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Post–Pandemic School Leadership: Jamaican Principals' Approaches to Supporting Students' and Teachers' Mental Health

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Abstract

The COVID–19 pandemic intensified mental health challenges for students and teachers, exposing critical gaps in how schools support well–being. Educational leaders are now tasked with more than academic oversight; they must actively promote healthy school environments that address these social and emotional needs. This study explores how principals in rural Jamaican schools have adapted to the COVID-19 pandemic's impact on their students and teachers. Through a qualitative, multi–site case study of five principals, data from semi–structured interviews were thematically analysed to explore: (1) the COVID-19 pandemic's effects on the mental health of students and teachers, (2) their responses to these challenges, and (3) how mental health support has been institutionalized. The findings reveal that principals have modified the curriculum to incorporate social–emotional learning, implemented wellness initiatives, and established partnerships with external stakeholders.

Keywords: post–pandemic school leadership, mental health, health–promoting schools, World Health Organization [WHO] global school health initiative, Jamaica

Introduction

Mental health challenges among Jamaican students were evident even before the COVID–19 pandemic. A 2011 survey by the School Health Enhancement Committee (SHEC) found that over 50% of students frequently felt sad, 20% felt hopeless, and 16% had considered self–harm (Chin & McFarlane, 2013). The United Nations International Children's Emergency Fund [UNICEF] (2022) further reported that 53% of Jamaican adolescents had contemplated suicide prior to the pandemic. Despite these figures, systemic mental health support remains limited. Most students depend on parents or peers for emotional support; while teachers (who also experienced heightened stress during the pandemic) continue to balance remote teaching and personal challenges (Chin & McFarlane, 2013). Mental health services are also under–resourced, with a psychiatrist–to–patient ratio of 1:1,582 and a school counsellor–to–student ratio of 1:500 — well below the international standard of 1:250 (American School Counsellor Association, n.d.; Murphy, 2023).

In 2009, the Ministry of Health and Ministry of Education co–established SHEC to develop a framework aligned with the Ottawa and Caribbean Charters for Health Promotion (Ministry of Health & Wellness, Jamaica, 2015).

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SHEC prioritized areas such as mental health, nutrition, and health services. Globally, adolescent mental health concerns have also increased, with depression and anxiety now leading causes of illness and disability (WHO, 2024). In this context, school leaders play a vital role. Research shows that health–promoting schools foster safe, supportive environments linked to improved academic outcomes, resilience, and long–term well–being (Minihan et al., 2022; Schmidt et al., 2021). School leaders must therefore continue to develop inclusive, trauma–informed systems that meet the evolving needs of students and staff.

Purpose of the Study

This study explores how principals are supporting both students and teachers' mental health. The following research questions guided this inquiry:

1. How have the mental health and wellbeing of students and teachers been impacted by the COVID19 pandemic?
2. What strategies have principals implemented to address these mental health challenges?
3. How have principals integrated sustainable mental health supports into their overall approach to school leadership?

Theoretical Framework

This study is grounded in the World Health Organization's (WHO) Health Promoting Schools (HPS) framework, which Jamaica adopted in 2009 (Chin & McFarlance, 2013). Combining health and education to enhance the overall well–being of stakeholders, and emphasizing the link between physical health, mental health, and academic performance, health promoting schools promote holistic school environments that collectively support students, teachers, and staff (WHO, 2024). Developed in the 1980s, the (HPS) framework, emerged as a response to the limitations of traditional health education, which emphasized disease prevention and healthy behaviours (Gray et al., n.d.); the framework currently promotes health throughout the entire school environment. WHO (2024) defines health promotion as a process that empowers individuals to take greater control of their wellbeing. This definition is based on the principles of the Ottawa and Caribbean charters for health promotion and identifies five key elements of a healthpromoting school:

1. Healthy school policies,
2. Developing the physical and social environment of the school,
3. Developing life competencies and health literacy while taking a participatory and action–oriented approach to health education in the curriculum,
4. Establishing links with homes and the community; and
5. Making efficient use of health services. (Ministry of Health & Wellness Jamaica, 2015; WHO, 2016, 2024)

This framework provides a useful lens for understanding how school leaders integrate mental health initiatives into everyday practices to support the well–being of both teachers and students.

Literature Review

Defining and Promoting Mental Health

The World Health Organization (WHO, 2022a) defines mental health as a state of wellbeing in which individuals recognize their abilities, manage everyday stresses, work productively, and contribute to their communities. The WHO (2022a) further emphasizes that mental health is more than the absence of mental disorders; it exists on a continuum, experienced differently by each person, with varying degrees of difficulty and outcomes. Mental health can be shaped by life experiences, with adverse conditions such as poverty, violence, and inequality being especially harmful during childhood. In educational settings, good mental health is crucial for students and teachers, as it influences academic success, social relationships, and the ability to manage stress effectively. Conversely, poor mental health can lead to concentration issues, behavioural problems, and difficulty adjusting to school (Abrams, 2022; Ogundele, 2018)).

Mental health promotion in schools involves reducing risks, building resilience, and fostering supportive environments. While academic pressure, social isolation, and limited mental health services pose risks, protective factors such as quality education and social support help mitigate these challenges. Health–promoting schools integrate mental health into their culture, curriculum, and practices; fostering well–being, emotional functioning, and social inclusion (O'Reilly et al., 2018; WHO, 2024).

The Mental Health Status of Children and Adolescents in Jamaica

Prior to the COVID-19 pandemic, mental health challenges were a reality for many Jamaican children and adolescents. The Caribbean Policy Research Institute (CAPRI, 2018) reported that roughly 25% of Jamaican children had been diagnosed with a mental disorder, and approximately 15% of adolescents exhibited signs of depression and anxiety. These issues were compounded by exposure to poverty, neglect, and violence (Wilks, 2023). Similarly, UNICEF (2021) stated that 85% of children under 15 had experienced some form of violence in their homes, schools, or communities (including peer aggression, corporal punishment, and sexual abuse) — making violence a critical determinant of mental health and academic outcomes. Similarly, the School Health Enhancement Committee (SHEC) reported in a 2011 health promoting school survey, that over 50% of students felt sadness, 20% felt hopeless, and up to 16% had contemplated selfharm (Chin & McFarlance, 2013).

