Beginning Teachers’ Perceived Competence to Support Students’ Mental Health:
Developing Mental Health Literacy

Cassandra Gleeson
BA, Dip Ed

School of Education and Professional Studies
Griffith University

Submitted in fulfilment of the requirements of the degree of Master of Education and Professional Studies
May 2020
Abstract

Mental health issues are prevalent in society and the issue of adolescent mental health is becoming increasingly scrutinised. It is estimated that, during adolescence, one in five young people within Australia will experience a mental health problem (Mission Australia, 2017). As Australia’s young people spend the vast majority of their time within a school environment, educators have a unique opportunity to recognise and help support young people with mental health concerns.

The purpose of this study was to explore beginning teachers’ perceptions of their understanding and skills when responding to issues of student mental health. The study further sought to determine the level of perceived competence and mental health literacy among teachers in their first five years of teaching. The conceptual lenses that underpinned the investigation were teacher perceived efficacy and the influence of the environment on a person’s development. These concepts draw on Bandura’s social cognitive theory and Bronfenbrenner’s ecological systems theory. The research focused on one school environment as a single intrinsic case study, generating qualitative data. The school principal, a school psychologist, and five beginning teachers within their first 5 years of teaching were interviewed, and relevant school and government mental health and wellbeing documents were analysed.

Three major findings from this research were identified. The first finding encompasses beginning teachers’ perceptions of their role, including responding to concerns and events, referring students appropriately, and responding to the complexities that can develop in the classroom as a consequence of poor student wellbeing. The second finding involves teacher-level challenges, including difficulty accessing information, a lack of specific pre-service teacher training, and the impact on teacher wellbeing. The third finding centres upon school-level challenges, including limitations in school structure and resources, community mental health restrictions, and the need for mental health training for teachers.

Recommendations are made concerning key changes and strategies to be initiated by secondary schools, initial teacher education providers, and federal and state governments. These include further resourcing in schools and initial teacher education programs to provide teachers with a greater knowledge base on student mental health. Further recommendations draw upon the need for community health and schools to work together to provide appropriate professional development to improve teacher capacity and self-efficacy. Recommendations offered for the school site include improving the communication channels between school leadership and teachers so that teachers – including beginning teachers – are able to support their students’ mental health; providing a mental wellbeing induction program; and developing wellbeing mentors for beginning teachers.
Statement of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Cassandra Gleeson
Statement of Acknowledgement

I would like to thank the following people, without whom I would not have been able to complete this research, and without whom I would not have made it through my masters degree. It is with immense gratitude that I thank and acknowledge the support and help of my principal supervisor Dr Sue Whatman. Thank you for your ongoing support and feedback throughout this entire project. Thank you to my supporting supervisors Associate Professor Judith Kearney and Dr Roberta Thompson for your wisdom and guidance. I also wish to extend a special thanks to Dr Chris Bigum and Professor Leonie Rowan for their initial encouragement to commence this project and for their continual reassurance and support. I would also like to acknowledge professional editor, Elizabeth Stevens, who provided copyediting and proofreading services, according to the guidelines laid out in the university-endorsed national ‘Guidelines for editing research theses’. I would also like to acknowledge my work colleagues and my principal for supporting and encouraging me throughout this project. Finally, a special thanks to my husband, Sam, for your patience, understanding, and unwavering support.
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Chapter 1: Introduction

Adolescence is a critical time in a young person’s life for the promotion of wellbeing, which may include early identification of and intervention for mental health problems (Department of Health, 2011). Adolescents spend a significant proportion of their time at school; consequently, schools are fast becoming the central support hub for students with wellbeing concerns and important sites for the promotion of mental health (Mazzer & Rickwood, 2015). The research reported in this thesis was centred around the perceptions of the classroom teacher’s role in supporting student wellbeing and mental health. Of particular interest to this study were the perceptions of teachers within their first 5 years of teaching, around their capacity to identify, support, and further deal with mental health issues in their classrooms and to support the emotional and academic needs of these students. This intrinsic case study investigated the issue of beginning teachers’ perceived competence in supporting student mental health within a particular urban secondary school site in Victoria. The collection of data involved a combination of methods: document analysis of government documents and school site documents related to student wellbeing and mental health and individual and group interviews with beginning teachers, the school principal, and the school psychologist.

Recent research into teacher perception, knowledge, and attitudes towards student mental health indicates that teachers understand they have an important role in supporting their students with mental health concerns and in promoting their mental health (Ekornes, 2015; Holtz, 2017; Mazzer & Rickwood, 2015). However, much of the research illustrates the barriers faced by both Australian and international teachers regarding student mental health. This chapter introduces the reader to the context of the research problem, providing explanations of mental health and mental wellbeing and of mental health literacy. Chapter 1 concludes by illustrating current research that has investigated teachers’ and schools’ work in supporting student mental health and by establishing the need for and significance of the overarching research question and subquestions.

Defining Mental Health and Mental Wellbeing

The World Health Organisation (WHO) defines mental health as

a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO, 2004, para. 1)

Poor mental health, or what can also be described as poor mental wellbeing, leads to the development of mental disorders (WHO, 2004). The Australian Department of Education, Employment and Workplace Relations described student wellbeing as a “sustainable state of positive mood and attitude,
resilience and satisfaction with self, relationships and experiences” (ACU and Erebus International, 2008, p. 7). In this study, student wellbeing is considered as an overarching term encompassing student mental health. The WHO reports that one in four people will be affected by mental disorders at some point in their life (WHO, 2017). In addition, the WHO predicts that, by 2030, depression will be the leading cause of disease globally. In response to these predictions, the WHO created the first comprehensive global mental health care plan. Since the implementation of the 2013-2020 action plan, the WHO has recognised that some countries have made progress; however, there continues to be a global shortage of workers trained in mental health and a continued lack of investment in community-based services (WHO, 2017).

The Australian Government recognises a mental disorder as a health problem that significantly interferes with a person’s thoughts, feelings, and behaviour (Australian Government Department of Health, 2007). Recent data shows 45% of Australians aged 16-85 will experience a mental disorder at some point in their lives (Australian Institute of Health and Welfare [AIHW], 2018). A recent report, titled Australia’s Health 2018, found that 20% of Australians will experience a common mental disorder within a single 12-month period; disorders such as anxiety and depression are likely to be the most common. These rates are very similar to those reported in a 2013 national adolescent and youth survey (Lawrence et al., 2015).

Research indicates that mental disorders or illnesses commonly begin during adolescence. For example, the median age for the onset of anxiety disorders reported in the United States of America (U.S) is 11 years, with substance disorders reported at 20 years (Jorm, 2011). Australian data show that 75% of mental health problems begin before the age of 25, with major depressive disorders at an occurrence of 5% and anxiety disorders at almost 7% in Australian young people (Kessler et al., 2005; Lawrence et al., 2015). Therefore, it is important to highlight that people are often first experiencing a mental health disorder during adolescence, which is a period in their life when knowledge, life experiences, and even mental capacity are underdeveloped (Jorm, 2011).

**Mental Health in Australian Adolescence**

Adolescence is generally defined as the age period between 10-19 years (World Health Organisation, 2004). Lerner and Steinberg (2009) noted that the Latin origin of adolescence - *adolescere* - means quite literally to "grow into adulthood". In the United States (U.S), a recent report by the Committee on Improving Health and Wellbeing of Young Adults (Institute of Medicine and National Research Council, 2015) demonstrated that the adolescent period is one with substantial cognitive and emotional changes and brain development. Several risk factors, such as stress, pressure to conform, exploration of identity, family environment, and media influences, have been documented
as influential on youth mental health (WHO, 2014). Reliance on digital technology has also been linked to feelings of anxiety, depression, and generally poorer mental health in young people (Organisation for Economic Co-operation and Development, 2018).

Australian research has shown an increase in adolescent mental health cases, an increase in young people concerned about their mental health, and increasing concerns that community health departments are becoming overwhelmed with the mental health needs of society (Australasian College for Emergency Medicine, 2018; Australian Institute of Health and Welfare, 2019; Headspace Youth Mental Health Foundation, 2019). The most recent data from the 2019 Mission Australia survey show mental health as the highest concern for Australia’s youth (Carlisle et al., 2019). Supporting this, the first national survey investigating the mental health and wellbeing of Australian children and youth identified that 14% of 4-17-year-olds scored within the clinical range of mental health disorders (Sawyer et al., 2001). A follow-up survey was conducted in 2012-2014 in conjunction with The Black Dog Institute and Mission Australia, involving 13,000 young Australians. The survey reported an increase from 23% in 2012 to 27% in 2014 for 12-15-year-olds reporting a mental health problem. Following that study, the Young Minds Matter survey indicated that one in seven children and young people aged 4-17 years had experienced a mental disorder within the last 12 months (Australian Institute of Health and Welfare, 2016). These statistics also showed an increase in the rates of major depressive disorder, and with this, a reporting of 11% of young people aged 14-17 engaging in self-harm. While suicide is uncommon among those aged 0–14, it is the leading cause of death for young Australians aged 15–24. Research has shown a strong link between having a major depressive disorder and engaging in self-harm and suicide, with over half of young people who die from suicide previously engaging in self-harming behaviours (AIHW, 2016).

Research has consistently identified that, of those Australians with mental disorders, adolescent males are the least likely to seek treatment. A comparison of help-seeking behaviours for adolescent males and females within the ages of 16-24 years found that males have been reported to seek help at a rate of 13.2%, compared to 31.2% for females (Burgess et al., 2009; Hudson, Rapee, Lyneham, & Wuthrich, 2015). Mission Australia (2017) further reported that 32% of students would seek help from a school counsellor if they had a problem, whereas 31.6% (with a probable serious mental illness) and 36.4% (with no probable serious mental illness) would seek help from their classroom teacher, indicating that classroom teachers are often required to discuss mental health issues or concerns with their students.

Recent research emerging from Victorian emergency departments also highlights the increasing rates of mental health disorders among young Australians. A study conducted by Hiscock, Neely, Lei, and Freed (2018) found that between 2008 and 2015 the number of mental health
presentations at Victorian emergency departments increased by 6.5% per year, with self-harm accounting for 22.5% of presentations. Researchers concluded that presentation rates of self-harm and stress-related mood, behaviour, and emotional disorders increased markedly during the study period.

These statistics illustrate that there are well-documented mental health problems within Australia’s adolescent population affecting a significant cohort who would be in daily contact with teachers. In addition, the implementation of mandatory high-stakes testing (NAPLAN)\(^1\) is one of a number of contextual factors experienced by teachers and schools that have been shown to negatively impact student wellbeing and mental health. Firstly, research suggests that the pressure for teachers and schools to perform on these tests could result in teachers becoming more concerned with literacy and numeracy teaching pedagogies and assessment approaches, potentially overlooking student wellbeing (American Education Research Association, 2012; Thompson & Harbaugh, 2013). Secondly, Swain, Pendergast, and Cumming (2018) explored students’ experiences of NAPLAN, identifying and highlighting students’ thoughts and feelings regarding NAPLAN testing. These researchers identified feelings of anxiety and fear in students, reporting that NAPLAN testing (at some school sites) impacted students’ physical and emotional wellbeing. Studies by Rogers, Barblett, and Robinson (2016) and Wyn, Turnbull, and Grimshaw (2014) similarly commented on the negative impacts of high-stakes testing on student wellbeing.

**What is Mental Health Literacy?**

Anthony Jorm (2011) used the term *mental health literacy* to refer to the “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (p. 1). Jorm stated that mental health literacy is not simply a matter of having knowledge: rather, it is possessing knowledge that is linked to the possibility of action to benefits one’s own or others’ mental health.

Bjørnsen, Eilertsen, Ringdal, Espnes, and Moksnes (2017) investigated positive mental health literacy and development in Norwegian adolescents. They noted that mental health literacy encompasses four facets: (a) understanding how to obtain and maintain good mental health, (b) understanding mental disorders and their treatments, (c) decreasing stigma related to mental disorders, and (d) enhancing help-seeking efficacy (knowing when, where, and how to obtain good mental health care and developing competencies needed for self-care). Bjørnsen et al.’s study argued that although knowledge of mental health literacy does not necessarily mean a person possesses the skills required to assist others, having such knowledge is essential for developing these skills. Thus, having

\(^1\)The National Assessment Program – Literacy and Numeracy (NAPLAN) is an annual national assessment for all students in Years 3, 5, 7, and 9 in Australia (ACARA, 2016).
individuals with sufficient mental health knowledge is an appropriate starting point for supporting adolescent mental health.

Kelly, Jorm, and Wright (2007) argued that mental health literacy in young people and their key helpers may lead to better outcomes for those suffering from mental health concerns. Evaluating seven school-based intervention programs, Kelly et al. (2007) concluded that for early intervention to occur, young people and those who support them must be able to recognise and respond appropriately to possible mental health concerns. Likewise, Bjørnsen et al. (2017) highlighted the importance of mental health literacy as a determinant of overall health, which also has the potential to benefit both an individual and the wider community. As young people spend the vast majority of their time within an educational environment, it seems logical that schools and teachers become an important point of intervention for young people with mental health concerns. Teachers can then be considered as appropriate agents for the development of mental health literacy and for supporting and fostering initiatives to promote positive mental health in young Australians.

The Rise of Wellbeing and Mental Health as “Teachers’ Work” in Australian Schools

Mental health issues for young Australians continue to be a national area of concern. In response to this situation the Australian Government has endorsed several national and state initiatives designed to promote mental health awareness. Australian schools have now assumed an important role in addressing mental health, through initiatives such as Kids Matter, Mind Matters, National Safe Schools Framework and, most recently, the Be You initiative (Beyond Blue, 2019; Ministerial Council for Education Early Childhood Development and Youth Affairs, 2011). The Be You framework provides a guide to school communities, providing a safe learning environment for all students and provide educators with knowledge, resources, and strategies for helping students to seek support and to achieve positive mental health (Beyond Blue, 2019; Education Services Australia, 2018). The implementation of these national initiatives recognises that it is fast becoming the school and teacher’s role not only to educate about mental health and wellbeing, as a curriculum requirement, but also to identify and implement help-seeking pathways and strategies to support students who have mental health concerns.

Researcher positionality is an important factor to highlight at this point. The research problem originally developed out of my experience as a secondary teacher and lead teacher working in the area of student management and wellbeing at an all-boys Catholic Independent secondary school. This role includes seeing first-hand the impact of mental health on young men’s wellbeing and their learning experiences. Adolescent males have recently been the focus of mental health research for a number of reasons. It has been documented that there is a heightened risk for young men of developing mental
illness as a consequence of the traditional masculine norms that may discourage help-seeking behaviours (Baker & Rice, 2017). Odenbring (2019) further commented that it is often easier to gather information about the mental health concerns and impacts upon girls, because they are more likely to spontaneously seek help through the school counsellor. Boys, who have been overlooked via their reluctance to seek help, have been identified as internalising their behaviours (Lindsey, Brown, & Cunningham, 2017). Additionally, suicide is the leading cause of death among young men (aged 15-24 years). The lower incidence of mood disorders, such as depression, yet higher rate of suicide among young men suggests that depression may be underdiagnosed (Baker & Rice, 2017). My teaching experiences echo global and Australian statistics, as I have observed an increase in mental health difficulties experienced by adolescent males and have witnessed the challenges they face in seeking help. What poses an additional challenge for Australian schools and teachers in their work with student mental health is that the problem is heightened in all-boys schools similar to the site of this case study. As a lead teacher in student wellbeing I work with the young person, their family, and the school to support the student as best as we can. It is clear that schools and teachers are in a suitable position to support the mental health of young people, thus development in this area is critical.

These personal experiences, supported by global and national statistics, highlight an increasing prevalence of mental health issues in young people, especially boys. Through my lived experiences working within the space of student wellbeing, it is clear that it is fast becoming a school’s responsibility to cater for youth mental health and to promote positive mental health. Much of the literature echoes this notion, with several studies concluding that schools are becoming a vital supportive environment for the development of a young person’s wellbeing (Aldridge & McChesney, 2018; Andrews, McCabe, & Wideman-Johnston, 2014; Graham, Phelps, Maddison, & Fitzgerald, 2011; O’Reilly, Svirydzenka, Adams, & Dogra, 2018).

This research focused on the perceptions of beginning teachers when identifying and working with students who have mental health concerns. In this study, beginning teachers are regarded as teachers within their first 5 years of teaching, allowing for teachers at the graduate or proficient career stage (Victorian Institute of Teaching, 2015b). Australian data discussed by Weldon (2018) indicate that an increased number (an estimated 30%) of Australian teachers are leaving the profession within their first 5 years. It seems that there is no one single factor that explains teacher attrition rates; however, Mayer et al. (2015) identified that retention is linked to teachers’ sense of effectiveness. Kelly, Sim, and Ireland (2018) identified that early career teachers who felt unsupported by their school or previous tertiary institute had higher levels of job dissatisfaction. This point is consistent with findings from Ingersoll and Strong (2011) and the meta-analysis of Borman and Dowling (2008), where overall job satisfaction and satisfaction with working relationships and opportunities were found to be significant factors influencing intentions to leave the teaching profession. Therefore, it is
important to identify the perceptions, skill deficits, and requirements of teachers newer to the profession, as this will provide useful guidance on ways in which the Australian education and health sectors can further support all educators and, in turn, promote youth mental health and wellbeing.

Research Questions

The issue of mental health and the requirements of schools to provide a platform for support and guidance are forever increasing. The overarching research question for this study, therefore, is: What are beginning teachers’ perceived competence and professional development needs to support student mental wellbeing? Of particular interest is the level of mental health literacy among teachers new to the profession, specifically their capacity to identify, support, and further deal with mental health issues in their classrooms and to support the emotional and academic needs of these students. Therefore, the focused subquestions of this investigation are:

- How do schools and teachers currently identify students they perceive to be at risk of mental health concerns?
- How capable do beginning teachers feel to identify and refer students for appropriate mental health support?
- What resources or education do teachers, schools, and support staff believe necessary to feel more capable in assisting students with mental health concerns?

The findings of this research should highlight beginning teachers’ professional development needs and the barriers faced by beginning teachers and schools, thus indicating the further support that can be provided by school leadership communities and government. These findings may also provide useful research insights for public policy makers and educational institutions, particularly within initial teacher education (ITE) programs.

