1968). *Life in classrooms*. Holt, Rinehart and Winston.

James, A., & Prout, A. (Eds.). (2015). *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood*. Routledge.

Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, 79(1), 491–525. https://doi.org/10.3102/0034654308325693

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2009). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal*, *36*(6), 919–935. https://doi.org/10.1080/01411920903249308

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Lundy, L. (2007). 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, *33*(6), 927–942. https://doi.org/10.1080/01411920701657033

Noddings, N. (2005). *The Challenge to Care in Schools: An Alternative Approach to Education*. Teachers College Press.

Noddings, N. (2013). *Caring: A relational approach to ethics and moral education* (2nd ed.). University of California Press.

Parker, I. (1992). *Discourse dynamics: Critical analysis for social and individual psychology*. Routledge.

Peshkin, A. (1988). In search of subjectivity—One's own. *Educational Researcher*, 17(7), 17–21. https://doi.org/10.3102/0013189X017007017

Popkewitz, T. S., & Brennan, M. (Eds.). (1998). *Foucault's Challenge: Discourse, Knowledge, and Power in Education*. Teachers College Press.

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. SAGE.

Probst, B. (2006). Re-Framing and de-Pathologizing Behavior in Therapy for Children Diagnosed with Psychosocial Disorders. *Child and Adolescent Social Work Journal*, *23*(4), 487–500. https://doi.org/10.1007/s10560-006-0066-5

Raaper, R. (2016). *Discourse Analysis of Assessment Policies in Higher Education: A Foucauldian Approach*. Sage Research Methods Cases Part 2. https://eric.ed.gov/?id=ED667693

Roeser, R. W., & Midgley, C. (1997). Teachers' views of issues involving students' mental health. *Elementary School Journal*, 98(2), 115–133. https://doi.org/10.1086/461887

Roffey, S. (2012). Pupil wellbeing—teacher wellbeing: Two sides of the same coin? *Educational and Child Psychology*, 29(4), 8–17. https://doi.org/10.53841/bpsecp.2012.29.4.8

Rubie-Davies, C. M. (2007). Classroom interactions: Exploring the practices of high- and low-expectation teachers. *British Journal of Educational Psychology*, 77(2), 289–306. https://doi.org/10.1348/000709906X101601

Seligman, M.E.P., & Csikszentmihalyi, M. (2014). Positive Psychology: An Introduction. In: *Flow and the Foundations of Positive Psychology*. Springer. https://doi.org/10.1007/978-94-017-9088-8_18

Seligman, M. E. P., Ernst, R. M., Gillham, J., Reivich, K., & Linkins, M. (2009). Positive education: Positive psychology and classroom interventions. *Oxford Review of Education*, 35(3), 293–311. https://doi.org/10.1080/03054980902934563

Shelemy, L., Harvey, K., & Waite, P. (2019). Supporting students' mental health in schools: what do teachers want and need? *Emotional and Behavioural Difficulties*, *24*(1), 100–116. https://doi.org/10.1080/13632752.2019.1582742

Shoshani, A., & Slone, M. (2013). Middle school transition from the strengths perspective: Young adolescents' character strengths, subjective well-being, and school adjustment. *Journal of Happiness Studies*, 14(4), 1163–1181. https://doi.org/10.1007/s10902-012-9374-y

Smith-Lewis, J. (2023). *An exploration of children's understanding of mental health*. Doctoral dissertation. University of Birmingham.

Waters, L. (2011). A Review of School-Based Positive Psychology Interventions. *The Australian Educational and Developmental Psychologist*, *28*(2), 75–90. https://doi.org/10.1375/aedp.28.2.75

Weare, K. (2015). *What works in promoting social and emotional well-being and responding to mental health problems in schools?* National Children's Bureau.

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Open University Press.

Table 1: *Frequency of Mental Health Terms in Primary Education Frameworks*

Psychologically Specific References	**Key Stages 1 & 2**	**EYFS Framework**
Mental	1	0
Mental Health	0	0
Wellbeing	0	1
Mental Well-being	0	0
Subject Specific References		
Mental / Mentally *(Math-related)*	25	0
Health / Healthy *(Physically related)*	14	33