The advent of the COVID19 pandemic further intensified the prevalence of these conditions. The shift to remote learning and the disruption of daily routines compounded behavioural and emotional challenges such as aggression, irritability, changes in appetite; and also disrupted sleep patterns (UNICEF, 2021). In the aftermath of the COVID-19 pandemic, in the year 2023, the Ministry of Education, Skills, Youth and Information, Jamaica acknowledged the escalating mental health crisis and responded by expanding mental health services across schools (including the deployment of over 1,000 guidance counsellors, deans of discipline, and behavior support teams) as well as the establishment of safe spaces for students to seek help (Davis, 2023; Lewis, 2024, such as wellness benches, which give students the opportunity to unwind and reflect, while being able to talk through issues with peers or educators (Lewis, 2024). Consequently, educational stakeholders continue to advocate for systemic approaches that embed mental health education within the curriculum, reduce stigma, and foster resilience (Hylton, 2023).

The Impact of Mental Health Issues on Children and Adolescents

The COVID19 pandemic triggered a global health crisis that led to significant mental health challenges across all age groups (Van Der Rowe, 2021; WHO, 2022b). The WHO (2022b) reported a 25% rise in anxiety and depression within the first year of the COVID-19 pandemic, prompting 90% of surveyed countries to integrate mental health and psychosocial support into their pandemic response efforts. According to the American Psychological Association (2021), students faced heightened levels of stress and fear due to pandemic–related uncertainties, health concerns, and academic pressures, compounded by the loss of routine interactions with peers and teachers. Similarly, Loades et al. (2020) and Imran et al., (2020) found that mental health stressors were linked to increased school absences, suspensions, and early dropout rates. These stressors often translated into decreased concentration, lower academic performance, and difficulty building and maintaining social connections in children and adolescents (Ornaghi et al., 2016; Thorlacius & Gudmundsson, 2019). Studies conducted after the COVID-19 pandemic confirmed a rise in symptoms such as depression and anxiety (NewloveDelgado et al., 2021; Westrupp et al., 2023), as well as a notable decline in adaptive behaviors (Hanno et al., 2021), underscoring the lasting effects of the pandemic on young people's mental health and overall wellbeing. Adaptive behaviours include prosocial, cooperative, rule-following, and self-regulated actions that help children engage positively with their environment and peers.

Teachers' Mental Health During the COVID-19 Pandemic

Teachers faced significant mental health challenges during the COVID-19 pandemic as they rapidly transitioned to online teaching, often without adequate training. Balancing personal and professional responsibilities led to heightened stress, anxiety, emotional exhaustion, and burnout (Cormier et al., 2022; Muldong et al., 2021). Isolation from colleagues and reduced engagement with students also led to frustration and mental strain. The American Psychological Association noted that teachers' mental health was critical, not only for their well–being but also for the quality of education provided, as high stress and burnout can impair the ability to teach effectively (American Psychiatric Association, 2019). In addition, Minihan et al. (2022) found that many educators struggled with the loss of support networks and felt overwhelmed by the dual responsibility of managing students' academic progress while addressing their own mental health. Key stressors included blurred work–life boundaries, excessive workloads, unrealistic expectations from supervisors, insufficient resources, and large class sizes – some of which existed pre–pandemic. Teachers also faced increased pressure from family responsibilities and concerns about personal safety.

The Role of School Leadership in Addressing Mental Health Challenges

School leaders play a critical role in supporting the mental health of students and staff, particularly during times of crisis. Research links effective leadership to better academic outcomes, enhanced student well–being, and improved teacher satisfaction (Acton & Glasgow, 2015; Grissom et al., 2021; Wang, 2021). Increasingly, principals are recognizing their responsibility to promote mental health by facilitating access to counselling services, encouraging open dialogue, and fostering inclusive school environments (Daly et al., 2025; Ertem, 2024; Schmidt et al., 2021). Such efforts help reduce stigma and create supportive spaces where staff and students feel valued and safe. As schools are primary providers of youth mental health services, leadership is essential in ensuring these needs are met (Day et al., 2016; Garcia et al., 2023; Langer et al., 2015). The success of school–based mental health initiatives is often tied to the strength of school leadership (Smith & Riley, 2012; Whitley, 2010). However, navigating socio–emotional challenges remains one of the most complex responsibilities for school leaders (Adams & Olsen, 2017; Da'as et al., 2023). Despite this, many university leadership programs in the Caribbean still focus heavily on instructional supervision, curriculum design, and organizational management (University of the West Indies, n.d; University of the Virgin Islands, 2025; University of the Southern Caribbean, 2025).

In Jamaica, institutions like the National College for Educational Leadership (NCEL) and the University of Technology offer training focused on instructional leadership and evidence–based practice (NCEL, 2025; University of Technology, Jamaica, 2025a, 2025b). While these programs align with national priorities and improve educational quality, trauma–informed leadership remains largely underrepresented. In contrast, several U.S. institutions have embedded trauma–informed practices into educational leadership programs. The University of North Florida and the University of Wisconsin–Madison offer certifications in trauma–informed supervision, focusing on resilience and staff well–being. Dominican University now provides a fully online MA in Trauma–Informed Leadership (Dominican University, n.d; University of North Florida, n.d.; University of Wisconsin–Madison, n.d). As global awareness of mental health grows, integrating trauma[1]–informed approaches into school leadership training is a pressing need (Darling–Hammond et al., 2019; Osher et al., 2016).

Sustaining Mental Health Initiatives in Schools

Creating sustainable, school–wide mental health systems requires a multi–layered approach**.** Research emphasizes the importance

1 Psychological trauma includes experiences or events that are perceived as harmful, create intense distress, and affect an individual's overall well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, as cited in Thomas & Crosby, 2019, p. 423).

of embedding mental health support into the broader school curriculum to ensure lasting impact (Dadaczynski et al., 2020; WHO, 2016, 2024). For these initiatives to be sustained over time, they must be underpinned by clear policies, continuous professional development, and reliable access to mental health services (Margaretha et al., 2023; WHO, 2024). Of equal importance is collaboration. Strong partnerships among educators, families, mental health professionals, and policymakers have been shown to strengthen support systems and address the changing needs of students (Cavioni et al., 2020; DeMatthews & Brown, 2019; Ertem, 2024).