Summary

The topic of adolescent mental health remains an issue of high importance in Australian schools and is at the forefront of many state and government initiatives. Specifically, the high rates of youth suicide, particularly in males, and mental health issues are cause for concern, particularly for those who work closely with Australia’s youth in secondary schools where the impact of such rates is keenly felt. Schools provide a unique environment to help address the issue of youth mental health. Teachers can work cooperatively to improve the state of youth mental health and in turn promote positive mental health in young people. However, teachers may have varying levels of knowledge in the area of mental health due to personal experience, prior education, professional development, or for
other reasons. This study specifically investigates the perceived competence of teachers new to the profession. The thesis is organised into three subsequent chapters. In Chapter 2, literature which contextualises and explores the nature of the research problem and research questions is canvassed. Chapter 2 also details two complementary conceptual theories employed to frame the study: self-efficacy theory (Bandura, 1977) and the ecological systems theory (Bronfenbrenner, 1979). Chapter 3 provides the research design and methodological proceedings including specific details on the school site, participants, ethical considerations, and data analysis. Chapter 4 presents the findings. This chapter is organised into three major findings and provides extensive vignettes from participant interviews. The final chapter, Chapter 5, discusses the findings via the theoretical lenses of self-efficacy and ecological systems, and then offers conclusions and specific recommendations for all major stakeholders.
Chapter 2: Literature Review

Introduction

This chapter provides a review of the literature pertinent to the research topic, which involves the issue of beginning teachers’ work in supporting students with mental health concerns. The purpose of the study is to investigate beginning teachers’ perceived competence to support their students. This chapter reviews related literature, firstly explaining the current and evolving role of schools and teachers, and teacher perceptions of their role within the space of student mental health. As this study is also concerned with the professional development needs of beginning teachers, this review evaluates research on pre-service teacher training and professional development needs of beginning teachers in mental health and wellbeing. The chapter also provides an overview of related government initiatives related to youth mental health. The final section of the chapter explains two useful theories, Bandura’s (1997) theory of self-efficacy and Bronfenbrenner’s (1979) ecological systems theory, outlining how they will serve as theoretical frameworks in the data analysis, reporting, and discussion of findings in later chapters.

The Role of Schools and Teachers in Supporting Mental Health

This section presents a summary of recent literature investigating the role of schools and teachers in supporting student mental health. This includes related research from various education systems around the world. The World Health Organisation (2013) specifically recommends mental health promotion in school settings. In Australia, the federal government recently committed to the implementation of major mental health promotion programs such as KidsMatter, MindMatters, the National Safe Schools Framework, and the Be You initiative (Askell-Williams & Lawson, 2013; Beyond Blue, 2019; Ministerial Council for Education Early Childhood Development and Youth Affairs, 2011). With such initiatives, schools are expected to play a large part in supporting young people with mental health concerns. O’Reilly et al. (2018) reviewed 10 international studies addressing various mental health intervention programs in schools. They found that mental health interventions lacked adequate support in terms of staff willingness, appropriate funding, and appropriately trained staff, and that there was limited support for teachers. They also commented that training teachers in mental health could be a positive move to address large-scale issues but, in isolation, would not form the solution.

O’Reilly et al. (2018) concluded that the issue of student mental health and wellbeing in schools is two-fold. Firstly, youth mental health and wellbeing can be promoted and addressed in Australian classrooms through a whole-school approach and within specific wellbeing and mental
health curriculum approaches. Secondly, teachers must have the skills and capacity to identify students who need mental health support and be able to work with these students in order to achieve the highest possible wellbeing and educational outcomes. The second point is particularly important as the literature shows that young people predominantly do not initially seek professional help, but instead turn to a person with whom there is a strong, trusting relationship (Lawrence et al., 2015; Rickwood, Deane, Wilson, & Ciarrochi, 2005). As teachers can often be the person with whom a student has a trusting relationship, this raises the issue of how to equip teachers for this work. Whilst ITE courses are required to provide some curriculum expertise in areas such as personal development and the health and wellbeing of students, there is a general lack of systematic, research-based information regarding whether and how pre-service teacher education programs effectively prepares teachers to support young people with mental health concerns (Graham et al., 2011).

Research from the U.S indicated that teachers as a collective commonly do not feel equipped to deal with mental health concerns in the classroom (Holtz, 2017; Kirchner, Yoder, Kramer, Lindsey, & Thrush, 2000; Reinke, Stormont, Herman, Puri, & Goel, 2011). The research conducted by Holtz (2017) investigated the mental health literacy of 78 secondary school teachers using a quantitative survey method; it showed that teachers were only somewhat aware of the mental health difficulties faced by many students.

Graham et al. (2011), Mazzer and Rickwood (2015), and Andrews et al. (2014) focused on teacher perception, efficacy, and supporting mental health in schools. Graham et al. (2011) randomly surveyed 522 NSW primary and secondary school teachers; 45% of these teachers viewed mental health education as very important, furthermore identifying that a “sense of belonging to the school community” and “a positive school climate” were leading school-based factors which could assist students with mental health concerns (pp. 484-488). A more recent study conducted in Canberra schools by Mazzer and Rickwood (2015) investigated secondary teachers’ perceived self-efficacy in supporting student mental health. All participants viewed student mental health as part of their role; however, most teachers reported related challenges when supporting mental health. These results were similar to the findings of Andrews et al.’s (2014) study, reporting that 36% of secondary teachers surveyed did not have the confidence, knowledge, or abilities to react to issues of mental health in the classroom. All three studies concluded that the teachers understood they had an important role to play in the development of student mental health yet had a self-perceived skill deficit and felt inadequately equipped to effectively address all of the mental health needs of their students.

Research originating from Norway has recognised similar findings about the role teachers and schools play in addressing students’ mental wellbeing. A large Norwegian mixed-methods study echoed the perception that teachers feel they are responsible for assisting their students with mental
health concerns (Ekornes, 2017). It is worth noting that this study found that female teachers felt higher levels of responsibility and more heightened emotions when dealing with mental health concerns of their students than did male teachers. Such gender differences regarding perceived responsibility or competence in mental health promotion were not clearly identified in other international studies (Askek-Williams & Lawson, 2013; Holtz, 2017; Mazzer & Rickwood, 2015; Reinke et al., 2011). Another Norwegian study by Maelan, Tjomsland, Baklien, Samdal, and Thurston (2018) highlighted the importance of teachers supporting the social and emotional learning of their students as a prerequisite for all learning. The qualitative study conducted in lower secondary Norwegian schools did not support the findings of an earlier Norwegian study by Ekornes (2015), where teachers felt their competencies and skills were limited. Instead, Maelan et al. (2018) found that teachers called for better collaboration with mental health services. Such organisational discrepancies were reported in the Norwegian context of predominantly government public schools. Therefore, other countries with different school systems running parallel to each other, such as Australia, would need to treat such findings as only somewhat generalisable.

The school site chosen for this case study is a Catholic Independent school, working within a Catholic school system operating independently of the public school system. Despite differences in education sectors, the discrepancies reported in the Norwegian studies highlight the complexities teachers face when aiming to work effectively with students who have mental difficulties.

**Teachers’ Perceptions, Abilities, and Knowledge of Mental Health Literacy**

This next section analyses literature specifically related to teacher perceptions of their role and their levels of mental health knowledge or mental health literacy. An Australian study by Graham et al. (2011) found that most teachers reported that they were “quite confident” at delivering mental health education programs (p. 487). Nineteen percent were only “a little confident” and 6% were not confident at all, suggesting that up to one in four teachers in these Australian schools felt they were not confident to deliver such programs, thus arguably not confident in supporting student mental health needs (Graham et al., 2011, p. 487). Considering the 23% respondent rate in this study, it is highly possible that a larger portion of teachers, within the 77% of non-respondents, could have low levels of self-efficacy. In addition, the data were positively skewed towards a female sample, as almost 75% of respondents were female and the majority were between the ages of 21-30 years. The Australian Centre for Educational Research (ACER) reports that 81% of Australian primary teachers and 58% of Australian secondary teachers are female and that the average age of all teachers is 44 years. Since Graham et al.’s (2011) study sample had a higher response rate from male teachers and a younger participant pool than the average teacher age, it is likely that beginning teachers were well represented in the sample (McKenzie, Weldon, Rowley, Murphy, & McMillan, 2014).
For teachers to have adequate mental health literacy, they must feel equipped to take appropriate steps to identify and support a young person believed to be at risk of a mental illness. What such literacy involves is an ongoing debate. For instance, Bourget and Chenier (2007) argue that an additional key element within the definition of mental health literacy involves a focus on the “prevention of mental health problems” (p. 4). While the exact specifications of mental health literacy for teachers remain in debate, what is clear is the perceptions of teachers concerning their preparedness to cope with mental health issues in their classrooms. For example, in the United States, a research project surveyed 300 elementary and early childhood educators. Over half of the respondents reported having difficulties identifying students who may present with mental health concerns, with 78% feeling that a lack of adequate training was a significant barrier (Reinke et al., 2011). If teachers feel uncertain about their knowledge in wellbeing or social-emotional education, then this situation would be quite like that of a teacher asked to perform duties of a lead teacher (i.e., a teacher in a position of additional responsibility) without adequate professional development, or to teach in an area of the curriculum with which they are not familiar. Such confidence and perceived self-efficacy are important factors in one’s ability to carry out any desired professional performance (Askell-Williams & Lawson, 2013; Bandura, 1977).

Recent research has also identified possible discrepancies in the perceptions of primary and secondary school teachers. Ekornes’s (2017) survey data revealed differences between perceptions of responsibilities for primary and secondary school teachers. Upper secondary school teachers perceived fewer expectations upon them to help students with mental health difficulties and a greater demand on academic requirements. Such a finding is troubling, as the data clearly illustrate that it is during the years of secondary schooling that mental health disorders are at their highest (Ekornes, 2017; Mission Australia, 2017) and male suicide escalates (Australian Bureau of Statistics, 2017). Considering the nature of Australian secondary education and the high priority of academic rigour in Years 11 and 12, it is worth investigating the perceptions of responsibilities and expectations towards mental health within Australian secondary schools. An Australian study by Mazzer and Rickwood (2015) found additional factors influencing teachers’ perception of their capacities to support students, including demanding workloads, the number of students taught, and the lack of available time to support students. Organisational challenges, inadequate skills and training, and a lack of perceived self-confidence to identify and address mental health concerns are consistent themes across both Australian and international studies.

Turning the focus to beginning teachers, there is limited literature specifically investigating the perceptions of beginning or early career teachers. Hatton et al. (2017) investigated secondary beginning and experienced teacher perceptions of their role in suicide prevention and intervention. Years of teaching was not correlated with comfort and confidence, leading Hatton et al. to conclude
that experienced teachers did not necessarily have more confidence. Instead, both beginning and experienced teachers agreed that limited training, fears of making the situation worse, and fears of legal repercussions were barriers that kept teachers from intervening with potentially suicidal students. Byrne, Rietdijk, and Pickett (2018) discussed how factors beyond the schooling environment such as being a parent, previous experiences of wellbeing education as a pupil, and a stronger sense of personal morality can increase beginning teachers’ self-efficacy and their promotion of wellbeing as part of their wider pastoral role. Heikonen, Pietarinen, Pyhältö, Toom, and Soini (2016) investigated early career teachers’ perceptions of teacher-student interactions and teachers’ sense of agency. Their results confirmed that feelings of insufficient ability to deal with problematic encounters with students correlated negatively with self-efficacy beliefs for supporting students. Therefore, beginning teachers faced with difficult student situations were more likely to feel less self-efficacy in their overall teaching responsibilities. Heikonen et al. additionally discussed how a lack of experience can lead to insufficient ability to solve pedagogically and socially challenging student situations, which could be extended to challenging or complex mental health issues in the classroom.

The level of teaching expertise or experience has also been linked to teachers’ ability to adopt more anticipatory measures for classroom management, rather than the more reactive measures taken by beginning teachers (Elliott & Stemler, 2008; Stough, Palmer, & Leyva, 1998). This research did not specifically examine beginning teacher experiences related to student mental health; however, considering the documented difficulties in classroom responses, it could be argued that a beginning teacher is less sensitive to various classroom contexts and may have more difficulty or be yet unable to develop competence to respond to the various emotional and wellbeing needs of students.

Although literature specifically exploring beginning teacher perception is sparse, it is clear that what literature there is consistently identifies that teachers report a lack of knowledge and confidence within the area of supporting students with mental health concerns (Andrews et al., 2014; Bostock, Kitt, & Kitt, 2011; Graham et al., 2011; Mazzer & Rickwood, 2015; Reinke et al., 2011). If teachers are reporting a lack of confidence or efficacy, this lack could also be linked to the increasing number of beginning teachers leaving the profession. Development of teacher mental health literacy could thus be an appropriate strategy to help reduce teacher attrition. The next sections build upon this argument by considering conclusions drawn by reviewed literature and evaluating current and required teacher training and professional development.

**Teacher Training and Professional Development in Mental Health**

Bearing in mind the perceptions, levels of knowledge, and mental health literacy of teachers previously discussed, it is clear that teachers require specific training in mental health knowledge,
awareness, and promotion to be able to respond to the increasing incidence of mental health problems in the adolescent population. This next section elaborates on this, providing an insight into recent ITE programs, particularly for Australian teachers and, in particular, the professional development needs of beginning teachers in this country.

Research focused on pre-service educators or beginning teachers in Australia is sparse. Bryer and Signorini (2011) surveyed Australian pre-service primary school teachers about their understanding of students’ mental health and wellbeing. When questioned about government policies and curriculum frameworks, most were unfamiliar with these and reported an intention to improve their knowledge. At the time of the study, most pre-service teachers were unfamiliar with government-developed wellbeing programs such as MindMatters, KidsMatter, and The Resourceful Adolescence Program (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000). A qualitative Canadian study focused on the effect of delivering an online elective course to pre-service teachers. The course focused on four aspects: (a) learning about mental health, (b) learning to appreciate their role and capabilities when responding to equity and social justice, (c) developing mental health literacy, and (d) developing self-awareness and capacity building to reduce stigma and increase engagement in mental health (Atkins, Hoagwood, Kutash, & Seidman, 2010). Results indicated that this course was a valuable response to a need for more knowledge, awareness, and resources for teacher candidates.

A U.S based study into the differences between beginning and experienced teacher preparedness for dealing with mental health issues identified a clear disconnect between ITE and practice, coupled with the additional concern that teachers are rarely educated to recognise and manage their own mental health needs, contributing to higher attrition rates (Koller, Osterlind, Paris, & Weston, 2004). Both groups of teachers reported that mental health education was important for classroom success, yet they felt that their teaching degree did not adequately provide it. When reflecting on their tertiary courses and programs, beginning teachers felt only slightly more prepared than more experienced teachers to deal with these issues. Koller et al. (2004) further commented that perhaps novice teachers do not realise that they lack effective preparation in mental health training, until the need for it is experienced directly in the school environment. This observation is somewhat consistent with findings from Bostock et al. (2011) who found that beginning teacher attitudes began to change after working within a school environment for one year, suggesting that content and pedagogical skills in supporting mental health within ITE programs and further ongoing professional development are required. Such findings pose further questions, such as whether there is enough training and focus in pre-service teacher programs for beginning teachers to identify and respond to the issue of youth mental health, and if ongoing training would be helpful for educators working with adolescents.
Support and professional development needs of teachers.

Australian and international studies have highlighted several barriers that can inhibit classroom teachers’ abilities to successfully support students who have mental health concerns. Holtz (2017) reported that teachers require more collegial support and additional training in mental health awareness. Similarly, Reinke et al. (2011) reported that “an insufficient number of school mental health professionals, lack of training for dealing with children’s mental health needs and lack of school funding for school based mental health services” (p. 8) are significant barriers for teachers in supporting the mental health needs of students. Maelan et al. (2018) further identified that time and resource constraints are significant barriers preventing teachers’ ability to support individuals’ mental health, in line with previous studies by Ekornes (2017) and Mazzer and Rickwood (2015). Askell-Williams and Lawson (2013) concluded in their Australian study that effective professional education within the area of mental health literacy and promotion is critical for teacher development and improved confidence. They argued that all ITE must integrate the concept of mental health promotion.

A unique professional development course originating in Australia called Mental Health First Aid (MHFA) was developed to improve teachers’ mental health knowledge (Mental Health First Aid Australia [MHFA], 2018). The MHFA course typically requires 12-14 hours of training and associated study with an accredited trainer. Morgan, Ross, and Reavley (2018) conducted a systematic analysis of 18 studies exploring the effectiveness of this particular training course. These studies used participants from the whole population. The analysis showed that the MHFA training led to improved mental health first-aid knowledge and recognition of disorders and beliefs about active treatments. Participants also showed an increase in perceived confidence in their ability to help others, up to six months post training (Morgan et al., 2018). To date, the MHFA course is not a requirement for all teachers; however, a professional learning program of this kind could be an example of the type of professional development opportunity needed across the sector to improve teacher mental health literacy. The studies discussed to this point have highlighted training, further support, and development needs of teachers from both primary and secondary sectors with various levels of experience. In the next section, these concepts are considered in the context of beginning teachers and their professional development.

Current skills and professional development needs of beginning teachers.

The Australian Professional Standards for Graduate Teachers (APST), developed by the Australian Institute of Teaching and School Leadership (AITSL), require graduates to demonstrate knowledge of students and how they learn; of content, planning, and teaching effective lessons; and of ways to create safe environments and engage in professional learning with colleagues, parents, and the
community (Australian Institute for Teaching and School Leadership [AITSL], 2017; Victorian Institute of Teaching [VIT], 2015b). Under the heading of creating and maintaining safe and supporting environments, beginning teachers are expected to “maintain student safety, describe strategies that support students’ wellbeing and safety working within school and or system, curriculum and legislative requirements” (VIT, 2015b). There are seven teaching standards comprising 37 focus areas and only one part of one focus area mentions ‘wellbeing’. AITSL standard number four, “create and maintain as safe and supportive learning environment”, consists of this one focus area stating, “Describe strategies that support students’ wellbeing and safety working within school and/or system, curriculum and legislative requirements” (AITSL, 2017, p.5). This excerpt is the only specific mention of student wellbeing in the APST.

Although Australian teaching standards do not refer specifically to the mental health needs of students, recently other countries have refined their standards and frameworks to address their increasing concerns around mental health. Clinton (2017) reviewed the effectiveness of various international teacher systems and frameworks and identified that Canadian pre-service teacher courses are required to implement a sharpened focus on mental health, wellbeing, and diversity. In the U.S Gibson, Stephan, Brandt, and Lever (2014) reported that at a national policy level, teacher candidates are not required to exhibit competency in areas related to mental health. However, different U.S states have implemented their own mandates to address the rising concern of student wellbeing. For example, the State of Minnesota requires that teachers seeking to renew their licence must demonstrate that they have received professional development in the past five years related to the warning signs of early onset mental illness and how to respond. The Victorian Institute of Teaching has a similar requirement in relation to students with special needs or a disability. However, there is not yet any requirement for a graduate or an accomplished teacher to obtain specialised training in student wellbeing and mental health as a part of their professional accreditation to teach (VIT, 2015a).