Additionally, Social and Emotional Learning (SEL) plays a pivotal role in building sustainable mental health systems within schools. According to the World Health Organization (2024) and Dadaczynski et al. (2020), SEL is essential for promoting emotional resilience and equipping students with effective coping strategies — particularly in the wake of the COVID–19 pandemic. Research by Taylor et al. (2017) highlights the long–term value of early SEL development, linking emotional competence in childhood to improved academic performance and positive social outcomes later in life. In contrast, deficits in these skills can hinder emotional regulation, disrupt social behavior, and compromise school readiness, increasing the risk of mental health challenges (OECD, 2024). Further evidence supports the effectiveness of SEL programs in enhancing emotional and social competence, self–regulation, and overall learning outcomes (Blewitt, 2018, 2021; Weissberg, 2015). For these benefits to be fully realized, policies, professional training, and access to support services must operate in an integrated manner. Without such alignment, efforts to support mental health in schools risk remaining fragmented and ineffective.

Trauma–Informed Leadership in Education

The growing recognition of trauma within educational settings has led to increased interest in trauma–informed leadership as a framework for supporting students and staff. Trauma–informed leadership is defined as a process through which leaders embed trauma awareness into policies, practices, and decision–making to resist re–traumatization, foster resilience, and cultivate trust and belonging within school communities (Elliott, 2022; Justice Institute of British Columbia, 2025). This approach acknowledges the widespread impact of trauma in the lives of students and educators and emphasizes the importance of creating psychologically safe and relationally supportive environments, empowerment, and trust – core principles of trauma–informed care (Brown, 2018; Van Der Kolk, 2014). Fink-Samnick (2022) notes that even before the COVID-19 pandemic, rising workplace stress gave rise to shifts in leadership thinking, exposing limitations in traditional models such as servant[2] and transformational[3] leadership, which were not designed to address trauma. Similarly, Elliott (2022) calls for the integration of trauma–informed principles into policy and school–wide practices, while the Justice Institute of British Columbia (2025) identifies key benefits of trauma–informed leadership, including enhanced employee engagement, psychological safety, collaboration, and empowerment.

Other empirical evidence further supports this approach. In an elementary school case study, Scott (2023) found that effective trauma–informed implementation required a multi–layered strategy that promoted resilience, academic achievement, and a sense of belonging for students. Likewise, Ziegler et al. (2022) emphasize that trauma–sensitive leaders view trauma as a common yet varied experience and respond by adapting school policies, classroom environments, and staff supports accordingly. Blanton et al. (2025) and the University of North Florida (2025) underscore that sustaining trauma–informed practices depends on developing trust and engaging in ongoing professional learning. Nonetheless, despite these advances, Holden and Bruce (2024) identify a gap in the literature on trauma–informed leadership within educational contexts. They advocate for future research that explores trauma–based pedagogies and examines how leaders' own lived trauma shapes their leadership practices.

2 Servant leadership is a people-centered approach in which leaders place the needs, development, and well-being of their followers above their own, promoting trust, empowerment, and moral integrity in pursuit of collective goals (Canavesi & Minelli, 2022).

3 Transformational leadership is an ongoing process whereby leaders and followers raise one another to higher levels of morality and motivation beyond self-interest to serve collective interests (Burns (1978), as cited in Hoch et al., 2018).

Methodology

This study employed a qualitative multisite case study design using semistructured interviews with five school principals in rural Jamaica (2 females, 3 males). Purposive sampling was used to ensure that participants met the inclusion criteria of serving as a principal or viceprincipal for at least 1 year during the COVID19 pandemic. Data were collected through semi–structured interviews using a protocol comprising 14 open-ended items. This approach was suitable for uncovering new insights and understanding the nuances of leadership practices across different school settings, while identifying commonalities among leaders (Buys et al., 2022). Interviews lasted 45–60 minutes. The interview questions were directly aligned with the study's research questions, and Table 1 presents a breakdown of the questions across key research areas. Interviews were conducted online via Zoom conferencing software over a 2week period, scheduled according to each participant's availability. In qualitative inquiry, sample size is not predetermined by statistical rules but by the information required to answer the research questions (Merriam & Tisdell, 2016; Patton, 2015). Lincoln and Guba (1985) assert that "sampling be terminated when no new information is forthcoming," a point known as data saturation. Participants voluntarily agreed to take part in the study after being fully informed about its purpose, procedures, and confidentiality measures. Informed consent was obtained through signed consent forms prior to participation, and verbal consent was reaffirmed at the beginning of each interview to authorize audio recording. In this study, data collection and analysis were conducted iteratively, allowing the researcher to assess when redundancy occurred. After five interviews, the researcher felt that data saturation was achieved, as participant responses became repetitive, indicating adequate depth for the scope of this inquiry (See Table 1).

Table 1

Matrix of Research Questions and Data Collection Methods

Category	Details
Study Design	Qualitative case study
Data Sources	Semi-structured Interviews (45-60 minutes, online)
Interview Details	**Q1-Q3**: Aligned with RQ1 (Impact on mental health of students and teachers) **Q4-Q7**: Aligned with RQ2 (Leadership responses) **Q8-Q14**: Aligned with RQ3 (Long-term strategies for sustaining mental health support)
Participant Sampling	Purposive sampling of 5 school principals (2 females, 3 males) from rural schools in Jamaica: • 2 small primary schools (Grade 1) — age 6-11, 7-8 teachers • 2 medium-sized primary schools (Grades 2 and 3), age 4-11, 45 teachers • 1 high school (Grade 5) — 12-18 years old, 109 teachers
School Classification	Grade 1 (Maximum 250 students) Grade 2 (Maximum 450 students) Grade 3 (Maximum 800 students) Grade 5 (Maximum 1200 students)

Data Analysis

Interviews were transcribed using Zoom conferencing software then manually coded. Data were analyzed using Braun and Clarke's (2006) thematic analysis, incorporating both inductive and deductive methods (Merriam & Tisdell, 2016). The process began with open coding – identifying

significant words, phrases, and ideas line by line. For example, references to "hyperactivity and aggression" were coded as *Student Behavioral and Emotional Challenges*, while initiatives such as Red Cross clubs and the "2 in 10" program were coded as *Strategies for Mental Health Support*. These initial codes were then grouped into broader categories (Corbin & Strauss, 2015). In the final phase, a deductive lens was applied using the Health Promoting Schools (HPS) Framework to assess alignment. Each case was analyzed individually before conducting cross–case comparison (Merriam & Tisdell, 2016). A coding matrix was also developed to map themes across the five principals, highlighting similarities and differences in approaches.