Current policy reforms in teacher education are illustrated in the report: “Action Now: Classroom Ready Teachers” (Teacher Education Ministerial Advisory Group, 2014). One key recommendation from this report is to ensure that teachers have adequate knowledge of content, pedagogy, literacy, and numeracy through more rigorous selection processes. The report has a heavy focus on accountability, reform, and standardisation. Yet, specific details shaping the inclusion of student wellbeing and mental health content knowledge or pedagogy in ITE are limited. The report included 39 recommendations and none of these recommendations mentioned student wellbeing or mental health. The lack of programs and conditions that support student wellbeing and specifically mental health by beginning and experienced teachers across the primary and secondary sectors would suggest that it remains an underdeveloped priority in ITE and professional development.
Stephenson (2018) reviewed research to assess the content knowledge and skills of Australian pre-service teachers between 2005 and 2015. The review identified that there remains a focus by accreditation bodies on content knowledge, rather than on other categories of teacher knowledge (i.e., student engagement, student wellbeing, and adolescent development) and associated skills required by graduate teachers. Similarly, a qualitative case study conducted by Mergler and Spooner-Lane (2012) explored current teachers’ perceptions of the skills that pre-service teachers need. One teacher commented, “Pre-service teachers (and graduate teachers) struggle between what is really important and content. They are driven by assessment, results, curriculum and accountability” (p. 74). Hudson, Hudson, Weatherby-Fell, and Shipway (2016) conducted a mixed-methods study with 312 final-year pre-service teachers, investigating self-reported confidence against the graduate teacher standards. In the survey component, 89% of respondents reported they were confident in inclusive student engagement, student management, and monitoring student safety. However, authors also reported possible gaps in pre-service teacher ITE programs, as almost one third of participants indicated diminished confidence in supporting students with a disability in the open response component of their investigation, somewhat contradicting the earlier survey findings in the same study. Further qualitative analysis showed that those who were more confident stated this was due to experiences accomplishing the required standards in a classroom environment. Pre-service teachers noted that their mentor teachers and their teaching placements played a significant role in developing these required skills.

The study by Hudson et al. (2016), reported a range of findings that illustrated preservice teachers may have an understanding of what is required when catering to student learning and wellbeing needs, but possibly less ability to achieve this in practice. Likewise, Pillen, Beijaard, and Brok (2013) found that beginning teachers report considerable issues with managing behaviour in the classroom. Difficulties with student classroom management have been linked with wellbeing concerns, further exacerbating mental health issues among students (Fazel, Hoagwood, Stephan, & Ford, 2014). In regard to behavioural management skills, Peters (2012) studied final-year pre-service teachers’ perceptions of their confidence and competence in managing student behaviour. Findings from this study revealed that pre-service teachers felt somewhat confident in their ability to manage a classroom; however, the management strategies reported indicated a very narrow conception of management. Mergler and Spooner-Lane (2012) also commented that in the early years of teaching it is common for teachers to lack the confidence to modify teaching practices according to student needs, as teachers reported challenges in responding to diverse student backgrounds and also personal challenges, aligning with the findings from Hudson et al. (2009) and Hudson et al. (2016).

The studies reviewed led to the inference that pre-service teachers may not be sufficiently prepared to manage the varying issues associated with mental health problems in young people. Skills such as questioning, listening, and the recognition of student diversity and wellbeing difficulties are
skills that may not be sufficiently developed in graduate teachers (Mergler & Spooner-Lane, 2012). Such skills are arguably vital in helping to identify mental health concerns and to further implement appropriate positive supportive strategies in a classroom environment.

This literature review has established that there is the strong possibility that teachers newer to the profession are entering the classroom with very little professional development related to student mental health. Although teachers typically receive pre-service and in-service preparation in curriculum and instruction, they receive little or no education concerning the intra and interpersonal dimensions of teaching and learning in classrooms (Burke & Paternite, 2007). “Teachers, ill-equipped to deal with mental health needs – either their students’ or their own – are left to their devices to cope” (Burke & Paternite, 2007, pp. 21-22). The studies reviewed thus far support the underpinning imperative for this study, that pre-service teachers may not be sufficiently prepared to manage as a part of their professional role the varying spectrum of wellbeing and emotional problems which arise in young people.

**Government Policies and Initiatives**

As previously stated, there have been several recent changes and initiatives led by national and state governments designed to address mental health. This section provides an overview of the recent changes and initiatives implemented by the Australian federal government to respond to concerns around youth mental health and schools’ and teachers’ work in supporting student mental health and wellbeing.

In 2000, the Australian Government developed the “National Action Plan for Promotion, Prevention and Early Intervention in Mental Health” (Commonwealth Department of Health and Aged Care, 2000). This policy acknowledged the critical life stage to target mental health interventions, particularly early intervention initiatives. In the following year, the “Better Outcomes in Mental Health Care Initiative” (Commonwealth Department of Health and Aged Care, 2001) was launched to support the development of interventions, particularly in primary care, to encourage young people to seek early assistance. Similar initiatives have continued throughout Australia and within specific states over the past 10 years. The most significant and recent nationwide government policy is the National Safe Schools Framework (Education Services Australia, 2018; Ministerial Council for Education Early Childhood Development and Youth Affairs, 2011). This initiative was created to help develop safe, supportive, and respectful learning and teaching communities throughout Australia. The framework defines a safe and supportive school environment as follows:

In a safe and supportive school, the risk from all types of harm is minimised, diversity is valued and all members of the school community feel respected and included and can be confident that
they will receive support in the face of any threats to their safety or wellbeing. (Ministerial Council for Education, Early Childhood Development and Youth Affairs, 2011, p. 2)

This framework was built around the central vision to promote student wellbeing. All Australian schools are required to adopt this framework, but it does not provide further specificities in regard to mental health awareness, promotion, and particular teacher training. Another notable government initiative is the development of Headspace National Youth Mental Health Foundation. This program is arguably the Australian Government’s major investment in the area of youth mental health, with annual funding of just over $95 million (Headspace Youth Mental Health Foundation, 2018). A recent study into the effectiveness of Headspace centres across Australia highlighted the increasing need for further government support and help-seeking initiatives. Rickwood, Telford, Parker, Tanti, and McGorry (2014) accessed data from 21,274 clients across 55 Headspace centres in Australia. They identified the peak age of presentation was between 15-17 years, with females the predominant self-reporters, as 64% of all clients were female. This does not necessarily illustrate that female adolescents have greater mental health concerns than males; instead, it reconfirms that females are more likely than males to seek clinical support. Rickwood et al. concluded that the Headspace initiative was achieving its aim of improving early service access; however, further expansions to include clinician diagnostics were suggested. Government funding has recently expanded into school settings with the launch of the Be You initiative, which aims to provide schools with a contemporary, interactive framework of engaging evidence-based information, professional advice, and support (Beyond Blue, 2019).

Other government and educational bodies have developed policies, standards, and initiatives implicating teachers and schools. As mentioned earlier, the Australian Professional Standards for Teachers reference student wellbeing, but nothing specific about mental health knowledge or skills. Australian state and territory governments have implemented specific policies which align with their respective curricula. The Queensland Government Student Health and Wellbeing Policy statement is one which is extensive, including a clear policy on mental health. This policy states that it is the school’s responsibility to implement early intervention and treatment for students when there is reasonable belief that a student has mental health concerns (Queensland Government Department of Education and Training, 2017). The Victorian Government Student Wellbeing and Learning Policy states that schools must promote student wellbeing by “providing an environment and curriculum that support students to develop knowledge, understanding and skills to manage their own health and wellbeing and to support that of others” and by “aligning student welfare and curriculum policies” (Victorian State Government, 2017). The Victorian 10-year Mental Health Plan is currently focused on expanding the Safe Schools program to all schools across Victoria (Victorian State Government, 2015). A component of this involves the implementation of social and emotional learning (SEL). SEL
programs aim to build self-awareness, self-management, social awareness, relationship building and responsible decision making. These pillars have been shown to build resilience and support youth mental health (CASEL, 2019).

Schools are also expected to support the teaching of mental health, wellbeing, and resilience of all students through the learning areas of Health and Physical Education. These learning areas focus on enhancing student health, wellbeing, and safety, and on guiding students to understand and develop the skills to make healthy and safe choices (Victorian State Government, 2019a). Teachers equipped to teach in these areas above are those who completed ITE with specific methods in Health and Physical Education. Despite some teachers possibly obtaining wellbeing education in their ITE courses, it seems likely that many teachers are obtaining limited specific education about mental health before commencing teaching.

In summary, federal and state government policies generally conceptualise wellbeing and mental health policy primarily as a duty of care, with some policies suggesting a preventative approach through education and awareness. However, numerous studies in Australia and overseas have highlighted the lack of knowledge and confidence as well as the organisational barriers restricting educators’ abilities to become more skilled in the area of mental health (Atkins & Rodger, 2016; Ekornes, 2017; Graham et al., 2011; Koller et al., 2004; O’Reilly et al., 2018; Reinke et al., 2011).

Theoretical Framework

It has been frequently reported that many teachers believe in the importance of their role in supporting student mental health (Andrews et al., 2014; Graham et al., 2011; Mazzer & Rickwood, 2015). However, much of the literature states that teachers feel under-equipped to deal with these issues in their classrooms. This section explores the potential of Bandura’s (1977, 1997) self-efficacy theory as a tool for analysis, particularly its usefulness in explaining how the perception of one’s abilities impacts on one’s actions. A second, complementary theoretical frame for this data analysis is Bronfenbrenner’s (1996) ecological systems theory, which proposes that an individual’s development is also influenced by the various social and environment contexts in which they live and operate. Together, these theories can offer insights into how individual beginning teachers perceive their own abilities in supporting students with mental health issues and how teachers’ professional work environment supports them.

Self-efficacy theory.

Teacher self-efficacy has provided a framework for many studies of classroom behavioural management and student performance. In my study, this framework underpins the notion that teachers’
ability to identify and support students with mental health concerns relies on their sense of self-efficacy. In conjunction with the work of Rotter (1966), the concept of teacher efficacy was first developed by the RAND (Research and Development) Corporation to investigate if teachers believed that their actions influence a particular outcome, and whether the overall outcome was environmentally dependent or teacher dependent (Tschannen-Moran, Hoy, & Hoy, 1998). This conceptual strand was developed from Bandura’s (1977) social cognitive theory, which guides the analysis and discussion of teacher self-efficacy. Social cognitive theory posits that learning occurs in a social context with dynamic interaction of the person, environment, and behaviour. This theory considers the unique way in which individuals acquire and maintain behaviour, whilst considering their environment. One of the constructs of this theory is self-efficacy (Bandura, 1977, 1994).

Bandura (1994) defined self-efficacy as “people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives” (p. 71). Bandura (1986) argued that individuals may believe certain behaviours produce a certain outcome, but if they do not believe they can perform the required actions they will not initiate the required behaviours. The theory further states that beliefs about oneself are key elements in the application of control and the development of personal agency. Furthermore, how people behave or the actions they carry out are often predicted more by their beliefs than by their past performances (Pajares, 1997). Adopting this theory with the notion of teachers’ perceived competency in identifying mental health issues affecting their students, one can argue that if teachers have low belief or low self-efficacy then they are less likely to engage in the promotion of students’ mental health or wellbeing. Teachers may also be more unlikely to develop the confidence to identify and provide support to students who experience mental health disorders.

Bandura (1977) proposed four sources of self-efficacy: mastery experiences, vicarious experiences, verbal persuasion, and psychological states. Research drawing on Bandura’s original theoretical concepts states that the most effective way of creating a strong sense of efficacy is through mastery experiences; however, drawing upon several sources can also provide a stronger sense of efficacy (Bandura & Menlove, 1968; Gorrell & Capron, 1990; Mansfield & Woods-McConney, 2012; Pfitzner-Eden, 2016). Developing self-efficacy among educators in an area of need, such as mental health literacy, could be characterised by these four sources.

Teacher efficacy is assumed by some researchers to be a two-dimensional construct consistent with Bandura’s (1977) theory of self-efficacy. Ashton and Webb (1986) were among the first researchers to empirically test and further develop social cognitive theory, using this as a foundation to conceptualise teacher efficacy. Following this work, Gibson and Dembo (1984) developed a 30-item
Likert scale to assess efficacy. The majority of studies looking into teacher efficacy have used either the procedure developed by Ashton and Webb or the Gibson and Dembo procedure.

Previous research framed by Bandura’s social cognitive theory identified a strong correlation among teachers’ self-efficacy beliefs, their behaviour, and student outcomes (Ross & Bruce, 2007; Taimalu & Oim, 2005; Woolfolk & Hoy, 1990). Soodak and Podell (1996) developed a modified version of Gibson and Dembo’s (1984) efficacy scale to measure teacher self-efficacy. They identified that teacher efficacy was comprised of personal efficacy, outcome efficacy, and teaching efficacy. Personal efficacy and outcome efficacy represent the efficacy expectations and outcome expectations of Bandura’s earlier model, as they pertain to teachers’ beliefs about their ability to perform and to the belief that outcomes are attributed to their actions. Teaching efficacy pertains to teachers’ perceptions about the influence of external factors on a student’s development. Soodak and Podell further concluded that differing combinations of personal efficacy and outcome efficacy may underlie teachers’ decisions and behaviour.

Hoy and Woolfolk (1993) examined the relationship between teacher efficacy and aspects of a healthy school climate, finding that subjects taught, teachers’ gender, students’ age, teachers’ experiences, and the level of teacher education all influenced teacher efficacy. A cross-national study identified that similar factors, such as teaching practices, can be used to account for responses to teacher self-efficacy across different cultural groups (Vieluf, Kunter, & van de Vijver, 2013). These findings identified that the concept of teacher self-efficacy is not limited to the individual countries where social cognitive theories were developed and confirmed that teacher self-efficacy seems to stem from a psychological function independent of a specific national education system (Vieluf et al., 2013).

Ross and Bruce (2007) conducted a Canadian-based study into the effects of professional development on increased teacher efficacy beliefs. Teachers in the treatment group (receiving multiple professional development sessions) identified greater self-efficacy towards managing their classrooms. It is therefore appropriate to conclude that these teachers had developed a stronger sense of mastery towards managing their classroom and teaching environment (Bandura, 1977). Hagen, Gutkin, Wilson, Oats, and Graham (1998) suggested that instructional videos drawing upon verbal persuasion from experts, coupled with vicarious experience, is another way to cognitively model appropriate practices and to build self-efficacy. In order to develop the self-efficacy that might support student academic outcomes, behavioural outcomes, or student wellbeing, teachers would need the support of training organisations, school leadership, professional learning communities and experts in the field of mental health.
This research attempted to study teachers’ self-efficacy by focusing on social and environmental factors such as teacher roles, teacher expectations, school environment, support from school administration, and social relations with students. All of these factors are important when teachers construct beliefs and develop skills to address student mental wellbeing. Early research by Rotter (1966) identified that teachers who express confidence in their ability to have an impact on students’ learning showed a belief that change and reinforcement lie within teachers’ control.

The theoretical lens applied in this study is an extension of Bandura’s original social cognitive theory and employs an education-specific definition of self-efficacy. In this study, I used this theory to understand if beginning teacher self-efficacy is related to their ability to identify students of concern and to initiate positive helping strategies towards a constructive outcome related to student wellbeing.

**Ecological systems theory.**

In addition to teacher skills, beliefs, and perceived confidence, school environment and further external factors are likely to impact upon the implementation of student wellbeing initiatives and the promotion of student mental health. To help frame this component of the study, I employed the ecological systems theory (Bronfenbrenner, 1979). This theory involves the conception of a developing person and the interactions between that individual and their environment – ecological systems – and is typically represented as a semiotic model (Bronfenbrenner, 1979; Wang & Degol, 2016). Bronfenbrenner’s (1979) ecological model illustrates an interconnected series of systems with which people interact. These systems include the microsystem, mesosystem, exosystem, and macrosystem.

Considering the research context, the beginning teacher is the focus for this model. The microsystem would then consist of a teacher’s experiences, perceptions, and interactions occurring between the beginning teacher, students, and colleagues within the school. These microsystem experiences shape beginning teachers’ perceptions or beliefs and their degree of self-efficacy towards supporting their students. The mesosystem consists of school structure, school resources, interactions and decisions between school leadership and mental health workers, and school culture. The exosystem is defined as factors or events that may never enter the immediate microsystem and occur outside the person’s immediate environment (Bronfenbrenner, 1996). The exosystem consists of parents or carers, family environment, community health organisations, and any other factors external to the physical school environment. Factors within the exosystem and their effect on teacher perception are not specifically explored in this study. These factors were identified as being beyond the scope of this thesis, as they require greater time allowance and an expanded data collection process than this research program can facilitate. How more extensive and longitudinal data obtained from the
exosystem could shed further light on this research problem is returned to in the recommendations in Chapter 5. The final layer is the macrosystem. This includes society’s attitudes and actions towards mental health encompassing the wider school and health sectors, ITE programs, and related government policy and action.

Aston (2014) investigated adolescent views about mental health promotion in British secondary schools. This study explored the views of 26 adolescents using a focus group methodology. Aston adapted Bronfenbrenner’s (1979) original ecological systems theory and created an ecological framework for mental health promotion in school communities utilising the three levels: macro, meso, and microsystems. The macrosystem consisted of society and school cultures; the mesosystem encompassed specific school initiatives such as curriculum, teaching and learning, inclusive environments, and school organisation; the microsystem consisted of student development and relationships and interactions, including with teachers. Aston’s (2014) model is similar to the current study; however, in this study, the focus is upon the teachers’ experiences and interactions with students at the microsystem level. Aston concluded that the ecological system theory was helpful for conceptualising interactions between different systems and applicable to improving mental health in schools.

The interactions that take place within the microsystem, particularly between teachers and students in regard to identifying and supporting students with mental health concerns, links in with the previously discussed theory of teacher self-efficacy. Interactions that take place within the meso- and macrosystem between teacher and school, and between school and government, are likely to have a significant impact on the ability of schools and teachers to successfully support students with mental health concerns and to promote positive mental health to all students.

Various studies have reported that school environment, procedures, and government policies influence student wellbeing and the implementation of programs and initiatives to improve whole-school wellbeing (Holtz, 2017; Maelan et al., 2018; Mazzer & Rickwood, 2015; O’Reilly et al., 2018; Reinke et al., 2011). Recent research by Roffey (2017) and Vic Health (2015) also highlighted the practicality of the ecological approach in understanding and responding to youth wellbeing in a school context. Adopting the ecological model allows for investigation into how these different contexts influence teachers’ perceived confidence and ability to respond to mental health concerns and, in turn, student wellbeing (Wang & Degol, 2016).

Employing the ecological model in the research design means that everything from the condition of the school, curriculum, general procedures, disciplinary practices, interpersonal relationships, and outside policy processes can be considered in data collection as possible influences upon student development and overall student mental health. This model was adopted by Atkins et al.
(2010) to provide a framework that guides research, policy, and practice for school-based mental health services in the US. They argued that the goal should be to improve functioning rather than reduce the symptoms of the problem (i.e., the number of students who report with mental health problems). Furthermore, they argued that improving functioning can be achieved by adopting models that can be individualised to specific school contexts and by developing these models so that student wellbeing is a core component of school policy and everyday practices.

A similar notion was emphasised by Aldridge and McChesney (2018) who, from a health promotion stance, suggested that schools should not focus on individual cases, but should significantly invest in approaches that may result in the improvement of mental health and wellbeing of all students. Aldridge and McChesney conducted a systematic review of 48 articles published between 2000 and 2017. Their findings indicated strong evidence of the importance of school climate in influencing student mental health, identifying school connectedness, school safety, teacher relationships, and the academic environment as the greatest influence on student wellbeing. Findings such as these encourage the conclusion that an ecological perspective is an appropriate lens for further investigation into student mental health and the role of teachers and schools.

There are several advantages of using an ecological framework. This framework will allow for further examination into how society and various social contexts influence students and teachers. It will further allow for the identification of additional barriers beyond the individual perceptions of teachers. Teachers may perceive mesosystem and macrosystem barriers such as school organisation and government policy as significant barriers preventing the further support of student mental health. In conjunction, identifying and discussing perceived ability and self-efficacy as internal factors may also contribute to the actions of teachers in supporting student mental health.

Summary

This chapter has illustrated that adolescence is a time of increased mental health concern. Thus, schools and teachers often serve as the front-line responders for supporting youth mental health. The literature within the review is a description of current teacher perceptions, mental health practices in schools, and Australian government policies and practices. The role of schools and teachers in supporting youth mental health, teacher perceptions, and knowledge of mental health literacy was discussed. Teacher perceptions and knowledge were then linked to required support and professional development needs of teachers as identified by recent Australian and international studies. A number of government and public health sources emphasised and supported the importance of the work of schools within this space. Establishing that teacher perceptions of their capabilities in supporting mental health could be better understood by how they see their professional work in the context of the
school, this chapter has presented two complementary theories to serve as a theoretical framework: Bandura’s (1997) theory of self-efficacy and Bronfenbrenner’s (1979) ecological systems theory.

The following chapter provides details of the research design and research questions investigated. This includes detail on the case study site, the data collection process, and data analysis and coding procedures. Chapter 3 also discusses the ethical parameters employed.
Chapter 3: Methodology

Introduction

The preceding chapters have provided an overview of the study and a review of the literature relevant to the problem being investigated. This chapter discusses in detail the research questions and the methodological proceedings and procedures for data analysis. The research design draws on a qualitative, interpretative case study method, incorporating interviews and document analyses to address the research questions. A detailed description of the case study site is also provided, along with details of participants and ethical proceedings. The chapter concludes by explaining the specific methods involved in coding and analysing the document and interview data collected.

Research Questions

The research is directed at what might be termed the mental health literacy of teachers new to the profession. Consequently, the over-arching research question addressed in this study is “What are beginning teachers’ perceived competence and professional development needs to support student mental wellbeing?” Of particular interest is the capacity of beginning teachers to deal with mental health issues in their classrooms and their day-to-day interactions with students. Therefore, additional subquestions of interest are:

• How do schools and teachers currently identify students they perceive to be at risk of mental health concerns?
• How capable do beginning teachers feel to identify and refer students for appropriate mental health support?
• What resources or education do teachers, schools, and support staff believe necessary to feel more capable in assisting students with mental health concerns?

Understanding mental health literacy in beginning teachers is complex. Their knowledge, experiences, and perceptions of mental health issues interact with local circumstances: their classes, the school, the education system, and the socioeconomics of the school population. This research is aimed at both developing a picture of the mental health literacy of beginning teachers and also identifying barriers that may operate, in order to improve their mental health literacy together with their professional development needs in this respect. The qualitative nature of the study provides an in-depth analysis of this phenomenon.
Methodology

Before detailing the specific research design, it is important that I clarify the adopted research paradigm. As I aim to identify and unpack teacher knowledge and perceptions, this intention gives rise to a research paradigm and design that closely aligns with my own beliefs and intentions for the study. I assumed an interpretivist approach, concerned with the subjective world of human experience (Cohen, Manion, & Morrison, 2017; Guba & Lincoln, 1994). This approach aims to interpret what the participants are thinking and to understand the viewpoint of the participants rather than that of the researcher. In relation to the current research project, an interpretivist or constructivist approach was adopted as it provides a framework that closely aligns with my own beliefs. In almost 10 years of working as a secondary educator, it is clear that one teacher’s perceptions and interpretations of events or issues can be different from another’s. In my experience, a teacher’s ability and perceptions of teaching and supporting students within a secondary school appear to be linked with the individual’s background and experiences, both personal and professional. The notion of individual experiences and perception affecting a teacher’s ability to adequately support students’ mental health was the initial driver in the development of this research.

Research design.

The aim of the research was to develop a richer understanding of teacher perceptions and needs when supporting students with mental health concerns. The research was conducted using a case study method. Case study research is commonly employed to analyse and interpret real individuals in unique situations and to study the complexity of the situation (Cohen et al., 2017). As explained by Stake (2003), there are two categories of case studies: intrinsic and instrumental. This study is predominantly an intrinsic case study as the research aims to understand the perceptions of beginning teachers within a particular school site. To a lesser extent this study can be described as an instrumental case study, as it looks to gain further insight into the larger issue of student mental health and the role teachers and schools need to play in supporting students (Stake, 2003). Crowe et al. (2011) defined a case study as “a research approach that is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context” (p. 100). Further to this, Merriam (1998) described a case study as an empirical enquiry into a contemporary phenomenon in its real-life context. The complex issue studied is beginning teacher roles and their preparedness and perceptions when working with students who have mental health concerns.

The case study research design draws on a combination of methods: document analysis and individual and group interviews. This approach involved interviews with staff employed at the school site and the collection and analysis of related documents. Semi-structured interviews were conducted
with the school principal, a school psychologist, and beginning teachers at the school. Documents from national, state, and local government sources as well as the school where the study was conducted were analysed. These documents related to student wellbeing and mental health. This analysis involved highlighting and documenting any policies, procedures, and programs related to schools and teachers supporting student wellbeing and mental health.

Case study site.

For the purpose of maintaining confidentiality and anonymity, this school will be referred to as Metro High. The site of the research project is a secondary Catholic boys’ school located in a metropolitan area of Victoria, Australia. In 2018, Metro High had more than 1,500 students enrolled from Years 7 to 12 (Australian Curriculum and Assessment Reporting Authority, 2018a). The school employs approximately 150 teaching staff and 80 non-teaching staff, across two campuses. The school had recently changed its leadership structure to better accommodate growing enrolments and to promote student wellbeing and curriculum development. This change involved the addition of Heads of Student Wellbeing, who support the management and wellbeing of students in their care, and additional supporting positions such as a Head of Student Services, who oversees the school wellbeing curriculum and a small number of students who require extra support. In addition to teachers, the school employed at that time three part-time psychologists to support student wellbeing and mental health. Each psychologist worked three to four days per week working in conjunction with students, staff, and families in supporting various wellbeing and learning needs and providing personal counselling and psychological assessments when required.

At the time of the study, Metro High held an index of community socio-educational advantage (ICSEA)² slightly above the average value of 1,000 for all Australian schools (Australian Curriculum and Assessment Reporting Authority [ACARA], 2012, 2018). The school was a part of the Catholic education system of Victoria and was a fee-paying school. School enrolments indicated the student population was mostly white, English speaking, with less than 14% of students speaking English as an additional language and Indigenous and refugee students comprising another 2%. The school also received funding for specific students with a disability under the National Consistent Collection of Data (NCCD) scheme: The school had over 400 students funded in this way. Funding is used to support students diagnosed with behavioural

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² The Index of Community Socio-Educational Advantage (ICSEA) is a scale that represents levels of educational advantage. A value on the scale assigned to a school is the averaged level for all students in the particular school. The ICSEA provides means for making comparison of the levels of educational advantage and disadvantage that students bring to their studies. This number does not reflect the specific wealth or parents or the wealth or resources available to the school.
disorders, severe anxiety, or socio-emotional disorders and/or physical health concerns that may affect their learning and development in the classroom.

Metro High had a significant focus on the improvement and development of student wellbeing. The school utilised Respectful Relationships, a program designed to support schools and early childhood settings to promote and model respect, positive attitudes, and behaviours (Metro High School, 2018). The program assists young people to build healthy relationships, resilience, and confidence. Being heavily invested in the program, Metro High was committed to helping educate young people on the importance of resilience, rights, and respectful relationships as a response to tackling family violence and to implementing long-term prevention strategies (Victorian State Government Department of Education and Training, 2019). For several years the school had adopted restorative practices as its central policy around student management and wellbeing (Behaviour Matters, 2019). As a result, there was a focus on repairing damaged relationships between students and staff members by bringing about a sense of understanding, remorse, and restorative actions (Reimer, 2019). This approach was used to manage student behaviour and wellbeing concerns and to support the overall wellbeing of staff and students within the school.

Metro High was an appropriate choice for the case study school due to its interest in developing a better understanding of how mental health impacts the classroom and of ways to enhance student wellbeing practices. My long-standing professional relationship with Metro High was also a reason for choosing this site. My role within the school was that of teacher and a leader working with staff to address student management and wellbeing in Years 10, 11, and 12. This role posed potential ethical conflicts for this study, and these are discussed in the Ethical Procedures section of this chapter.

**Participants.**

The participants involved in the study were five teachers within their first 5 years of teaching, the principal of the school, and one school psychologist. Table 3.1 shows the teachers’ experience, their current teaching areas, and year levels currently taught.

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Pseudonym</th>
<th>Years of teaching experience</th>
<th>Teaching areas</th>
<th>Year levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Anna</td>
<td>5</td>
<td>English, Humanities</td>
<td>10-12</td>
</tr>
<tr>
<td>B</td>
<td>Brad</td>
<td>1</td>
<td>Maths, Victorian</td>
<td>10-12</td>
</tr>
</tbody>
</table>
In 2019, Metro High had 26 teachers who were in their first 5 years of teaching. With the principal’s agreement, I contacted these teachers by email (see Appendix A) and invited them to participate in either an individual interview or focus group interview. Five teachers were willing to participate in an interview. Three were male – given the pseudonyms Brad, Colin, and David – and two were female – Anna and Emma. Both female teachers had worked in an alternative profession before changing to the teaching profession. Four teachers participated in a focus group interview and Emma participated in an individual interview.

The school principal and a school psychologist also participated in the study. The principal was employed in 2017; he had previously been a principal within a similar school site in another city, and prior to that appointment had been a deputy principal at Metro High. He had over 20 years’ experience working in school leadership. Three psychologists worked at the school and were invited to participate in an interview; one agreed to participate. The psychologists’ role at Metro High was to provide support for students with mental health concerns, whilst further supporting teachers in working with and managing specific students within the classroom. The psychologists received a referral for counselling or support from a staff member or from students themselves; they would also provide support for parents or carers and help families to seek additional external support when required.

All participants were informed of the purpose of the study, possible risks, and efforts to minimise risks, and were asked to provide informed consent by accessing, acknowledging, and signing the informed consent document (see Appendix B). I communicated to participants that their participation in this study was on a voluntary basis and that their responses would be kept anonymous and confidential to ensure no link to any individual. Further details of the ethical procedures employed and the strategies used to address the issue of power relations and to develop trustworthiness in the data are discussed in the next section.

<p>| | | | | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>C</td>
<td>Colin</td>
<td>4</td>
<td>PE, Health</td>
<td>10-12</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>David</td>
<td>3</td>
<td>Science, Maths, VCAL</td>
<td>7-8</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Emma</td>
<td>4</td>
<td>English, Humanities</td>
<td>7-8</td>
<td></td>
</tr>
</tbody>
</table>
Ethical Procedures

Ethics can be defined as having principled sensitivity to the rights of others, taking into account the effects of the research on participants and therefore engendering a sense of responsibility to preserve their dignity (Cohen et al., 2017, p. 112). Before the research was conducted, I obtained ethical clearance from Griffith University’s Human Research Ethics Committee (GU Ref No: 2018/802). Catholic Education Melbourne was also contacted to obtain approval to conduct research within a Catholic school in Victoria. In addition to this, the principal of the school was contacted for approval to conduct research at Metro High (see Appendix C). Once principal approval was obtained, the collection of school-specific documentation and contact with potential participants commenced.

During the collection of documentation and the interview process, specific ethical proceedings were carried out to ensure my position at the school did not affect participant responses or diminish the trustworthiness of the data collected. The National Statement on Ethical Conduct in Human Research stipulates six key ethical principles. These principles include integrity, respect for persons, beneficence, justice, consent, and research merit (The National Health and Medical Research Council, 2007). The research consisted of a genuine search for and understanding of issues related to student mental health whilst adhering to all principles of ethical research. The research did not show disrespect to any persons participating in the research and did not discriminate in the sampling of participants based upon culture, race, gender, or the age of the person. The research aimed to minimise any risk incurred to the school site or participants via the following methods: Participants were briefed on the nature of the research questions and reminded that they could withdraw from the study or choose not to answer a question at any time during the interviews; to avoid any risk to the school site and participants, all identifying factors were removed from interview transcripts and document information and all staff members’ names were changed to pseudonyms.

My position of leadership at Metro High raised significant ethical and credibility concerns. Hammersley and Traianou (2012) discussed three key principles for ethical research: minimising harm, respect for autonomy, and protection of privacy. My role in the school involved the management and wellbeing of all Year 10, 11, and 12 students. This role did not directly involve supervision of staff performance; however, it had the potential to influence either positively or negatively on beginning teachers’ willingness to volunteer as participants and to disclose information. For this reason, I incorporated a number of strategies to ensure that my position within the school did not negatively affect the credibility of this study or the participants’ involvement. Before each interview was conducted, I ensured that the participants had read the research information and the interview themes and subquestions. I then explained my role as interviewer and emphasised that participants could ask questions or choose not to respond to a question at any stage. Throughout the interviews, my intention
was to be perceived as an interviewer, rather than as a senior colleague, by asking open-ended questions and offering both verbal and non-verbal reassurance to participants when they responded to questions. My involvement within the school also meant that I was privy to leadership processes and decisions made within the school. Therefore, during the interviews I was mindful of my involvement in questioning and responding. As stated by Rooney (2005), the issue of bias can become more salient because of a researcher’s involvement within the research context. Considering recommendations by Caruana (2015), Guba and Lincoln (1994), and Rooney (2005), interview questions were designed with neutral language in an attempt not to direct the interviewee to a specific answer. These questions are provided in Appendix D. In responding to statements or questions, I attempted to respond in a manner that did not impose any of my experiences or beliefs onto the participants, so that data collected were only those of the participants’ subjective views and experiences.

The location of each interview was either a private space nominated by the participants or a place where they felt comfortable. The principal’s interview was conducted outside the school at a local coffee shop, while the psychologist’s interview was conducted in a school office. The individual teacher interview and the focus group interview were conducted in general meeting rooms at the school. At the beginning of the teacher and psychologist interviews, I explained that their participation would not be revealed to the principal or other staff members and that their participation and responses would not be linked to or influence their current employment within the school. At the conclusion of the interviews, staff were then asked if they would like to ask any questions or debrief on what had been discussed. Participants were also informed that they would receive a copy of the interview transcript and that they could change or retract a statement if they wished.

**Developing trustworthiness.**

Due to the nature of this qualitative study and the adoption of an interpretivist approach, it seemed suitable to adopt Lincoln and Guba’s (1985) trustworthiness criteria of credibility, transferability, dependability, and confirmability. Credibility is considered one of the most important factors in establishing trustworthiness in the data. The following actions and strategies have been recommended by a number of researchers and were therefore incorporated into the research design (Caruana, 2015; Guba & Lincoln, 1994; Rooney, 2005; Shenton, 2004). The first strategy involved developing a strong familiarity with the culture of the school. I was able to achieve this familiarity as I was a continuing teacher within the school selected for the case study. I had worked within this school for eight years and was familiar with the inner workings, policies, professional practices, and jargon specific to this school. This allowed for familiarity between myself and the participants, enabling me to better communicate with them, to understand terminology specific to the school site, and to encourage honesty in responses. The collection of data from various sources and participants with
different roles within the school site allowed for the triangulation of data. Triangulation can validate a piece of evidence by comparing it to other kinds of evidence about the same phenomenon (Cohen et al., 2017). In this study data were collected from seven participants with various professional roles across three individual interviews and one focus group. The first interview was with the school principal. The second interview the school psychologist. The third interview was with one beginning teacher and the fourth was a focus group interview with four beginning teachers. Additional school and state policy documents were collected as additional sources of evidence, providing a comprehensive depiction of the research problem at Metro High. For example, interview data might discuss the phenomenon of referral procedures for mental health incidences, which are also described in school policy documents. How these two data sources confirm or contest each other contributes to triangulation of data and ultimately the trustworthiness of researcher interpretation.

The use of multiple sources and methods also compensates for shortcomings associated with a particular source of data or method of obtaining data. At the conclusion of the data collection process, all participants were emailed the transcripts from their interview. They were encouraged to check for accuracy and to ensure their words matched their intent. Participants were also invited to provide further comment or elaboration on the previous discussions and the transcripts that were generated.

Lincoln and Guba’s (1985) criteria for trustworthiness of data were addressed consistently throughout the data collection cycles. Dependability was generally well achieved through the overlapping of methods and a detailed account of the methodology and research processes. Confirmability was achieved via triangulation, as a step to reduce the effect of researcher bias. Secondly, to address confirmability, I needed to declare my own beliefs, decisions, limitations, and bias that I had identified as underpinning or affecting this research. This declaration and discussion can be found in the Limitations section of Chapter 5. The transferability of the results to another situation must take into account the boundaries of this study. The case study was of one boys’ school in metropolitan Victoria. Data collection occurred for five months and involved document collection, individual interviews, and a focus group interview. Future researchers may consider what findings are transferable depending upon their own context.

**Data Collection**

As previously explained, the research design involved a qualitative case study, incorporating the data collection from related mental health and wellbeing documentation and interviews with school site participants. The following subsections detail how each was collected. All data were stored on my password-protected computer with backup files also stored on a locked external hard drive, and these will be kept until the final submission of the thesis. After that, all digital files will be destroyed.
Interviews.

To begin the research, the principal was contacted via email to request that research be conducted at the school. The principal was then also invited to participate in an interview or to elect another person in leadership to do so. The principal chose to personally participate. Using my Griffith University email, all 26 teachers within their first five years of teaching and the three psychologists currently employed within the school site were invited to participate in the study. Participants were asked to respond via email, and teachers were asked to select if they preferred participating in an individual or a focus group interview. Four separate interviews were conducted over a period of six weeks. This process included individual interviews with the school principal, a school psychologist, and one beginning teacher; four beginning teachers participated in a group interview.

The focus of each interview and specific questions were slightly varied depending on the interviewees’ roles within the school. Participants were asked semi-structured, open-ended questions designed to engage them in a discussion around student mental health within this specific school site. The reason for choosing semi-structured interviews was that they allowed for flexibility in regard to the structure of the questions. Kumar (2011) explained that semi-structured interviews allow the researcher to formulate questions or to raise issues based upon the specific context of the discussion. All interviews were recorded on a digital recording device and were transcribed using an online service. Full interview transcriptions are provided in Appendix E. All transcriptions were emailed back to participants for checking, further commenting, or changes. The final copies of the interview transcripts were then used as raw data for the coding process.

Document collation.

Whilst securing participants for the interviews, I collected a range of documents. These were either specific to Metro High, or published by Catholic Education Melbourne, the Victorian State Government, or the Australian Government. These documents were selected because they all related to student wellbeing or mental health within a school context. I collected documents published by both the Catholic Education Department and well as the Victorian State Education Department to analyse documents specific to the Catholic sector and also to overarching state-wide policy. The documents collected and analysed are listed in Appendix F. Once all related documents were collected and all interviews were conducted and transcribed, the analysis and coding process began. Details of this process are described in the following section.
Coding the data.