Trustworthiness and Rigor

Trustworthiness was established through several strategies. Member checking was first conducted, allowing participants to review preliminary findings to confirm their accuracy. Merriam and Tisdell (2016) describe this as one of the most effective ways to avoid misinterpretation of participants' meaning. The participants also reviewed the initial analyses to assess whether the interpretations accurately reflected their perspectives (Maxwell, 2013). The interview protocol was then pilot-tested prior to data collection to establish the clarity, relevance, and alignment of the questions with the study's objectives. This step, as recommended by Merriam and Tisdell (2016), also helped the researcher improve consistency and interviewing proficiency. Lastly, an audit trail was maintained throughout the coding process. As noted by Merriam and Tisdell (2016) and Lincoln and Guba (1985), an audit trail provides a transparent record of data collection, category development, and analytical decisions, enhancing the study's credibility and dependability.

Findings

Research Question 1: How have the mental health and well–being of students and teachers been impacted by the COVID–19 pandemic?

The Impact of the COVID–19 Pandemic on Students' Mental Health

The findings revealed three major themes that characterised the impact of the COVID–19 pandemic on students' mental health and well–being: emotional distress, social withdrawal and isolation, and disengagement. Emotional distress was manifested in a wide range of student symptoms and behavioural responses, including anxiety, depression, aggression, and suicidal attempts. Principals reported that many students returned to school with signs of unresolved emotional issues. Principal A explained, "They became unsettled and aggressive … even to this point, we are still dealing with issues of aggression." For some students, the mental toll of the COVID-19 pandemic was compounded by challenges in the home. Principal E described a case involving a Grade 4 student who had attempted suicide:

> She was admitted in the hospital because she attempted suicide… She didn't even do the exam… I visited her more than her family members and when I go there, I talk with the nurses. They didn't disclose certain information to me because, you know, that I'm not the parent, but she felt neglected. I'm still having issues with her. Right now, I'm trying to get her somewhere because she was with the mom for a month, and then she gave her to the father and 2 days ago, she told Miss Hanson (pseudonym for class teacher) that she doesn't want to go home because she would prefer if they take her to a home (children's home). These are some issues that I am dealing with currently from COVID. The beatings and constant quarrelling and whatever with her is a problem, but she is no saint… she uses language that she's not supposed to use to her parents. The mother is sort of mental.

For students in rural and economically challenged communities, prolonged separation from parents, many of whom worked overseas, further intensified feelings of abandonment and neglect. As Principal E noted,

> Sometimes some other students would display untoward behaviour because of their circumstances that COVID made worse e.g., they are not living with their parents because, you know, my school is in [a rural community] where I get most of the students from. In that community, most of the parents, they're working

> overseas. So a lot of them are being groomed by their grandparents or aunts or whatever. So when they miss their parents and want attention, they act out… I would say about 70% of them live in a single–parent household." Principal B also highlighted emotional distress among his senior students, stating, "they exhibited heightened levels of anxiety, stress, some were even depressed. Especially the seniors would share with me that they were not ready for CSEC [exams] due to the extent of their [perceived] learning loss and the financial loss experienced by their families as a result of COVID-19… some sort of mentally gave up.

Social withdrawal and isolation were especially pronounced among students who had become accustomed to remote learning and extended time spent at home during the pandemic. Principals observed that upon returning to face–to–face school, many students, especially those at the primary level, struggled to reintegrate socially. As Principal A observed:

> What we would have realized is that some of them are withdrawn. We would have had cases where the guidance counsellor had to speak with students on numerous occasions because of how withdrawn they are. They are not talking to their peers as they used to, and they get kind of jittery too."

He also noted, "We would have noticed, especially after they returned after that long stint at home, we realized that they became very anti–social. It's almost as if they had forgotten how to really relate to their peers." He added, "They are not talking to their peers as they used to.

Principal D emphasized that students no longer demonstrated the basic interpersonal skills needed for group settings, stating, "What we [teachers and principal] saw coming out of COVID [were] students who were struggling to communicate with each other, manage conflicts."

He elaborated on the difficulties students faced even in informal settings such as playtime:

> A simple thing as students sharing space, sharing equipment, sharing ideas would be a struggle for teachers. I remember lots of reports of fights (especially from the boys) over simple things like pencils and sitting in each other's benches… Play time required more supervision after COVID to prevent the commotion sometimes.

The disruption of peer relationships and prolonged absence from school appeared to have weakened students' ability to cooperate and emotionally regulate themselves. Furthermore, mental health issues manifested in their level of disengagement, where they displayed symptoms such as low attention spans. Principals recounted reports from teachers about the difficulty sustaining students' interest in class. As Principal A observed, "I think their focus, you know, attention span was very limited. Teachers had to always keep them going." Principal E confirmed similar patterns in her school: "Sometimes too they [students] zone out." This mental disengagement was not limited to individual attention but extended to a broader struggle to re–engage with academic life. Principal D explained, "What we [teachers and principal] saw coming out of COVID [were] students who were struggling to manage the pressure that school is asking for. So, mentally, our students were not ready for the beauty of teaching and learning." The widespread use of technology during the pandemic also appeared to play a role in this. Principal C described, "They are so attached to their devices… [it's like they are] in a different world. They were accessing pornography and doing all sorts of things so they can't focus on what is being taught."

The Impact of the COVID–19 Pandemic on Teachers' Mental Health

The findings revealed that emotional distress was a defining feature of teachers' mental health experiences. This was commonly exhibited through symptoms such as fatigue, irritability, physical ailments, anxiety, and guilt. Teachers were often overwhelmed by the cumulative demands of remote teaching, change in expectations, and the pressure to meet students' learning needs while managing their own households. Principal A described the decline in teachers' physical and emotional energy, stating, "Teachers are more burnt out and exhausted quicker these days. The level of energy is not there as it used to be." Similarly, Principal D also observed that teachers struggled to maintain routine once face–to–face learning resumed: "Teachers were struggling to cope, struggling to be at school on time every day… it was taking a hold on them as they try to manage what

was normal in terms of their private life while trying to juggle school." Principals shared that irritability was also commonly reported among staff, particularly when faced with new classroom demands or the consequences of learning loss. Principal A noted a visible change in temperament: "They get frustrated a little bit more because of the issues they have to be dealing with the students… they were less patient… they have to be dealing with the children differently than they would have before." Principal E also recalled, "Even when they call meetings, like after–school online meetings, they get really mad."

Challenges were similar across the five schools. Principals reported that teachers were deeply concerned about the substantial learning loss among their students which required educators to re–teach foundational concepts that had not been retained during remote learning. According to the four principals at the primary level, teachers felt that their instructional efforts were undermined because some students relied heavily on parental assistance rather than genuinely engaging with the material. As one principal noted, "[Teachers often say that] Parents did the work for the students while they were online, so what they thought was learnt, they did not actually learn it" (Principal A). This left many teachers feeling dejected. In other cases, emotional distress also manifested through physical symptoms. Principal E reported, "They complain that they are having headaches because of the amount of work that they have to do." Compounding their frustration was the mounting pressure from education authorities that demanded greater accountability and documentation. Teachers struggled to balance these professional expectations with their personal lives, often feeling as though they were neglecting their own families. "The Ministry's [Ministry of Education's] requirements take away from teaching and learning. Teachers feel like they are neglecting their own family due to the increased workload. They felt guilty. They couldn't give their own children adequate attention with all that was happening at work" (Principal C).

Burnout and exhaustion were recurring terms used by the principals. They shared that teachers faced persistent physical and mental fatigue from adapting to new instructional methods, managing multiple online platforms, and accommodating increased workloads. One school leader observed that "They often expressed that they feel burnt out because of the constant need to adapt to changes - engaging different groups of students, online platforms, and learning new methods" (Principal B). This exacerbated stress levels: "Because of COVID–19, a lot of things became more important in the eyes of the Ministry [of Education], and it is causing stress on the teachers" (Principal C). Coping with the transition back to pre–pandemic routines also proved to be another challenge. Teachers who had adapted to the flexibility of remote learning found it difficult to return to rigid schedules and traditional time management structures. Principal D shared: "We went back to basics in terms of re–socializing our teachers to the idea of working from 8:00 [am] to 3:00 [pm], reorganizing their time" (Principal D).

Overall, the findings reveal that teachers bore an emotional and physical toll in the aftermath of the pandemic. The demands of addressing student learning gaps, meeting institutional requirements, and readjusting to pre–pandemic teaching structures left many educators feeling stretched beyond their limits.

Research Question 2: What strategies have principals implemented to address these mental health challenges?

Mental Health Support Strategies

School principals implemented a range of strategies to address the mental health challenges faced by students and teachers. These strategies can be categorised under three themes: counselling and psychosocial support, wellness activities, and parent and community engagement. All five principals implemented counselling and psychosocial support structures. Principal A explained,

> "We make good use of the guidance counsellor … we are [a] small [school] and because of that, we don't have the privilege of a resident guidance counsellor… the ministry provides a roving guidance counsellor. So she does a lot of [counselling] sessions with both students and teachers."

Importantly, these supports included individual and group sessions: "In terms of teachers, we had psychosocial sessions with the guidance counsellor… they had the opportunity to kinda

[sort of] just speak or share. They would just go on an individual basis and just speak." Similarly, Principal D shared, "Our guidance counsellor, would have different sessions with our staff in order to ensure that our staff is equipped to manage their own emotions and the children's emotions as well." In addition, professional development for teachers also took on a new emphasis, focusing on emotional wellness. As Principal C recalled, "I can remember our last professional development that we had in May where we had someone from the ministry [of education] come in and talk about the importance of maintaining good mental health." Principal B added, "We had many PD sessions on emotional well–being and self–care. It's helping teachers become more aware of their own mental health."

Alongside counselling, principals instituted a range of wellness activities that supported both stress management and emotional resilience. These activities were intentionally designed to provide mental breaks in the school day. Principal A described a shift in instructional delivery:

> Instead of making this long lesson that is drawn out for the entire period [of 40 minutes], then they [students] would get breaks in between just to catch their breaths and unwind, and just have that free talk or movement to just stretch.

For students who had become withdrawn during lockdowns, physical play was emphasized: "Play became a major part of learning too because they were inside for so long with the gadgets during COVID-19… we're trying to get them outside more to play with each other, to socialise again."(Principal A) Additionally, the "2 in 10" strategy, which encouraged teachers to engage in personal conversations with students for 2 minutes each day over a 10–day period, was introduced to foster stronger teacher–student relationships and create a supportive school environment. "That 2–minute check–in makes a world of difference - it's about connection, showing students they matter" (Principal D).

Teachers were also included in wellness planning. At Principal D's school, "Every month we have what we call fun Thursdays and at our staff meetings we begin them with brain teasers… we end it with some fun activities. The last one we had was an exercise. Work exercise session." Principal E added, "We introduced *Fun Fridays* — a time to just relax and do something light–hearted. It helps with morale." Teachers also experienced more getaways: "From time to time we go to one of those all–inclusive hotels, spend 2 days or 2 nights as a staycation … we relax and whatever and get together as a staff."