The interviews were transcribed verbatim by an online service. Each teacher participant was assigned a pseudonym; for example, Teacher A became Anna. The psychologist and principal were referred to by their role within the school. All other school-specific names, school identifying factors, and staff names were omitted or changed. Qualitative data analysis is best served as an interactive and reflective process that begins as data are being collected rather than after data collection has ceased (Abma & Stake, 2014; Stake, 1995). Therefore, the initial phase before formal coding of the data was to read interview transcripts whilst still collecting other data, highlighting different sections for key ideas and interesting concepts. This allowed me to gain an overall idea of some repeated themes or emerging ideas. Wellbeing documents were analysed and key concepts relating to this study were highlighted and noted on a separate document. Noting the general ideas of the participants, I recorded possible themes and my own thoughts in the margins of the transcripts and in notes taken from the documents.

The second phase involved a formal coding process. All coding was completed manually. To code each interview and the collected documents I adopted a process described by Saldaña (2013). Saldaña divided coding into two major stages: first cycle and second cycle coding. First cycle or lower level coding methods are codes initially assigned to the data chunks. The first cycle of coding involved predominantly NVivo coding. As explained by Miles, Huberman, and Saldaña (2014), NVivo coding involves using words or short phrases from the participants’ own language in the data record as codes. Descriptive coding was also used during the first level of coding when I needed to assign labels to data to summarise a phrase into a shorter phrase or a one-word code not necessarily used by the participant or in the document. A key quote or phrase from the data was coded with at least one code or inference describing the key ideas within the quote or phrase. Examples of first level codes were teachers’ roles, perceptions of mental health, communication between staff, and teacher training. As suggested by Creswell (2009), I allowed the codes to emerge from the data, rather than using a set of predetermined codes. Two rounds of first cycle coding or low-level coding were completed to ensure that all key components of the data had been identified.

Second cycle or higher level coding methods generally work with the resulting first cycle codes themselves and involve claims or explanations of the original first level of code (Saldaña, 2013). The third phase of the data analysis then involved taking the lower level codes and the original quote or phrase and further describing an interpretation or explanation of that specific section of data. The higher level codes were then analysed to include a possible link to Bandura’s theory of self-efficacy (1977), Bronfenbrenner’s ecological theory (1979), or an additional theoretical concept that emerged during the coding process. An extract from one interview manual coding table and document manual
coding table is shown in Table 3.2 and 3.3. A copy of a complete coding table is provided in Appendix G.

Table 3.2

**Manual Coding of Individual Teacher Interview**

<table>
<thead>
<tr>
<th>Participant interview verbatim excerpts</th>
<th>Inference – low level coding</th>
<th>Possible Claim – high level coding</th>
<th>Links to theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used to think student wellbeing was about feelings of safety… now think it is about their identity</td>
<td>What is wellbeing?</td>
<td>Teacher initially seems to understand wellbeing to be concerned with systemic supports, pedagogies and curriculum that engender feelings of safety. Something seems to have happened in the first few years of schooling to redirect teacher attention towards student being able to see themselves in the school – i.e. validate their identity.</td>
<td>(Bronfenbrenner – macro level systems)</td>
</tr>
</tbody>
</table>

| It’s all about them being self-aware… getting through the emotional challenges | What is wellbeing? Understanding of wellbeing and mental health | Teachers’ experiences seem to have refocused attention on student resilience rather than systemic pedagogic attention to promoting feelings of safety. Teacher seems to think that promoting wellbeing is supposed to empower students to take more control rather than the school “take care” of their emotional safety. | (micro level – teacher-student interactions) |

| Is mental health an issue at all or rising issue (paraphrased from two questions) – no, not rising. They have more complex conversations with you, more demands | Increasing awareness | Students seems to have an expanded vocabulary to explain/ explore their own mental health needs | |

| Your job is to be an 18 year old, not a counsellor to your parents | Teachers are not mental health professionals Teachers seem to relate to students on mental health matters within a traditional teacher-student power dialectic. | Teachers seem to respond to increasingly complex scenarios about student mental health within a traditional pedagogical model, exercising role and power relations. With further education in mental health expertise, would this role/response look different or change? | |

Table 3.3

**Manual Coding of Document Data**

<table>
<thead>
<tr>
<th>Document excerpts</th>
<th>Document name</th>
<th>Inference – low level coding</th>
<th>Possible Claim – high level coding</th>
<th>Links to theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key themes identified from emerging evidence: - Wellbeing and safety: whole school approaches to student wellbeing have far-reaching positive impacts on mental health. - Help-seeking and schools: schools play a pivotal role in helping young people to develop wellbeing literacy, providing the strategies to enable them to identify when and how to seek help.</td>
<td>Review and update of the National Safe schools framework 2017</td>
<td>Whole school approach Developing mental health literacy</td>
<td>National policy is pushing the importance of a whole school approach to wellbeing and mental health. National policy also highlights that schools are now a key site where young people seek help and develop mental health literacy.</td>
<td>Macrosystem- overall school structure Policy theory</td>
</tr>
</tbody>
</table>

| Key Recommendations to update the framework: o Emphasising ongoing professional learning programs, especially for pre-service teachers o Ensure pre-service teacher awareness of the framework | Review and update of the National Safe schools framework 2017 | Teacher training PD Pre-service teacher awareness and training | Policy recommends schools commit to ongoing professional development in student wellbeing/mental health, highlighting that pre-service teachers need to be targeted for this training. Recommendations seem to identify that teachers are unskilled or require more training to ensure the framework has positive benefits. How are Governments/Universities ensuring that teachers have | Macrosystem- school PD structure Exosystem- pre-service teacher training (Universities) |
After the completion of coding of all transcripts and documents, the first and second level codes were then sorted into reoccurring categories and subthemes. After the codes were sorted three major themes emerged. These included teacher perceptions of their role and professional identity, teacher-level challenges, and school-level challenges. Within each theme, three findings were identified. These findings are explained and illustrated in the following chapter.

Summary

The purpose of this study was to examine beginning teachers and support staff’s perceptions of student mental health within a school context. The study also looked to examine mental health literacy within this context and to uncover the professional development needs of beginning teachers to better support students with mental health concerns. This analysis led to the development of a qualitative case study method, with one school in Victoria as the chosen site. The research design included both document collation and analysis and a set of four interviews with beginning teachers, a school psychologist, and the school principal. From the data collected three major themes emerged. These themes and the corresponding findings are elaborated in Chapter 4.
Chapter 4: Findings

Introduction

In Chapter 1, the purpose of this case study was established as exploring beginning teachers’ perceived competence and professional development needs to support student mental health. The central question guiding this study concerns teachers’ perceived competency to support student mental wellbeing. This central question was further structured by three subquestions:

• How do schools and beginning teachers currently identify students they perceive to be at risk of mental health concerns?
• How capable do beginning teachers feel to identify and refer students for appropriate mental health support? and
• What resources or education do beginning teachers, schools, and support staff believe necessary to feel more capable in assisting students with mental health concerns?

This chapter presents the key findings generated from interviews at one school site with five beginning teachers within their first 5 years of teaching, the school principal, and a school psychologist. Findings generated from the analysis of associated education policy and wellbeing documents are also included. As detailed in Chapter 3, the research included four separate interviews. The first interview took place with the school principal; the second was undertaken with one of the school psychologists; the third was with one beginning teacher. The final interview was a group interview consisting of four more beginning teachers, all within their first 5 years of teaching (beginning teachers could choose to be part of the group interview or an individual interview). All names which appear in the following excerpts are pseudonyms.

During the time of the study, all participants were employed at Metro High, a Catholic boys’ school holding enrolments in excess of 1,500 students across two separate campuses in Victoria. In addition to other educational provisions, the school has a strong commitment to developing and supporting student wellbeing. As explained in Chapter 3, I conducted this research as an insider-researcher whilst employed at the school in a leadership role in managing student wellbeing.

Three major findings have been identified, with each finding comprising three subfindings. These are briefly identified below and will also be detailed in the following sections. The first finding encompasses beginning teachers’ perceptions of their role, including responding to concerns and events, referring students appropriately, and the complexities that can develop in the classroom as a consequence of poor student wellbeing and related events. The second finding involves teacher-level
challenges. These challenges, which were reported by all participants, included difficulty in accessing information, a lack of specific pre-service teacher training, and the impact on teacher wellbeing. The third finding centres upon school-level challenges including limitations in school structure and resources, community mental health restrictions and family expectations, and the need for mental health training for teachers. The following sections expand upon these identified findings with detailed participant descriptions and vignettes for illustration.

Finding 1: Beginning Teachers Perceived their Professional Role with Regard to Student Mental Wellbeing in Similar Ways

The beginning teachers all communicated similar perceptions in regard to their role in supporting student wellbeing and mental health. The first major finding incorporates three subfindings. The first subfinding involves beginning teachers’ perceptions and understanding of the effects of mental health on students’ learning. The second illustrates beginning teachers’ perceptions of their role in supporting and identifying students of concern and the third suggests the complexity and uncertainties perceived by classroom teachers in managing poor wellbeing and mental health.

Beginning teachers realised a strong connection between students’ wellbeing and their classroom learning.

The beginning teachers who participated in this study were able to describe what student wellbeing and mental health should entail. Colin recognised the links between wellbeing and enjoying the school experience by saying: “I think if students have really good wellbeing and are genuinely happy to be at school, then their educational journey will be a lot easier for them”. Colin was in his fifth year of teaching in the health and physical education faculty. During a discussion around student wellbeing, Anna was able to provide a rich description of her understanding of mental health. Anna, who was also in her fifth year of teaching and taught English and Humanities, was the only teacher who participated in an individual interview.

I'll start off by saying in my first year I thought that student wellbeing was only about them [students] coming to school and feeling safe, and if they were being bullied, I would be their support, and saw it as more of a pastoral thing as opposed to what I understand it to be now. Now I think wellbeing is about their identity. It's about them, being self-aware so that they can continue to get through school and to get through emotional challenges. Not so much relying on someone like me to give them help but more so giving them strategies just to cope. And that's a different layer of wellbeing that I don't think I ever got training for but I've just found over the years.... For me it's quite complex and it feels like a more psychological support as opposed to a teacher support. (Anna)
In this vignette, Anna explained that her original understanding of student wellbeing was centred upon personal safety of students, such as preventing or responding to bullying. Her experience of teaching has enabled her to recognise student wellbeing as a far more complex issue than what she originally understood as a graduate. Extending upon Anna’s explanation, David, who was a third-year mathematics and science teacher, perceived wellbeing as something that directly influences learning, “Yeah, I think if they are in a good head space and things are going smoothly, then they’re more likely to learn well and their journey is going well and things are positive”. Similarly, Emma, who was a teacher in her fourth year teaching predominantly English and Humanities, agreed that poor student mental health has a direct impact on the student as a learner:

I see most of the problems in the class are relating to wellbeing. If we could make them feel safer and happy, increase their confidence with self…. I think, if they’re not happy within themselves, they have anxiety or problems at home or whatever, it pulls everything down. (Emma)

Further to the understanding that mental wellbeing influences learning, Colin explained that he perceives his role as classroom teacher as someone who needs to be able to build a positive relationship with all students, which he appeared to believe would allow for better identification of mental health concerns:

When it comes to identifying risk I try and prevent that early by building a relationship with my students … I try and get to know them and if things aren't the norm from what the repeating is, that's when I start going a bit deeper and scratching the surface of all what's going on. I try and identify a change of normal behaviour or what's been the normal in a classroom to identify that risk…. I definitely have my teacher hat, but at times a kid may just need someone to talk to rather than just someone teaching them in class. I definitely found that with my work…. So to me, wellbeing is a big role in how I teach and how I base my classes. (Colin)

Analysis of national education policy, specifically the Australian Professional Standards for Teachers, detailed a similar recognition. This document states that “teachers must be able to create and maintain a safe and supportive learning environment” (AITSL, 2017, p. 5). The graduate standards stipulate that early career teachers need to be able to “describe strategies that support students’ wellbeing and safety working within school and/or system, curriculum and legislative requirements” (p. 2).

With further discussion and elaboration of the teacher’s role, these beginning teachers illustrated that supporting their students’ mental health often resulted in them taking actions well beyond the scope of graduate or proficient teaching standards. Teachers seemed to agree that their work in the space of student wellbeing can easily move beyond the expected skill set of an early career teacher, where teachers are in situations where there is the tendency to counsel students in need. To best illustrate this perception, a vignette from Anna’s interview is provided:
Interviewer: So, we're already in this space anyway. But just in terms of where you see a teacher's role in this space. So, you were sort of saying before that it is a counselling kind of role. Is that how you really see what teachers should be doing in this space with students who have some overall wellbeing concerns?

Anna: Yeah. I think there is a clear crossover happening. And I don't know where that will lead the profession. But I think that with the nature of our communication, you know, emails. I have kids email me all the time, probably saying can I catch up with you just to vent.

Interviewer: So, you are getting a lot of students seeking that?

Anna: Yeah. That immediate response. I think that's just probably part of their generational challenges, you know, with this social media age.

Interviewer: So, you're finding that you're that first person in a sense?

Anna: Yeah, and that there's a crossover that's certainly emerging without proper skills.

Interviewer: You mean crossover between teacher and…?

Anna: Counsellor and teacher and I guess, peer or mentor or role model, I don't know. But it's demanding.

It appeared from these teachers’ perspectives that students seeking counselling or support from a teacher was linked with the teachers’ understanding that student mental health is critical to the learning environment, as previously articulated by the participants in the focus group. Further elaboration on how teachers perceived their role and additional actions required to support students with mental health concerns via the learning environments and approaches they employed is provided in the following section.

**Referring and bridging the gap to further support was an agreed component of the teacher’s role.**

Four of the five beginning teachers and the principal believed that referring or providing the link to further support was a key component of a teacher’s role. In response to a question about whether or not they felt they had the skills or ability to assist students, Anna responded:

I wouldn't say [I have the] skills, but probably just observational ability. So you tend to observe patterns and changes in their attitude or even their body language. Then that just sparks a conversation or an email, even. Like, for instance, last week I sent an email to a kid who was away after a couple of days and you just sort of get a sense that something is not quite right.

This concept was further clarified in the focus group, as teachers discussed their observations of the effects of mental health in the classroom. Emma explained, “[this] has then caused their behaviour at school to decline or change”. Brad, a mathematics and VCAL teacher in his first year of teaching, shared this observation:
I've noticed, in some of my Year 10 classes, you can see by their appearance, really, the way they come into the classroom sometimes. Especially on a Monday, a lot of them are not as organised as well, which is really noticeable. Even how they're dressing, do they have the right uniform etc. I think it definitely shows their mental health and what's going on at home and how that is starting to affect their schooling.

All of the teachers in the focus group agreed that the continuity of their position as teacher in the classroom enabled them to observe differences in the young person over time and how these differences or changes were often due to a wellbeing or mental health issue. The school principal affirmed the beginning teachers’ perceptions, describing them as first responders to student mental health concerns, but also as points of referral:

The first thing I'll say, is we don't need to train staff to be mental health professionals. I think dabbling in that, we're more likely to do harm than good…. The effort and energy probably needs to go into awareness of, and knowledge of, referral pathways.

The Australian Government has also recently illustrated this expectation as a key theme identified from the review of the National Safe Schools framework. The review identified that schools are now becoming active help-seeking sites, playing a pivotal role in helping young people to develop wellbeing literacy and providing the strategies of connections to enable them to seek help and identify when to seek help (Education Services Australia, 2018). The findings from this case study suggest that the classrooms of beginning teachers at Metro High are also active help-seeking sites.

Anna contextualised this aspect of her role and professional identity further by naming specific responsibilities she believed she should provide before linking with mental health professionals, such as holding the initial conversation and providing the links for further support for the student: “Look, I can see you struggling. Here's some person who you can talk to.” However, the aspect of discussing concerns with students was something that Colin perceived as somewhat challenging. In response to a question around the issue of mental health and confidentiality, Colin commented:

A lot of the time, I'm just not comfortable asking…. Not only asking the student, but I feel like sometimes that I’m not at the tier level of teacher, they have so many other higher tiers of care … I feel like that's where it's being addressed. We [classroom teachers] are kind of in the grey, where you are asked, can you manage this? Can you keep an eye on this? Report this? It's never, by the way, this is what's going on here.

Colin explained that he doesn’t necessarily feel he can always initiate a conversation or response with a student. He did not speak directly about instigating the initial referral, only the difficulties he perceived when initiating some conversations with students and other teachers when the wellbeing issue is considered of a “higher tier”. Colin also ran the school’s Movember fundraising program (promoting men’s mental health), so he appeared to demonstrate a degree of extra personal
commitment to supporting mental health. Despite Colin’s view that mental health promotion is important, he explained that in his role he is not always comfortable seeking further knowledge or clarification on a student of concern. This variation in the beginning teachers’ perceptions of a teacher’s role will be explored in the following chapter, considering an ecological (Bronfenbrenner, 1979) and self-efficacy lens (Bandura, 1977). Colin’s comment also generated further examples around the difficulty in navigating issues that are often categorised as confidential, and the barriers that this posed to the teacher. This barrier was a significant point of discussion and will be extended in the next section on teacher-level challenges. The beginning teachers in the study articulated that once initial contact has been made or a referral has been passed on, then there seemed to be a lack of clarity around what would occur next or what they, as the teacher, should do next.

**The relationship between mental health issues and classroom behaviour.**

The third subfinding regarding teachers’ perception of their roles illustrated uncertainties around the boundaries of their role and the complexities they perceived in a regular classroom. In response to my interview question on the effects of mental health within the classroom, the focus group discussion highlighted the difficulties some of the teachers have experienced. These complexities included the interplay that mental health has with student effort, behaviour, and learning ability. The following extract from the focus group interview exemplifies this interplay:

David: When you do have behavioural issues with students time and time again, it is always something that's going on at home that's causing the mental health to perhaps not be as good as what it normally is.... This has put them in a negative headspace, which has then caused their behaviour at school to decline or to change.

Emma: Adding to that, I think there is some anxiety about their work. If they feel as though they can't access their work that can be a real problem. That can mean that they become disruptive or disengaged and then become painful and which doesn't help them at all ... I see most of the problems in the class are relating to wellbeing. Definitely. If we could make them feel safer and happy, increase their confidence with self … I think if they are not happy within themselves, they have anxiety or problems at home or whatever, it pulls everything down. Then you'll find that it has a domino effect.

Interviewer: Can you be specific about what happens in the classroom because of this?

Emma: Ok, so they will be distracted, they won’t be able to focus properly, or they’ll have little effort … I guess it spills out as a negative attitude which then has a flow on effect onto others as they adopted it as well…. Because if you want to be a good learner, you've got to be willing to be uncomfortable a little bit and put yourself in that zone to give it a try – where it's okay to fail. That is what you need to be a good learner. If these kids are already stressed out and anxious about things, they're not in a safe place to actually put themselves in a learning zone.