The efforts were further supplemented by national wellness initiatives. According to Principal A, "We got them [students and teachers] involved in Jamaica Moves… It's more than just physical fitness, it's helping them manage stress in a healthy way." Daily exercise routines were also institutionalized in some schools as a structured response to mental health concerns. One principal explained, "Even promoting exercise, that kind of thing because, you know, releasing those happy hormones. You know, kind of that mental health. So even every day at 12:45, we have a session that everybody has to take. We have that." Even virtual platforms were used to foster a sense of connection and shared enjoyment. Principal A noted, "We also have a WhatsApp group, and sometimes we share ideas in there. I remember we usually play games in the WhatsApp group. We do it on Zoom sometimes." These digital social spaces contributed to building community and maintaining morale among teachers during and after the COVID-19 pandemic disruptions. Recognizing the emotional toll of teaching post–pandemic, three principals reported that they also implemented peer support groups and counselling services for teachers. These initiatives, they say, provided a space for teachers to share their experiences, receive psychosocial support, and develop strategies for self–care. "Having peer support groups has been great for teachers – they need someone to listen, someone who understands" (Principal B).

Social Emotional Learning (SEL) was also formally integrated into the curriculum through the Health and Family Life Education (HFLE) subject for all the five schools, ensuring that students learned about emotional intelligence. One principal highlighted the value of this curriculum: "HFLE is not just about health, it's about life. We use it to teach them coping skills, emotional regulation, and how to navigate challenges" (Principal C). Similarly, teachers benefitted from professional development (PD) sessions that emphasized emotional well–being and mental

health awareness. "We had many PD sessions on emotional well–being and self–care. It's helping teachers become more aware of their own mental health" (Principal B).

A final but equally important area of response was parent and community engagement**,** grounded in the belief that student well–being cannot be isolated from the home environment. Principal E recounted:

> We also try to incorporate parents more in school life to help stabilize the mental health of the children. [For] example, parents having conflict and whatever. Sometimes I have to be resolving the conflict. I have to call them to school. I even remember a time 2 parents came to school, meaning they're having problems at home and they came on the school compound and right at the office door they started to fight. I had to go there to part them [stop the fighting]. I still have the dent in my van caused when they were fighting. I offered to counsel them and they came to school for about 2 sessions, and I am so happy because the children couldn't interact with the father as the mother forbid it and the children were not taking it well, though they were small and maybe didn't fully understand but you could see the sadness in their eyes when they came to school after that incident. But after all, I can see the real fruits [of my labour] because they [parents] might not be relating to each other, but the children are okay. They came to a compromise. We also try to incorporate parents more in school life to help stabilize the mental health of the children.

So, workshops were used to build parental awareness. As Principal A explained, "Parents needed guidance too. We organized workshops to help them understand what their children were going through and how to support them." Financial stress, which exacerbates mental health strain, was also addressed. Principal D shared, "We also had bankers coming in because the truth of the matter is money is something that causes pressure … speaking to our parents also in order to ensure that planning for a better future [brings] rest and relaxation of our mind."

Schools also partnered with the wider community to support students. As Principal E noted, "We try to get them involved in church… church helps to keep them grounded when times get rough … we noticed that some of them start with the Sunday school at different churches."

Table 2

Mental Health–Focused Initiatives in Response to Post–Pandemic Challenges

Group	Mental Health Related Issue	Initiatives
Students	Emotional distress	Counselling sessions (group–focused and gender–specific); integrating Social Emotional Learning (SEL) elements into the curriculum (HFLE, emotional and life skills); School–Wide Positive Behaviour Interventions and Supports (SWPBIS) program; "Jamaica Moves" physical fitness programs
	Withdrawal & isolation	Reviving clubs and societies (e.g., Red Cross, Cadets); promoting co–curricular activities (church programs, fun days, games, movie days, field trips); "2 in 10" strategy to strengthen teacher–student bonds through daily check–ins.
	Disengagement	Play–based learning strategies; breaks during lessons.
	Neglect & abandonment	Workshops for parents on emotional support and effective parenting strategies; conflict mediation between parents.
Teachers	Emotional distress	Wellness activities: *Hotel staycations; birthday clubs; games sessions; monthly "fun Thursdays"; psychosocial sessions for relaxation and stress relief; Icebreakers in meetings.* Professional development (PD) sessions on self–care, emotional well–being, and mental health awareness. Peer–peer group sessions; counselling from guidance counsellors.

Research Question 3: How have principals integrated sustainable mental health supports into their overall approach to school leadership?

The data reveal that school leaders have integrated mental health supports across five key dimensions: curricular programs, partnerships and collaboration, policy development, student empowerment, and staff empowerment. While plans varied in scope and depth, all responses reflected a growing awareness of mental health as central to school life post–pandemic. One of the most commonly shared strategies was the integration of mental health concepts into the formal curriculum. Three principals emphasized the use of Health and Family Life Education (HFLE) as a means of promoting students' emotional well–being in the long term. Principal A noted:

> Now it's [Health and Family life Education – HFLE] definitely a priority because the ministry is pushing that as a part of the curriculum offering. Especially with the changing times and all that the children are being exposed to with the internet and social media and all of that.

Similarly, Principal C explained that HFLE had taken on new meaning within her school context, stating, "The Health and Family life (HFLE) lessons help, we will really focus on that a lot [going forward]. Before we did not give much emphasis on this subject but we are now seeing where it helps a lot." She further elaborated, "HFLE is not just about health, it's about life. We will continue to use it to teach them coping skills, emotional regulation, and how to navigate challenges." These statements suggest that, although HFLE existed prior to COVID-19, its role has been reimagined as a structured response to growing mental health needs among students.

Alongside curriculum efforts, schools also strengthened mental health supports through partnerships. Four principals described deliberate collaborations with social workers, alumni, and families to expand support systems. For example, Principal A shared, "We continuously engage the social worker assigned to our school region and engage the past students' association [alumni] to provide continuous support such as sponsoring annual mental health initiatives or to give presentations at our meetings and events." Likewise, Principal B described how parental involvement was built into the school's guidance framework: "So from that [guidance plan] the guidance counsellors would have to work with the parents as well and engage families to offer them that kind of support through workshops and helping them to support their children better emotionally." These efforts indicate a shift toward a more community–driven model of mental health support.