Brad: I’ve noticed the effort and attitude starts to decrease and that just affects the whole
environment. Then students just start accepting this is normal, this is allowed to be happening in this class. You make an exception for someone as he's going through mental issues, but where do you draw the line that this is the classroom and you need to complete the task that everyone else is? You are wanting to help them out too and make sure they're not feeling forced or not pushed or you could get them potentially in a bad state again. That's probably what I'm starting to try and learn. To try and deal with what is acceptable and what's not.

The beginning teachers in the focus group showed some consensus that the occurrence of mental health concerns in the classroom could manifest in a variety of ways. There was then agreement by three of the teachers that poor student wellbeing or mental health can be connected to or become linked to poor classroom behaviour or attitude. As articulated by Brad and Emma in the conversation below, this seemed to then create a perception of uncertainty around appropriate actions or follow-up:

Brad: I think even when behaviour starts coming into that. We have the demerit points system. When does that stop? So you are not giving them points for outbursts in class, but something's going on and the other students see that and they think, he's getting away with that, so I should be able to do it. You are maybe seen as going harder on someone else.

Emma: Yeah spot on. Some kids don't have the mental capacity, so you can be a little bit be more lenient on them ... I think that taps into how hard do you go in? I mean, do you smash this student with detentions in order to try and get him in line. But he's had so much trauma in his life I don't think we can do that. Yeah. We're not psychologists. We're not equipped with years and years of study in behavioural sciences, etcetera. So what's right at the end of the day? What is the right and just action in order to get this child organised in his life so he can succeed in his schooling?

Brad and Emma were teachers of students in Years 7 and 8 in the Junior School. Their perception of the connection between wellbeing and behaviour was different from Colin’s, who only taught students in Years 10 to 12 in the Senior School. Colin’s comments below were made directly after the discussion between Brad and Emma:

Well it's funny, I really make a point that your learning in the top end or senior school is completely up to you. I want the students to get the best out of themselves. However, I believe anxiety is the biggest issue in the top end. I think that anxiety has created doubt within the student body, that they're overthinking it, over-analysing it, which is leading to a downfall in their results.

In comparing Colin’s experiences to Brad and Emma’s, the manifestation and the effect of mental health within the classroom could be different due to the age or academic level of the young person. This concept was similarly articulated in Anna’s individual interview. Anna, like Colin, only taught students in the senior school. In response to a question about the interplay of behaviour and wellbeing in the classroom, Anna explained:

I think behaviour reflects a few things. Full behaviour can reflect maybe the teacher not being aware of the student’s needs. Not being engaging enough. Not modifying work. Not having a
relationship. So I think it's multifaceted, and that's more so in Year 7 and Year 8. I noticed that so much when I was teaching juniors that you have to modify and be flexible, but in the senior years your behaviour is less of an issue and you just notice those patterns. You know, body language etcetera.

The teachers described various experiences and situations where mental health concerns have affected their classroom teaching and student learning. There seemed to be differing views on the specific symptoms as indicators of poor wellbeing in the classroom, with two teachers commenting that they saw a link between mental wellbeing and behaviour, particularly in younger students, whilst the other three teachers were not making this specific link. If mental health and behaviour are somewhat linked, this would create difficulty for the teacher in managing a regular classroom environment of often 28 students. The school psychologist also provided her insight into how beginning teachers might observe or be challenged by poor mental health within the classroom. A section of this conversation is provided below:

Interviewer: Can you elaborate on some of the wellbeing issues or mental health issues that teachers come across in their classroom?

Psychologist: I reckon behaviour would be a big one. I have visited a Year 7 class yesterday afternoon for our little “Hi, we're the psychs talk”, after lunch … there is a lot of overlap between mental health and disability. So young people with a mental health issue are more likely to have a learning issue. Young people with a disability are more likely to have mental health issues. So I imagine for beginning teachers, the range of kids in their classes that have additional needs, whether that be anxiety or some ADHD that translates as them being quite heightened in class, just trying to be across that for 28 boys in six classes…. Is that right?

Interviewer: Generally, yes. Six would be normal –

Psychologist: 180 boys. That's a lot! Yeah so I try to be across autism and ADHD and trauma informed practice and what can I do for this boy that seems anxious. There's just a lot of different knowledge banks to tap into and I think behaviour would be tricky, and all the underlying mental health issues that can drive that.

Drawing on her professional experience, the psychologist has a somewhat similar perception to the junior school teachers, Brad and Emma. She also saw overlap between mental health, disability, and behaviour and posited that, in a classroom, it could be difficult for a teacher to navigate the complexities that this brings. A similar concept concerning beginning teachers was also discussed by the school principal.

When you start, it is just a maelstrom of a million different things going on all the time, and until you do it, and until you develop strategies that work, you're probably no more under-prepared in terms of responding to kids’ mental health issues, than you are their behavioural issues, or their learning issues, or anything else.
He acknowledged that there is a significant challenge for beginning teachers in that much of the learning in a school environment is attained once full-time teaching commences. All participants in this study had a perception that when a teacher is faced with student mental health implications, the further flow-on effect in a regular classroom environment is varied. Linking back to the previous subfinding, teachers also identified that even if a student is identified as having mental health concerns, there is a lack of clarity around specific provisions to be actioned by the teacher, leaving the teacher uncertain about appropriate behaviour discipline or other management strategies. There is clearly a recognition of a degree of complexity with regard to further managing situations that involve student mental health and the implications that this can have on learning and behaviour.

Finding 2: Teacher-Level Challenges

The second major finding from this study involves the various challenges and barriers that classroom teachers are facing when attempting to support and work with students. The challenges identified are grouped into three themes. The first involves challenges around accessing information and feedback on a student. The second is concerned with the impact on teacher wellbeing and the third involves teachers’ perceptions of a lack of specific training in mental health.

Challenges around accessing information and feedback on students.

A key challenge identified by both teachers and the school psychologist involved communication between those working more closely with the young person (school leadership, psychologist, or youth worker) and the classroom teacher. As discussed previously, the teachers understood their primary role as identifying and referring students onto appropriate supporting pathways. However, once this had been done, teachers explained that the further dissemination of information back to them was either lacking or disjointed. The teacher participants expressed this challenge in the following ways:

For me, when it comes down to the big issues where something happens, like the idea of, I know I've got someone like a house leader or something to go to and talk to you about that issue, which is fantastic. When there's then potentially a meeting with a parent, between them or an assistant principal getting that feedback, sometimes it's disjointed and I don't know where it's at, what that means with the person, or where the student's at. I don't know how to deal with the next situation that potentially rises with that student. A lot of the time for someone in my homeroom I can access the information, but someone that's not in my homeroom or my house, I can't see it. (Brad)

You put them [students] on to someone else but you don’t know where they've gone from there. To facilitate that conversation sometimes you're not given enough information back from the source of help. (Anna)
In both the focus group interview and the individual interview, the concept of accessing information or obtaining important feedback on a student’s wellbeing was discussed and agreed as a significant challenge for classroom teachers. Among other comments cited were those by Anna, who said: “There were some barriers because there was some cloudiness over confidentiality”. A similar challenge was highlighted by Emma:

Well, part of the confidentiality problem, I think it's … you've got kids in your care, you're trying to teach and then you think, there's something going on here with this child, I'll have a look at his file and see what I can find. Then you might not be able access his file. That can be frustrating too, because you think perhaps for something that is confidential, there's something that could be said around this sensitive information, something to give you an idea.

Due to the nature of mental health issues, it is likely that student files would be restricted. In accordance with the Victorian Education Department’s Schools’ Privacy Policy (Victorian State Government, 2019b), any type of counselling service is considered a health service and these records must be considered confidential health records. The confidentiality of information disclosed during a counselling session must be maintained unless the student provides consent or the situation falls into a privacy exemption category. However, both Anna and Emma shared a frustration that the confidential component can be restricting to teachers. After further discussion, Emma circled back to her frustrations around confidentiality and documentation, stating that she believed improving this would be helpful to classroom teachers.

I think one of the things I'd like to say relating to kids with special needs is that the documentation is in simple language. So [for example] you are trawling through these documents and then you've got a 15-page document from some psychologist. I'm sorry when you've read so many of them, because you got so many kids that are affected, half of them are just cut and paste from another blank document, they say the same thing. You need specific information for this kid in simple language … what do I need to do etc. They are not helping us by giving us a 15-page document… So simple language with effective strategies that work for that child. I think a lot of these documents that we get are just a tick a box but aren’t actually very helpful.

As Emma explained, when the information was shared it was often not in language understandable to teachers. She suggested that for schools to better support teachers, information needed to be clear to the teacher, and should provide specific strategies for classroom teachers. In support of the finding about teachers’ concerns around communication, the school psychologist also discussed the challenges faced by her and the school wellbeing team in providing information back to the staff:

So as an anecdotal example, we have a young person who had a psychotic episode last year and I remember having the conversation with the student welfare action group. I personally was wanting to share information and support teachers in understanding that this young person was vulnerable, but also had that hesitance in that I think there can be a perception that someone who is psychotic is dangerous, fuelled by the media, and this young person isn't a risk to self or others when in that state.
The beginning teachers’ perception that they had not received the full scope of the information was tacitly acknowledged by the psychologist via this vignette. The psychologist explained that she was aware that teachers needed to be informed of the challenges facing the young person; however, she seemed to believe it was better to regulate the amount of information provided to teachers to safeguard the student’s reputation. In a previous discussion, the psychologist responded to my question, “How would you describe the wellbeing or mental health within this school?” as follows:

I feel that there's quite a strong culture around wellbeing. One of the other things we always worry about is the stigma around mental health, which always persists to be an issue. But when I sit in the meetings with the other members of staff, I really feel that they're part of change and that I don't get a sense of mental health problems being stigmatized. I guess with mental health clinicians you are preaching to the choir, you would hope that we're not talking negatively about people with mental health problems. But sometimes in schools, you can see a bit of that, and [in this school] I don't. I see really positive things like coordinators saying to parents, "We want your boy to be happy, and what can we do?" Sort of really practical and affirming of the young person. (School psychologist)

On one hand, the psychologist expressed that she had previously hesitated at providing information to teachers about a specific mental health illness and also hinted that in other schools she had observed people talk negatively about mental health. Conversely, she commented that Metro High generally showed positive, non-stigmatised actions towards students with mental health concerns. Interestingly, it seemed the psychologist’s readiness to provide information to teachers may have depended on her perception of the teachers, specifically their understanding and affirmations towards positively supporting their students. From these findings, it is clear that beginning teachers did not believe they had been receiving appropriate and sufficient information to best support their students’ mental health and wellbeing needs.

The impact on teacher wellbeing.

The second identified subfinding concerned the effects of student wellbeing upon teacher wellbeing. Participants highlighted the possible negative effects on teacher wellbeing. The teacher participants expressed this concern in the following ways:

It is demanding, for sure on your own wellbeing. Because you lie in bed at night going, "Oh, god, I hope that kid's okay." You see them walk past you in the yard and you think, "Ah, gee, I wonder if that issue's been resolved." You might not get the opportunity to follow it up because all of the demands of the career get in the way. (Anna)

The external life of a teacher or something that's happened in the class, school yard, school setting, that also affects the way the teacher is mentally. I just think that if we are putting in all this effort with the students, it's also got to be followed up to the teachers just to build that supportive network because it's no good going one way. (Colin)
Both the focus group participants and individual teacher interviewed independently raised how, when teachers were dealing with student wellbeing and mental health concerns, these concerns and resulting actions could have an impact on the teacher. This then presented itself as an additional challenge for classroom teachers. David’s explanation of this showed his understanding of the complexity. He commented, “I think it affects me. Like I'm thinking, I should do my best for the student, but then they are also not helping themselves”. The idea that student concerns in turn affect teacher wellbeing was also raised in the psychologist and principal interviews. The psychologist expressed concern around teacher wellbeing, empathising specifically with teachers new to the profession, and discussed a situation where a classroom teacher may not have received the appropriate follow-up required when confronted by a serious mental health concern:

What about the teacher? Because I had the impression that this teacher was relatively new and I was told, “Ah, it's okay, their mentor teacher has checked in with that newer teacher.” Because I thought if that was me and I'd had a bit of stuff going in the classroom and a young person who is very distressed, I think I'd be wanting debrief or get some reassurance from someone.

Maybe they're personally confronting a young person who is cutting up and you can see their arms or their legs. I think the distress around that is really, I think that's a really tricky area for young clinicians and young teachers… (School psychologist)

Interpreting the psychologist’s perspective, when teachers are first exposed to mental health issues in young people, teachers then need to be debriefed and further supported by the school. Anna described a similar perception, stating “the student comes to you and they're distressed and therefore my immediate reaction was to go to someone who could help me feel less distressed…”. The school principal also raised the issue of teacher wellbeing, stating:

From a wellbeing perspective, it's really challenging [on the teacher]. If you're dealing with a child who's self-harming, or threatening suicide…. That's emotionally draining, and it's really hard work on us, and I think we're pretty resilient, by and large, but no doubt there are people whose own mental health is impacted on by the expectations of us to respond to mental health in kids that we're working with.

Aligning with the teachers and psychologists’ perceptions, the principal also had a clear view that there was this pressure or expectation for both schools and teachers to respond and he linked this expectation to a possible further impact on staff wellbeing. Considering the participants’ views and community concern around teacher wellbeing and attrition rates, it seems that when improving student wellbeing in schools, it is also equally important to monitor and improve staff wellbeing, particularly for those working closely with young people.
Lack of specific pre-service training in mental health.

In response to rising societal concerns about youth mental health, a recent review of the National Safe Schools framework made a key recommendation:

Emphasising ongoing professional learning, especially for pre-service teachers, in the revised Framework was seen as essential in order to build capacity for addressing safety and wellbeing issues. (Education Services Australia, 2018, p. 21)

This recommendation recognises a greater need for ITE courses and continuing professional development (CPD) to provide more specific training in student safety and mental wellbeing. In addition to this, Metro High’s 2018-2020 strategic plan also aligned with this recommendation, stating a key goal is to “develop further understanding and acceptance of mental health/illness among students and staff though professional learning and shared experience” (Metro High School, 2018, p. 14). Both the school site and national education policy show a commitment to increasing staff training in the space of student wellbeing and specifically mental health.

Despite recent government and school-level commitments, all teachers interviewed expressed that they did not feel equipped or effectively prepared to deal with the array of wellbeing and mental health concerns that they now faced in a classroom on a daily basis. Both Anna and Emma articulated their perceptions and experiences around their pre-service training:

I would say that we haven’t had much training at all in supporting students with mental health problems because there’s a plethora of them … you go back to my university days, there was no units on that at all, on offer.... So, for me it's come from my own psychologist appointments. I've learned strategies from my psychologist to deal with my own issues to then carry on to students, but that's not certified… So about your question. No, there has not been any real training, any real preparation for that, except for broader professional development for all staff about general disorders. (Anna)

When you go to university, and they say do this, do this, and you've got to accommodate for this and whatever. It's not until you really hit the ground, and you really see the depth and breadth of spectrum. You think, oh wow. Then you are kind of lost for words at that point. (Emma)

Both teachers explained that their ITE, completed within the last 5 years, did not provide the skill set required to support the vast array of mental health problems they were encountering. As discussed in Chapter 2, the most recent reforms in ITE have focused on ensuring that teachers have adequate knowledge of content, pedagogy, literacy, and numeracy. Currently there are no specific guidelines for Australian ITE providers to address the impact of mental health in the classroom (Teacher Education Ministerial Advisory Group, 2014). Further discussion in the group interview revealed that some beginning teachers did receive training in the overall area of wellbeing, yet not specific training in mental health and working with students who have specific mental health concerns:
Interviewer: What sort of pre-service in terms of university course, what stuff did you have in terms of mental health in particular or was it just more wellbeing?

Emma: I think for me it was more wellbeing. Yeah.

David: I think it was probably more a holistic approach. Yeah.

Interviewer: Did anyone have any specific subject or course around mental health? [All participants visually indicated they did not have this specific training by shaking their head] … Colin?

Colin: No.

All teacher participants collectively agreed that their formal university training did not provide specific training supporting mental health concerns. Upon further discussion, Emma, who started as a mature-aged graduate after working in other professions, commented:

I think from my experience of [mental health] I'm pretty aware of mental health issues with my family history, and more jobs prior to being a school teacher. I feel as though even though I am within the 5 years as being a teacher, my previous life experiences have equipped me well. I'm recognising more of the issues.

This was similar to the earlier vignette from Anna, who also explained that she had drawn on her own experiences and appointments with mental health professionals. In keeping with the comments provided by Emma and Anna, the teachers agreed that their external life and experiences with family and friends were the experiences that they then would draw on for the guidance or skills required when faced with significant concerns. The school principal’s perception was that graduate teachers should have some degree of training, commenting:

I think they’re certainly better prepared through their teacher training than we ever were, around knowledge of, and capacity to, not so much provide intervention themselves, but provide referral…. But we would also put some emphasis in our induction of new staff, and in the staff handbooks. We would put stuff around to be aware of kids' issues and so on the database so you've got access and you read up on every kid before you start. When I started teaching, databases weren't even invented…

Considering the above comment, it seems that the principal expected graduate teachers to have some degree of mental health training. The principal also explained that the school did provide information to new staff to the school, information on specific students and information on the school database. Conversely, some of the teachers interviewed explained that specific information on students was sometimes not accessible (due to confidentiality), or if the details were accessible, the information provided was not clear or not useful for the classroom teacher. It is apparent that teacher perceptions and challenges are somewhat impacted upon by the availability of information, support from school leadership, and available teacher training in mental health.
Finding 3: School-Level Challenges

The final finding involves a variety of school-level challenges facing this particular school, hindering the school and the teachers’ ability to support student wellbeing and mental health. The challenges discussed by all participants effectively aligned with three categories which included difficulties around school structure, working within community limitations and expectations, and further support for teachers and teacher education courses. These three subfindings are discussed in further detail below.

Participants collectively perceived barriers caused by secondary school structures and resource limitations.

During the focus group and individual teacher interviews, four of the five teachers commented on the difficulties they believe are caused by the typical secondary school structure. The study school is structured to include three subschools: a Year 7-8 Junior School; a Year 9 School; and a Year 10-12 Senior School. An initial point made by Colin was the need to reduce class sizes and increase student-teacher ratios:

It's very tough. With the amount of teachers we have with the amount of students we have. We're now separated to senior school, junior school for poor choice of words. We cannot know every single student that we're having contact with walking through the quad in our classroom, subbing for a class, etcetera…

I'd love to see smaller class numbers, just simply because it's more time to be able to teach and know a student. It blows me away hearing at the junior levels, there's like up to 30 in a class and as a senior teacher…. How can I not only monitor that student's work but where they're going and if they're on the right task in class when there's that many distractions, voices in a room…

You just get more of a chance to know a student with less [students] in the class. I think the positive is the direction this school's going with that vertical structure, bringing in a wellbeing period, having different opinions in that because of the ages, experience etcetera.