Policy development also emerged as a theme, though with varying levels of formality. Four principals provided insights on the extent to which mental health had been institutionalized. Principal C expressed a desire for clearer national guidance, stating,

> I don't have any policy guiding these initiatives. I just think that as a guideline the ministry should develop the policy and give it to us, and then we interpret it. Because they are the ones who have that legal mind and expertise to write them.

In contrast, Principal E shared a more proactive stance: "We wrote a policy for the overall health and well–being at our school, we ensure that mental health activities are a staple in our planning." Meanwhile, Principal D pointed to internal planning frameworks rather than standalone policies: "As a school, there isn't any policy, but it is engraved in the guidance plan because we look towards empowering all individuals so that we are able to operate at our best." He further clarified, "So the plans for the guidance unit are documented or supported in a big plan. That is our school improvement plan." Similarly, Principal B highlighted the need for strategic planning as a mechanism for sustaining mental health priorities: "In the school improvement plan, there must now be something embedded in the plan to speak specifically to the mental health of our staff and our students. That is the way forward." Principals also reported activities aimed at empowering students and staff. For students, three principals highlighted psychosocial support structures designed to build resilience and emotional awareness. Principal A stated:

> We will still do psychosocial activities like boys and girls day. We [even] had one already just to let them [students] know that, you know, a lot is expected of them and the demands are high, but still there is a space for them to kinda just take a break. And if it becomes too hard, too

> heavy, just let somebody know so that somebody can sit with you and take a breather.

Principal B described more systematic engagement, explaining,

> We also encourage the teachers to have regular checks with the students and report anything out of the way to our guidance counsellors. We have also seen an uptick in home visits from our guidance counsellors and overall a different kind of reporting where our students are concerned … more information on baseline social and emotional data, not just number of days absent, etc.

These accounts point to both structured and informal approaches being used to monitor and support students' mental wellness.

In terms of leadership approach, several principals shared how their own philosophies had evolved in light of the COVID-19 pandemic challenges. Principal D reflected:

> Pre-COVID, I was a young principal, and the only thing that really mattered at that point was improving academics, improving the infrastructure of the school as well as putting in policies to ensure that there was better structure at the school. However, post-COVID, with mental health becoming the new buzzword and an issue within our school and our society, my focus[has] change[d]. So, it moved from a school lens to the lens of the individual.

Similarly, Principal B noted,

> Certainly for me as a principal, it [mental health] was not a topic that I was really focused on until COVID, so I have adjusted my leadership style to include being more of a mentor. I need to articulate a clear vision for the school and in that vision I must prioritize mental health and well–being as an integral part of the school, so ensuring that whatever programs I have, they are embedded in the school improvement plan.

Support for teachers was another area where long–term strategies were reported. Four principals described concrete measures to empower staff, build camaraderie, and increase awareness. Principal A said, "We will continue doing that where we have a let down your hair kind of thing where teachers just forget about the classroom and just bond as colleagues and stuff like that. We have been doing that."

Principal B spoke about a mentorship program:

> Long-term, we are looking at mentorship programs. We are looking to establish some form of mentorship program where we'll have some of the more experienced staff providing guidance and support to the newest colleagues to help build strong, supportive relationships within our school … this is important because from time to time we realise that new, especially younger teachers struggle in a space like ours … we are not a traditional school, so it can get overwhelming sometimes with student behaviours and the workload."

He also detailed targeted professional development: "We have more professional development sessions that speak specifically to mental health where we look at awareness, focusing on helping the teachers to recognize signs of this sort of distress or emotional need and to understand how to respond to this. So how we can foster supportive environments, whether it be in classroom practices or in understanding and empathy.

Similarly, Principal D explained how peer support systems were intentionally structured into school operations: "We continue to support new staff. They are mentored and all seasoned staff have what they call accountable partners. And within that same framework, we have upper and lower school teams. So, we have persons working together."

Discussion and Implications

The findings of this study align with the Health Promoting Schools (HPS) model which envisions schools as holistic environments that influence students' emotional, physical, and social development (Langford et al., 2015; Ministry of Health & Wellness, Jamaica, 2015). The students' mental health challenges observed by the principals (disengagement, emotional distress, and increased anxiety) are consistent with research linking the COVID–19 pandemic to negative psychosocial outcomes (Imran et al., 2020; Loades et al., 2020; Van Der Rowe, 2021). In addition, according to the principals, teachers exhibited signs of emotional exhaustion, fatigue, irritability, and anxiety — symptoms that are widely documented in the literature.

As a result, researchers such as Acton and Glasgow (2015), Cormier et al. (2022), and Muldong et al. (2021) emphasize that teacher

well–being is not merely an occupational health concern, but a vital component of student success. Consequently, principals responded to these concerns by expanding their use of the Health and Family Life Education (HFLE) curriculum to explicitly teach students coping strategies, emotional regulation, and social skills. This curricular intervention aligns with the HPS framework's component of structured health education (Langford et al., 2015; Ministry of Health & Wellness, Jamaica, 2015). In addition, principals embedded mental health activities into daily school life through devotional exercises, gender–based activities (such as boys' and girls' day), and storytelling. This approach reflects Ornstein and Hunkins' (2004) conception of curriculum as encompassing not only formally taught content but also the informal and hidden experiences that shape student development. These activities also align with trauma–informed practices that emphasize the creation of psychologically safe, relationship–centred environments (Brown, 2018; Van Der Kolk, 2014).

Community partnerships also emerged as a key strategy used by principals to strengthen mental health support across the school community. Schools collaborated with social workers, alumni, and parents to provide emotional services and mentorship for students and teachers — an approach that reflects the HPS framework's emphasis on strong links between schools and community networks (Dadaczynski et al., 2020; Ministry of Health and Wellness, 2015). These initiatives also reflect the principles of trauma–informed leadership, which position schools as collaborative, relational hubs (Justice Institute of British Columbia, 2025). However, the initiatives were often informal and lacked strategic planning or evaluation mechanisms. This concern aligns with research calling for systematic, well–resourced partnerships to sustain health–promotion, and trauma–responsive practices (Samdal & Rowling, 2012; Vaillancourt & Amador, 2014).