Colin stated that priority should be placed upon ensuring teachers know the students they are teaching. In a typical secondary school structure, a teacher would normally teach five to six classes with 25-29 students in each class. At Metro High, Year 7-10 classes could have a maximum of 29 students and Year 11 and 12 classes a maximum of 27 students (Victorian Catholic Education, 2018). This could result in classroom teachers teaching up to approximately 150 different students at any given time.

At Metro High, class groupings often changed half-way through the year; therefore, a teacher could be teaching different students in Semester 1 and 2. This challenge was identified by Anna: “As a homeroom teacher or as a normal teacher who doesn't even sometimes teach the kids, how do you constantly keep up with that [wellbeing concerns] and how do you support that student constantly if
you don't see them [often]?” In 2019, the school implemented a vertical structure in Years 10-12, where the homeroom teacher supports the pastoral and wellbeing needs of the same students over a 3-year period. This same teacher also delivers a wellbeing focused lesson, once a week on Mondays. Colin did remark that he felt a new vertical structure and specific wellbeing period should improve Metro High’s capacity to support student wellbeing and mental health.

The concept of improving overall school structure and resources became a key focus during the group interview. Emma explained that she felt that a student needs a “sense of belonging where everyone feels as though they have a place where they do belong”. This then led to a discussion about how this could be achieved within the limitations of a regular secondary school:

Emma: So, how do we get them to feel belonging to feel as though they are connected here … I think the vertical homeroom in the senior school is important. I think it'll take a few years to actually get the full value of it…. We do that in the junior end?

David: I think if they're involved in for instance, sports or extracurricular activities, maybe band, things like that. Then that helps.

Emma: Maybe “safe spot”…. Wouldn't it be nice to have a spot, a common room, somewhere where kids can play games in a safe place that could help like-minded kids connect … I feel there might be a need to get a space where kids can gather and do their own thing, without being in the educational support rooms because they serve another purpose.

Both Emma and David agreed that to better support students, the school needed to develop physical spaces that support and connect students, with the overall goal of improving student wellbeing whilst at school. Emma also agreed that the school had moved in a positive direction using a vertical wellbeing structure in Years 10-12; however, this approach did not include the lower year levels. In Years 7-9, the school delivered wellbeing focused curriculum within the allocated religious education classes. As students moved into the following year level, they also changed homeroom teachers and were likely to have new subject teachers. The perceived challenge around the sheer size of the school was echoed by the school psychologist:

Something that I personally find very overwhelming is the thought of how many students each teacher engages with in a typical secondary context. It could be 180, and we talk about building relationships as being key to teaching and learning and particularly if we’ve got a student with some mental health vulnerability or behavioural difficulties that are linked in with that, that relationship is really important, but I reckon that would be pretty hard to do in four periods a week.

From a leadership or administration perspective, the principal of the school highlighted that, in his position, school resources and funding became a major challenge:

Well, resources [are] a big part of it. That is always a challenge, to be able to provide the time that people need to be able to do what they need to do. Time equals money, and they're both finite … I'm talking about your high-end schools, and that is places that are charging $20,000 or $30,000 a
year. If you're doing that, then you've probably got smaller class sizes, so there's more capacity for teachers to deal with individual issues…. There are two things at play there. First, it's a much more highly aware society in general around anything that doesn't look completely normal, being diagnosed, and named, and treated.

The principal also commented on the intersecting challenge of obtaining resources and funding in schools and that this in turn affected things like teacher-student ratios and class sizes. He further remarked that the decisions around resource distribution were a challenge for schools: “if you're tipping more of it into mental health support, then you can't put it elsewhere. So, I reckon that's a challenge, that diversion of resources”. Overall, the participants agreed that resourcing and structure need to continue to improve to address student wellbeing.

**Challenges associated with community mental health limitations and family expectations.**

In further discussions around the challenges faced by schools, the principal and psychologist highlighted limitations linked to external partnerships with parents, community health organisations, and the expectations of society as a whole. Metro High had significantly grown in enrolments over the past 15 years. In 2008, the school enrolled 1,300 students. At the time of this study Metro High had 1,850 students and 152 teaching staff; this equates to a 1:12 teacher-student ratio (Australian Curriculum and Assessment Reporting Authority, 2018a). The principal reflected on the changes that have occurred in both society and this specific school site:

> So, if we look at our Year 7s now, compared to 10 years ago, there will be many, many more kids with named diagnoses, from ADHD, and autism spectrum, and everything else. If we go back another 20 or 30 years, I think I can probably remember, name one kid in the first couple of years that I taught who I knew had some kind of Asperger's or autism spectrum disorder…. So that's the first thing, there's a much greater awareness and a much greater tendency to name those things.

Interviewer: Which, I'm gathering, is good, but is also not so good?

Principal: Oh, well, no, it's good to know, but it's difficult to do what you need to do for each of those kids. The second thing that's at play is really context specific, and that is that we're really lucky in that we have a reputation, and a well-deserved reputation, in the community for doing that stuff really well. So if you build it, they will come. And we've built it, and they are coming. We've got, I think, 130 funded kids in the school now, which is a really high percentage, and with the change to the NCCD data, we've got, I think, over 400 kids who, there are expectations that we're going to modify work for now … the vast majority of these are things that you might classify as cognitive and getting into the mental health. So, kids who are anxious, and kids who have had all sorts of mental health issues.

Data obtained from the school site echoed the principal’s understanding of the number of students funded under the NCCD, the scheme for students with a disability. Recent 2019 data indicated
the school had 430 students funded under this scheme, equating to almost 24% of the student population. This is higher than the average value of all Victorian schools at 20.2% (Australian Curriculum and Assessment Reporting Authority, 2018b).

Of this number, 130 students are recognised for and receive funding for social/emotional conditions or disorders. This category can include students with major depressive disorder, generalised anxiety disorder, other generalised mental health disorders, autism spectrum disorder or “a disorder, illness or disease that affects the person’s thought processes, perception of reality, emotions or judgement, or that results in disturbed behaviour” (Australian Government Department of Education, 2019). As explained by the principal, the school has seen growth in the number of students who require additional support and funding. He seemed to partly attribute this to the school’s reputation as one that has a positive history of supporting these additional needs, combined with an increase in societal awareness and further expectations for schools to support the increased spectrum of student needs. The principal and psychologist further elaborated on their perceptions of parent and community expectations. Their opinions can be best summarised with the following remarks:

It seems to me that what inevitably happens is your really high-needs kids, whose parents have sometimes high levels of expectations and sometimes low level of capacity to access private services outside, tend to really lean on them (school mental health professionals) massively. (Principal)

Some of the support strategies identified might be to try XYZ at home and XYZ at school. I try to engage families in this service because I think if they're not invested in wanting to seek help for their young person, I've not got a great chance of them helping the young person with implementing strategies at home. (School psychologist)

The principal and the psychologist identified the specific challenges that they each faced in their particular role. Although these might be different challenges much of the time, as they worked in a different context, they both perceived similar challenges when working with parents and community. The principal commented on the impact upon the school, considering the complexity of mental health and the scarcity of external mental health services:

If a kid has anxiety issues, or any kind of mental health concern, we take them to a specialist that we employ, and they sit with them for an hour, and they'll work with them, and we work with the parents and all that sort of thing. They will try to refer, but often it ends up during the next day, or the next week, or the next month, they come to school and they're still highly anxious, so we still end up doing the work with them.

It seemed that a major difficulty when working with mental health in comparison to physical health, is that such concerns often take months to be effectively addressed, so the student continues to go to school in poor mental health. This inevitably means schools are left to support the young person the best they can. The principal’s comment was echoed by the school psychologist: “I think it's [a
school] one of the places [for mental health support] ... I don't think it should be the only place and it's way too much pressure on an educational institution…”. It is clear, then, that the principal and psychologist perceived difficulties linked with limited community-based mental health support for families and the pressure on schools to respond.

Metro High is located in a district where free public mental health services, like Headspace, are limited, whilst there are numerous private (fee incurred) providers. A recent report issued by Headspace identified that on average the wait time for an intake session is 10 days, for the first therapy session is typically 25 days, and for the follow-up session it can be 12 days (Headspace Youth Mental Health Foundation, 2019). Other than Headspace centres, the only option for students and families is private mental health services, which may or may not be within their financial capacity. Recent municipal data collected from this same region shows that this region has increasing mental illness rates in adults above the Victorian state average. Community health trends published through the Victorian Health Information Surveillance System have demonstrated that the prevalence of anxiety and depression in this specific region has increased by 10% between 2008 and 2014. Almost 16% of adults reported high or very high psychological distress compared to the state average of 12.6%. In addition, adults in this region have a higher proportion of anxiety or depression (32.3%) and more have sought more professional help (22.1%) compared to state averages of 24.2% and 16.0% respectively (Victorian Department of Human Services, 2019). National data from the AIHW show the highest rates of mental health service contact in 2017-2018 were for patients aged 12-17 years; therefore, secondary school students as a whole sought more mental health support than all other population groups (Australian Institute of Health and Welfare, 2019). Further macro-level data show that the number of people presenting in Victorian emergency departments with mental health crises has increased by more than 60% from 2007 to 2017. This, coupled with a 9% reduction in mental health beds per capita (due to population growth), means that it is becoming increasingly difficult for young people to obtain the mental health care they require in a timely manner. Considering the high percentage of students with additional needs at Metro High and the strain on the community health system, it is clear that classroom teachers and the school leadership must be prepared to support the mental health needs of their students.

The need for specific teacher professional learning.

Discussion with teachers and the psychologist indicated a need for schools and universities to provide more training and support for classroom teachers. Both the teachers and the psychologist commented on the importance of classroom-level support, empowerment, and ongoing training. Two examples of classroom support that the teachers had experienced and found highly valuable were the
addition of an educational support worker present in the classroom and support from an experienced teacher mentor:

You've got 28 students, and then there's maybe four or five that have special needs or have learning needs, anxiety, ADHD, whatever. They tend to take like 80% of your time and having a support staff member in there is really beneficial. (David)

I think support should be given (to teachers). It's great that we have mentors and whatever, but it would be great to be able to get your mentor to come into the class … I would love to see the teaching strategies, methods, practices, plans that other teachers have. (Colin)

The school psychologist also made the link between providing support to teachers when they are dealing with cases of student mental health:

If I think about in terms of supporting beginning teachers I'm really conscious that we are in a time-poor environment and mental health isn't straightforward. I guess with physical health, first aid is clearer what you do. Mental health is more subjective and perhaps more personally confronting, and how do we cultivate time and space for people to process that in their different ways?

The supports within the classroom by mentors or educational support officers were reactive strategies discussed by participants. However, many participants also agreed upon several proactive strategies they felt would better support teachers within this space. The beginning teachers seemed to firmly believe that they need to be provided with focused training in specific processes and support pathways of the school site, and to be empowered within the pathway to continue to carry out the actions required of them. These perceptions were best captured by the following excerpts from Brad and the school psychologist:

I wasn't really aware of who the go-to person was for that kind of thing [student mental health]. You just have to ask the right people. I think maybe something where, that is “set in stone” for every new teacher … I don't think there's any formal information communicated … say if this situation occurs the best option is to do this. (Brad)

Learning to navigate your environment and where there is help. Even though the people here are very kind and very approachable, it's not always straightforward … I think it would be helpful to somehow keep classroom teachers in the loop with what is happening. (School psychologist)

In keeping with this finding, all participant teachers agreed that the school or pre-service teacher courses needed to provide further specific training in student mental health. As Anna and Brad explained:

For instance, at our professional learning days we could dedicate a little small session … we could use that teaching and learning cycle and maybe choose a particular need or a student … starting to look at these issues practically in a sense as well. Rather than just going, Okay, let's label. It's actually giving it some skills and tools and support. (Anna)
I've done a PD on anxiety and that was really quite interesting, because sometimes you don't know that much about it and what the symptoms are or what it entails. You might just think, they're just overreacting to something…. If you are able to recognize symptoms in students, that can also be beneficial. I think there's a mental health first aid courses, and I haven't done that, but I would love to do that because I think that would be really beneficial as well. (David)

Interviews provided rich discussion around the variety of areas in which teachers felt they needed further support. Teachers collectively identified the need for specific training in mental health awareness; however, they emphasised that practical training, which is training they could apply to classroom practice, would be the most beneficial. Emma commented, “I don't know that they could train you up for this, but to somehow have some course to enable you to juggle so many different needs at one time”. From a mental health professional perspective, the school psychologist also agreed that teachers do require specific training in mental health.

Interviewer: If it was a perfect world, what would be one, two or three things that you would think a teacher graduating, should be equipped with in this space? What do you think will be really valuable?

Psychologist: Probably some general knowledge around mental health issues and disabilities as they're often overlapping, and things like whether we call it “trauma” and “behaviour” and “mental health issue”. Yes, some knowledge around how that impacts young people when they're learning, so it's on their radar.

I’d also be suggesting some type of reflective practice. Say if we take behaviour for example, the way we relate to a young person presenting with behaviours that challenge in a classroom environment can help the behaviour, [or] it can escalate the behaviour. Showing through either the practical experience, or even theoretically some ideas around reflective practice…. In the mental health world, clinicians do a lot of reflective practice…. [Also] I think something like mental health first aid training would probably be good. It's a requirement that you do your CPR and your physical first aid training…

In regard to training, the school principal also acknowledged that staff members do need to have some training in this area, commenting, “The effort and energy probably needs to go into awareness of, and knowledge of, referral pathways”. Like any significant educational issue, teacher knowledge, training, and adaptability is vital to the development and improvement of that issue. All participants in this school site recognised the importance of specific teacher training and relevant ongoing professional learning.

**Summary**

This chapter presented three major findings of the study that were identified during coding and analysis. Firstly, beginning teachers were found to have perceptions of their professional role regarding student mental health similar to those of health professionals and school leaders, in that they
should be required to identify and respond to mental health issues that occur in their classrooms. These perceptions included what kinds of responses to concerns were expected and how they might refer students appropriately. Teachers also highlighted the complexities that can develop in the classroom as a consequence of poor student mental wellbeing and the further challenges this poses to the classroom teacher and learning environment. Secondly, beginning teachers perceived challenges arising from the nature of communication across their working context. That is, they identified difficulty in accessing student wellbeing information from school records and processes and believed that there was a lack of communication concerning wellbeing leadership and mental health professionals. Additionally, a lack of specific pre-service teacher training on supporting student mental health was identified and linked to further impacts of poor student mental health on teacher wellbeing. Lastly, the study participants showed awareness of school-level challenges affecting beginning teachers’ capability in supporting student mental health. The participants identified limitations and barriers caused by school structures and resources, which included larger class sizes, large numbers of students taught at a given time, and resource restrictions. The participants identified external factors that influenced schools and teachers working in this space, including the availability of, capacity of, and relationships formed with community-based mental health services. Additionally, both school leaders and teachers perceived that there were increased expectations for schools to respond to students’ mental health from the students’ families and the wider school community. They also concurred that there is a need for further mental health specific training and classroom-level support for beginning teachers.

The discussion and implications of these findings are presented in the following chapter. The findings are discussed using two complementary conceptual lenses, Bandura’s (1977) theory of self-efficacy and Bronfenbrenner’s (1979) ecological model. Self-efficacy theory has been used to conceptualise how a beginning teacher’s personal efficacy can determine their actions or responses to student mental health concerns. This theory is then framed within Bronfenbrenner’s ecological model, depicting various environmental factors that influence teacher efficacy and, in turn, teacher perceived competence.
Chapter 5: Discussion and Conclusions

Introduction

The findings of this study have the potential to generate an improved understanding of a beginning teacher’s role in supporting student mental health and what is required of them to competently conduct this work within a classroom context. Major stakeholders who are implicated by the findings include schools, community mental health providers, ITE organisations, and government bodies.

The purpose of this chapter is to discuss and provide an interpretive insight into the research findings in ways that may offer intrinsic benefits to the participants and the school site (Stake, 2003). Recommendations to Metro High, other secondary schools, and wider stakeholders are also discussed. The findings have been drawn via the lens of self-efficacy theory (Bandura, 1977) using the central concept that expectations of personal efficacy determine further actions of the individual. Expectations of personal efficacy are derived from four principal sources, including mastery experiences, vicarious experiences, verbal persuasion, and psychological states (Bandura, 1977). The second lens utilised, Bronfenbrenner’s (1979) ecological model, posits that the teacher’s immediate classroom environment, as well as interactions with other individuals and broader external systems, all influence perception and self-efficacy. As explained in Chapter 2, the microsystem is the first, inner layer. Several factors within the microsystem were identified as having significant influence on teacher perception, including individual teacher classroom experiences (both positive and negative) and specific interactions with students and colleagues. These microsystem experiences then shape factors including the individual (beginning teacher’s) knowledge, beliefs, attitudes, degree of self-efficacy, and the relationship between teacher and student. The second layer is the mesosystem, consisting of how school structures, class sizes, and resource allocation impact teachers’ work. This system also encompasses the interactions, communications, and decisions made in the school wellbeing leadership team, which then influence the beginning teacher at the microsystem level. The final layer to be discussed is the macrosystem, which also influences the preceding systems and, in turn, teachers’ perception of their competency. This overarching system consists of attitudes and ideologies influenced by government policy and the requirements of the teaching profession. The macrosystem also suggests how ITE can have an impact upon the development of teacher mental health literacy. Bronfenbrenner also suggested an exosystem. However, due to the sensitivity of identifying parents of students with mental health concerns, coupled with the short data collection timeframe of this Master’s program, data from the exosystem were not able to be obtained. However, I will return to the ways in
which data collection and analysis of exosystem phenomena in future studies could shed further light on ways to support the development of teacher mental health literacy.

What now follows is a discussion on how the three interconnected systems appear to be interacting to influence beginning teachers’ experiences and opportunities to develop competencies and mental health literacy. As explained in Chapter 1, mental health literacy is the knowledge and understanding about mental health and the ability to link that knowledge to benefit one’s own or others’ mental health through recognition, management, and prevention. Key themes identified from the literature assist with the interpretation of the findings, particularly drawing from studies into youth mental health, teacher perceptions, and mental health in schools. Integrated within this discussion are key recommendations for all major stakeholders. The final section includes a summary of implications, conclusions, and recommendations for future research.

The Microsystem: Development of Self-Efficacy

As established in Chapter 2, much research has highlighted the usefulness of the ecological approach in understanding and responding to youth wellbeing in a school context (Bronfenbrenner, 1979; Roffey, 2017; Vic Health, 2015). Beginning teachers’ perceptions in supporting students with mental health concerns appear to be multifaceted, with influences across and within various interconnected contexts. The first of these contexts can be represented through the microsystem of Bronfenbrenner’s (1979) ecological model. The microsystem consists of the individual’s immediate environment. In this study, the individual refers to a beginning teacher within the first 5 years of teaching (Weldon, 2018). It also includes the teacher’s classroom environment and interactions occurring between the teacher, students, and colleagues. This microsystem shapes the individual’s knowledge, attitudes, efficacy, and beliefs in relation to supporting the mental health of their students. Teachers’ perceptions based upon factors and experiences, including student interactions and colleague interactions, have been framed using Bandura’s (1997) theory of self-efficacy. The following section analyses beginning teacher perceptions considering all four sources of Bandura’s self-efficacy theory and the interactions within their immediate environment.