This study found that only two principals had formalized mental health goals in their school improvement plans, suggesting that most efforts remained reliant on individual initiative. Without strategic planning, however, these interventions may not be sustained in the future — echoing concerns raised by Cavioni et al. (2020) and Sharkey et al. (2024), who argue that long–term effectiveness requires formal structures such as policies, strategic plans, and accountability systems. The need for implementation frameworks is strongly endorsed by Chafouleas et al. (2016), who advocate for a systemic, multi–tiered infrastructure that includes training, monitoring, and evaluation. In addition, Lam (2005) found that school organizational structures (whether flexible, moderate, or rigid) significantly influence teacher motivation and student outcomes, with flexible structures having the most positive impact. Similarly, Weist et al. (2017), drawing on international examples, argue that sustainable school mental health efforts require systemic, multi–tiered infrastructure, including cross–sector collaboration, trained personnel, embedded mental health literacy, and rigorous quality monitoring. Taken together, these findings suggest that while principal leadership and initiative are vital, their effectiveness is significantly enhanced when supported by comprehensive, flexible organizational frameworks and partnerships.

Empowering Teachers and Students

One of the most consistent strategies used by the principals was a deliberate effort to empower teachers and students. Principals supported teachers through mentorship, wellness check–ins, and professional development aimed at building their resilience. This approach reflects trauma–informed leadership, which highlights the importance of teacher well–being in supporting student success (Cavioni et al., 2020; Quiros, 2020; Stephens, 2020). As Van Der Kolk (2014) highlights, healing (for students and staff) often takes place in caring relationships. Trauma–informed leaders, therefore, play a key role by showing empathy, building trust, and creating safe, supportive school environments (Brunzell et al., 2016; Elliott, 2022; Ziegler et al., 2022).

Building on this foundation, student empowerment also emerged as a goal and a strategy. Principals described initiatives aimed at helping students manage their emotions, seek help when needed, and feel heard within the

school community. These efforts reflect a growing recognition that emotionally supported students are more likely to thrive, particularly when guided by resilient and emotionally attuned educators (Cavioni et al., 2020). While prioritizing student well–being, principals also acknowledged the emotional toll placed on teachers, reinforcing the need for multi–layered responses that support both students and staff (Quiros, 2020; Scott, 2023; Stephens, 2020).

Evolving Leadership Philosophies

Most of the principals in this study reported that their leadership styles had shifted in response to the challenges posed by the COVID–19 pandemic, reflecting a more trauma–informed approach. While they did not explicitly use the term "trauma–informed leadership", their practices aligned with many of its core principles, such as prioritizing emotional safety, fostering supportive relationships, and focusing on the well–being of both staff and students (Brown, 2018; Van Der Kolk, 2014). This also aligns with Grissom et al. (2021), who noted that effective principals utilize a broad range of leadership tools beyond instructional strategies.

The personal experiences of the principals, particularly the female principals, influenced how they responded to the emotional impact of the pandemic. Principal B explained that her leadership had shifted to include more mentorship, showing a more relational approach. This supports Carello and Butler's (2014) view that trauma is not only a systemic issue but also a personal one, shaping how leaders engage with their communities during times of crisis. Stephens (2020) also noted that trauma–informed leadership requires both professional competence and personal empathy — qualities that were evident in how the principals adapted their leadership styles.

This study therefore underscores the need for a more comprehensive approach to principal leadership training — one that extends beyond pedagogical and administrative competencies, to include self–awareness, emotional literacy, and trauma–informed practices. Despite the critical role school leaders play in fostering the mental health of students and staff (Acton & Glasgow, 2015; Grissom et al., 2021; Wang, 2021), many Jamaican principals have not received formal training in trauma–informed leadership or mental health support (University of the West Indies, 2025; NCEL, 2025). This gap may limit their ability to implement meaningful, sustainable change in mental health practices across their schools. Leadership programs in Jamaica tend to prioritize instructional supervision and curriculum design (University of Technology, Jamaica, 2022a, 2022b), while placing less focus on the socio–emotional competencies required to respond effectively to trauma (Adams & Olsen, 2017; Da'as et al., 2023). Garcia et al. (2023) found that when school leaders are actively engaged in trauma–informed implementation, measurable improvements occur in teachers' awareness and capacity to support students' emotional needs. As such, integrating trauma–informed leadership into training programs is essential for creating inclusive, resilient school environments (Darling–Hammond et al., 2019; Osher et al., 2016).

Limitations of the Study

One limitation of this study was the small sample size, with only five rural school principals from Jamaica. This limits the generalizability of the findings to other contexts and excludes perspectives from teachers, students, and other stakeholders. Additionally, relying on self–reported data introduces the potential for recall or social desirability bias, where principals may choose to highlight the more positive aspects of their leadership. Future studies should consider incorporating multiple stakeholder voices (such as teachers and students) to strengthen the depth and validity of the findings.

Conclusion

This study examined how the COVID–19 pandemic affected the mental health and well–being of students and teachers in Jamaican schools, and how school leaders responded to these challenges. Principals revealed that their students experienced emotional distress, including anxiety, depression, and feelings of neglect. Many also showed signs of social

withdrawal and had difficulty re–engaging with school life after the long period of remote learning. Principals shared that teachers were also impacted, reporting feelings of burnout, stress, and emotional exhaustion. Some struggled to meet new teaching demands while managing personal responsibilities.

In response, principals introduced several strategies to support both students and teachers, including counselling sessions, wellness activities, physical education, play–based learning, and professional development focused on promoting good mental health. Principals also worked to involve parents and community groups, recognizing that mental health issues cannot be addressed by schools alone. Importantly, some principals began to include mental health topics in the curriculum and made emotional support part of their long–term school plans.

This study also revealed a shift in the role of the school leaders. Principals are increasingly prioritizing the emotional well–being of students and teachers by integrating mental health into school improvement plans, professional development, and leadership practices. This reflects a broader paradigm shift in their leadership approaches — recognizing that supporting mental health is not only essential for learning but also critical to fostering safe and supportive school environments. Overall, the research solidifies the need for mental health support as a key part of school life. Ongoing support from the Ministry of Education, along with stronger policies and training, will help these schools sustain their efforts and better prepare for future challenges.

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