Mastery experiences: Teacher knowledge, attitudes, and beliefs.

The findings presented in Chapter 4 identified that the immediate microsystem environment influenced beginning teachers’ perceptions of competence towards supporting their students. Teacher participants showed an understanding that it is within their role to identify and respond to mental health concerns that arise in the classroom and with students in their daily care. However, their levels of perceived competence in identifying, responding to, and further supporting students showed that
these beginning teachers had yet to develop sufficient levels of self-efficacy within this space. Mastery experiences have been consistently identified as the most influential source for the development of self-efficacy (Bandura, 1997; Hoy & Woolfolk, 1993; Woolfolk Hoy & Burke Spero, 2005). However, if a task is completed by individuals who have little prior experience in completing this task, then it is more difficult for them to determine the success of their performance (Pfitzner-Eden, 2016). Considering the complexity of mental health, it is arguably more difficult for beginning teachers to develop appropriate levels of self-efficacy towards supporting student mental health than other professional competencies. This concept is in keeping with the findings of this study. Participants identified the provision of some opportunities for mastery experiences in their time at Metro High but were still unsure if they had sufficient competency.

The teacher participants collectively agreed that positive relationships with students and knowing the students well were key strategies used to identify students’ mental health and wellbeing needs. As Colin explained, “when it comes to identifying risk I try and prevent that early by building a relationship with my students”. The beginning teachers demonstrated confidence gained through mastery experiences, which included implementing classroom-based strategies and developing positive relationships with their students. They cited strategies they had used to identify students with certain needs: “I’ve noticed, in some of my Year 10 classes, you can see by their appearance, the way they come into the classroom sometimes, I think it definitely shows their mental health” (Brad). The participants described situations that illustrated they had obtained opportunity for mastery experiences, identifying mental health concerns in students.

Accomplishment based on mastery experiences is regarded as especially influential in developing self-efficacy. Successes raise mastery expectations and when strong efficacy is developed, even if future failure occurs, the likelihood of that failure reducing efficacy is minimised due to past success (Bandura, 1977). For example, in the case of a beginning teacher who experiences “failure”, such as a student not coming to class or having a mental breakdown in class, the teacher can draw upon previous positive experiences and implement known valuable strategies, reducing the likelihood of diminished self-efficacy. However, the implication of this is that teachers in their first year of teaching may not have previous positive mastery experiences to draw upon; therefore, in this scenario, their self-efficacy would likely decrease unless further support or feedback were obtained. Bandura further explained that once strong efficacy has developed, it can then be well generalised to similar situations. Given the research context, if a teacher uses their knowledge and skills to identify and support a student, they are therefore in a position to transpose this efficacy towards a similar situation with another student. It was unclear as to whether the teachers actually believed that they possessed the full complement of knowledge or skills to support students with needs. For example, Anna remarked, “I wouldn't say [I have the] skills, but probably just observational ability. So, you tend to
observe patterns and changes in their attitude or even their body language”. This suggests that she does not believe that her observational ability is a sufficient skill and therefore she is still developing self-efficacy and agency to support students’ needs once they have been identified. The provision of mastery experiences as a singular strategy for developing self-efficacy appears to be somewhat insufficient.

Beginning teachers in this study also believed that the student-teacher relationship, particularly the teacher understanding the student, was important in identifying concerns and supporting student mental health. In discussions around “knowing” their students and building relationships, teachers articulated what is described as social emotional pedagogy (Collaborative for Academic Social and Emotional Learning, 2019). The concept of social emotional pedagogy stems from classrooms that centre on social emotional learning (SEL). This pedagogy aims to enhance a student’s capacity to integrate skills, attitudes, and behaviours that enable the young person to effectively work through daily tasks and challenges, further promoting emotional intelligence and respectful relationships (Collaborative for Academic Social and Emotional Learning, 2019; Taylor, Oberle, & Durlak, 2017). Teachers showed agreement that their ITE curriculum tended to focus on broad understandings of wellbeing and/or holistic teaching styles. As Emma explained, “I think for me it was more wellbeing”, whilst David commented, “I think it was more of a holistic approach [to teaching]”. Their responses illustrated that pre-service teachers may be obtaining some efficacy in the wider sphere of wellbeing by acquiring some SEL-based pedagogies. Maelan et al. (2018) highlighted the importance of teachers supporting the social and emotional learning of their pupils, as teachers showed a stronger sense of efficacy when they were able to link their knowledge to this type of pedagogy while recognising concerns in students. However, the beginning teacher participants in this study indicated even the limited amount of specialist knowledge in wellbeing and SEL pedagogies that their ITE provided was insufficient preparation for the impact of mental health issues they experienced in their work.

As previously discussed in Chapter 1, Jorm (2011) explained that mental health literacy is not simply a matter of having knowledge; rather, it is possessing knowledge that is linked to the possibility of action to benefit one’s own or others’ mental health. In an evaluation of school-based mental health intervention programs, Kelly et al. (2007) similarly concluded that for early intervention to occur, young people and those who support them must be able to recognise and respond appropriately and to receive feedback on their actions. If schools are going to upskill and develop mental health literacy in teachers, it is important that schools address teachers’ self-efficacy throughout this process and continue to provide not only the opportunity for mastery experiences, but also feedback on task accomplishment. The teachers within this study showed some level of efficacy regarding Jorm’s first parameter; however, their lack of perceived self-efficacy to respond and further support means
beginning teachers require further development, so that they can more assuredly identify and carry out the required actions to support students of concern.

Two of the beginning teachers within this study showed a higher degree of self-efficacy due to the development of mastery experiences from previous work environments or family situations. Emma explained, “I’m pretty aware of mental health issues with my family history” and from her self-disclosed “previous life experiences”. Both Anna and Emma expressed that they felt they had obtained some knowledge and skills based upon past experiences separate and distinct from their professional role as teachers. Their degree of self-efficacy was clearly based upon previous experiences when identifying, responding to, and supporting people with mental health concerns. It is important to note that Anna and Emma were both mature-aged graduates. Their experiences, which led to a higher perceived self-efficacy, were obtained separately from professional learning prior to teaching. In contrast, other participants indicated that they had difficulties initiating required actions or responses when they thought that it could be required. As Colin indicated, he was “just not comfortable asking” and felt a “higher tier teacher” should provide that higher level of care. It seems that Colin is unaware that even a beginning teacher’s level of care could make a difference to the student. Colin infers that students are provided a better tier of care from school leadership or mental health professionals, and that this is where the problem should be addressed. This indicates his lack of mastery experiences and the lack of verbal persuasion or feedback to beginning teachers. Colin’s remarks also indicate that beginning teachers need to be provided with a large reservoir of known valued strategies they can adopt in their regular teaching duties to support student wellbeing and mental health.

Bandura (1977) explained that “expectations of personal mastery affect both initiation and persistence of coping behaviour” (p. 193). Considering this, beginning teachers with similar perceptions to Colin’s have yet to obtain sufficient positive experiences in supporting students and/or positive feedback from more experienced colleagues on how well they handled the situations. Without this kind of positive experience or positive feedback, they will be less likely to initiate a response or attempt to work with the student who has mental health concerns. Beginning teachers require opportunities to develop stronger self-efficacy expectations, which includes some level of formal or informal affirmative feedback. There is a role for school leadership and mental health workers to provide this feedback and this is discussed in more detail in the section outlining influences within the mesosystem.

As explained through Colin’s earlier vignette, schools and the teacher need to have the appropriate tools and ability to recognise and respond to mental health concerns in young people. For beginning teachers to effectively recognise and support young people with mental health needs, the development of a SEL style of teaching pedagogy and opportunities for mastery experiences with
feedback related to identifying, responding to, and supporting students are possible starting points for secondary schools. It is also likely that as schools evolve to incorporate student-centred pedagogies and SEL learning environments, this might foster the connections between student and teacher. This then develops teacher efficacy, paving the way for classroom teachers to become more confident first responders to student mental health needs.

**Vicarious experiences and verbal persuasion: Teachers responding to and working with student mental health needs.**

The beginning teachers in this study believed they had a role in supporting student mental health but lacked some level of perceived competence in performing certain supportive roles. How adequate a performance can be is somewhat relative and therefore difficult to measure. The additional complexities of mental health blur the lines between appropriate and inappropriate actions. For example, an action or response for one young person may not be suitable for another. In his earlier writings on self-efficacy, Bandura (1977) stated that for many activities, “there are no absolute measures of adequacy. Therefore, people must appraise their capabilities in relation to the attainments of others” (p. 86). Three of the ways in which this can be done include observing models performing tasks, developing efficacy through vicarious experiences, and the initiation of verbal persuasion where people are led via suggestion into believing that they can cope with a situation (Bandura, 1977).

From a microsystem perspective, the teacher is often the first adult responding to the concern. However, the structure of most secondary schools means that the student with whom the teacher is working is then referred onto a teacher in leadership, which in this case study was the Metro High wellbeing team comprising of school leaders and a mental health professional. The interactions then cross over into what Bronfenbrenner (1979) described as the mesosystem. This can then lead to the loss of a positive feedback loop between the classroom teacher and school leadership team or school psychologist. Several of the beginning teachers described how decisions made within the mesosystem of the school affected their interactions with students and their overall perception and competence should another similar situation arise: “We [classroom teachers] are kind of in the grey, where you are asked, ‘Can you manage this?’ ‘Can you keep an eye on this?’ ‘Report this’. It's never, ‘By the way, this is what's going on here” (Colin). Colin’s experiences indicate a key problem for beginning teachers and schools, explaining that schools are not providing integral feedback which would further ensure the development of self-efficacy.

Beginning teachers perceived a lack of interaction or communication between themselves and their colleagues, both peers and the leadership team. Even if the appropriate process is followed successfully by a teacher, if the teacher does not receive feedback on their actions, they may not develop efficacy expectations and thus not experience a sense of mastery. As Anna commented, “you
put them on to someone else but you don’t know where they’ve gone from there … you're not given enough information back". The constraints of a typical school structure mean that teachers are expected to identify and respond to concerns but are given limited feedback or debriefing on the situation. Receiving this would assist the teacher to acquire the necessary affirmation that they have responded appropriately, which then in turn develops their perceived competence and self-efficacy in future situations. As explained by Emma:

I think one of the things I'd like to say relating to kids with special needs is that the documentation [needs to be] in simple language…. You need specific information for this kid, with effective strategies that work for that child.

Emma’s experience suggested that a lack of positive information and affirmation from her colleagues was a factor that in turn affected her perceived competence when working with students with additional needs. There seemed to be a significant disconnect between the interactions of the regular classroom teacher and those colleagues working more closely with the young person. A study conducted by Pfitzner-Eden (2016) showed that positive feedback from a mentor teacher or colleague had a positive influence on the development of teacher self-efficacy when combined with mastery experiences. Therefore, adopting multiple sources for self-efficacy development is more valuable than using a single source only. These results were also consistent with Bandura’s (1997) description of verbal persuasion as being particularly influential when it comes from somebody who has expert knowledge in the evaluated field; in this case, the teacher in wellbeing leadership or mental health worker.

Although Bandura (1997) acknowledged verbal persuasion alone may have its limitations, if people are provided with both social persuasion and provisional aids, they are more likely to generate greater effort. Accordingly, schools need to provide both formal and informal training programs and feedback opportunities. Firstly, staff need to develop skills to carry out appropriate action in a safe training environment. Then, once these skills are used in a real-life context, schools need to continually provide positive affirmation and specific feedback on the teacher’s response or actions. When a situation occurs and a teacher responds, leadership and mental health professionals should be de-briefing with the teacher who responded. This de-brief should include a full discussion on the situation and should provide specific feedback on the teacher’s actions, with an aim to improve teacher perceived competency. Further actions required by school leadership and mental health workers which could improve teacher competence and self-efficacy are discussed in the mesosystem section.

Vicarious experiences can influence the efficacy of the individual and “alter efficacy beliefs through transmission of competencies and comparison with the attainment of others” (Bandura, 1997, p. 79). Vicarious experience within the context of this study could incorporate a teacher learning from another teacher or professional through observation or modelling. The beginning teacher participants
in this study suggested a need to attain vicarious experiences through varying formats. Firstly, they suggested mentors: “It's great that we have mentors, but it would be great to be able to get your mentor to come into the class. I would also love to see the teaching strategies, methods, practices, plans that other teachers have” (Colin). Schools typically assign teacher mentors to beginning teachers, but it seems from the perspective of beginning teachers at Metro High that this resource may be underutilised. Considering the current era of national testing, it is possible that mentor teachers feel compelled to prioritise literacy and numeracy teaching, data collection, and assessment approaches. Structural changes that create opportunities for beginning teachers and mentors to regularly team teach, could help to overcome some of the concerns raised by the beginning teachers in this study. (American Education Research Association, 2012; Thompson & Harbaugh, 2013).

Multiple studies have provided evidence of the role that vicarious experiences play in influencing self-efficacy (Bandura, 1997; Bandura & Menlove, 1968; Wagler, 2011). Improving teacher mental health literacy can also occur through vicarious experiences, such as modelling, observation, and controlled practice during practical-based professional development. Anna suggested, “[on] our professional learning days we could dedicate a little small session … starting to look at these issues practically”, further suggesting this would provide teachers with “some skills, tools and support”. Anna’s idea resonates with what Gorrell and Capron (1990) also suggested in the use of cognitive modelling to develop self-efficacy. Cognitive modelling is a knowledge transmission technique in which a teacher exposes learners to the teacher’s ways of processing information by reasoning aloud while performing the procedures involved in a task. Gorrell and Capron investigated specific conditions under which training may be provided to pre-service teachers through the technique of cognitive modelling and the introduction of efficacy-enhancing commentary during subsequent demonstrations. In the context of teacher professional development, Gorell and Capron found cognitive modelling may be an appropriate format for the transmission of specific practices. Hagen et al. (1998) suggested that instructional videos from experts is another way to cognitively model appropriate practices. Therefore, it should be a priority for Metro High to develop internal CPD that utilises wellbeing leadership and school or community mental health specialists to work in a practical setting with beginning teachers. This initiative could build upon the conclusions drawn by Mansfield and Woods-McConney (2012) that mastery experiences may occur as a consequence of vicarious experiences through collaboration and participation. Focusing on developing positive mastery experiences and providing verbal encouragement through scenario-based training and reconfiguring school staffing provision would enable continuation of this verbal encouragement through, for example, senior teacher mentoring in subsequent classroom experiences (Hudson, Spooner-Lane, & Murrary, 2012). Hudson et al. (2016) also suggested universities and schools could work more closely together as a strategy to enhance preservice teachers' or beginning teachers' professional learning and development. This type of
initiative has substantial resourcing implications but could also be operationalised within the school’s annual configuration and scope of staffing decisions. It is recommended that schools develop or expand the already used team teaching and mentor practices to share and promote supportive classroom-based mental health strategies.

**Psychological states: The effect on teacher wellbeing.**

An important finding of this case study identified as having an impact on beginning teachers’ self-efficacy development was the teachers’ own personal wellbeing and overall mental health. The WHO’s (2004) understanding of mental health is that teachers must be able to cope with their normal life and work productively. Therefore, the effects of their role in responding to poor student mental health is likely to impact attitudes, beliefs, and responses. As illustrated in Chapter 4, all of the participants, including beginning teachers, the principal, and the school psychologist commented that, given the complexity and demanding nature of supporting students, there will be an impact on the psychological state of the teacher. Anna and Colin recounted times when they had “laid awake at night wondering what happened to a student they assisted and how not knowing compounded their worry”.

Roffey (2012) described teacher wellbeing as a three-dimensional construct, including feeling valued and cared for, not feeling overloaded, and experiencing job stimulation and enjoyment. Teacher wellbeing can therefore be conceptualised through psychological states, where people rely partly on their state of mind when conducting regular activities. Individuals are more likely to expect to feel success when they are not affected by an aversive psychological mindset. The principal and psychologist’s view indicated a concern towards teacher wellbeing, explaining, “if you’re dealing with a child who’s self-harming, threatening suicide, or is very distressed, that’s emotionally draining on the teacher” (Principal). They agreed that, without doubt, there are teachers whose own mental health is also impacted.

The study conducted by Pfitzner-Eden (2016) found that negative physiological and affective states contributed to reduced overall levels of perceived mastery experience and, consequently, a decrease in teacher self-efficacy. As discussed in Chapter 2, there is growing concern about teacher retention rates. Teacher attrition is depriving new, inexperienced teachers of an adequate pool of experienced mentor teachers, reducing the opportunity to develop mastery or vicarious experiences from the more experienced teachers. Since self-efficacy beliefs are heavily based on experiences, it is also reasonable that teacher attrition may affect beginning teacher self-efficacy. If a beginning teacher is suffering from emotional exhaustion, it is more likely that they will either avoid or have difficulties coping with a situation where a student’s mental health is at risk. Consequently, this would impact the opportunities for school-based affirmative mastery experiences, potentially hampering the
development of self-efficacy. Knowing that teachers are exposed to the spectrum of wellbeing and mental health concerns within their classroom, the development of stress, anxiety, or other poor psychological states is arguably inevitable. However, if teachers avoid a situation where they are required to support a student due to personal stress responses, this will impede the development of further coping skills and a perception of competency (Bandura, 1977).

The teacher's overall wellbeing is a key element influenced by their microsystem experiences. As schools continue to expect classroom teachers to support students with mental health issues, they must also initiate the required actions to support teachers’ wellbeing. The implications and actions required by schools to support teachers and their wellbeing is discussed when analysing the impact of the mesosystem and macrosystem.

The Mesosystem

Bronfenbrenner’s (1979) second interconnected system is the mesosystem, which incorporates the interactions between the elements of the beginning teacher’s microsystem. Considering the school context and the research focus on beginning teachers, it is important to consider all connections and interactions occurring within and between teachers and colleagues, teachers and students, and their working conditions. The mesosystem, therefore, includes overall school structure, which can mean what is provided and/or what is lacking in the structures, such as a lack of teacher continuity with students’ referral processes or limited resources available for supporting staff and student mental health. The mesosystem also provides the means for beginning teachers to engage in professional development programs (both internal and external), the presence or absence of which can influence their perceived competence. Finally, the mesosystem includes overall school culture and the professional interactions, informed by disciplinary traditions and protocols, between school psychologists and school wellbeing leaders and the teachers. All of these interconnect to have an impact upon beginning teachers’ microsystem experiences. The following section discusses beginning teacher perceptions of supporting their students, considering the interactions and influences within the mesosystem environment.

The implication of school structure and resources.

The findings presented in Chapter 4 illustrated several school-specific factors that influenced teacher perceptions in supporting students with mental health needs. It appeared that the typical secondary school structure somewhat limits a teacher’s ability to know their students well or to be able to integrate SEL or similar pedagogy into regular classroom teaching. Colin emphasised that being such “a large school divided into junior and senior, with large class sizes, it is very difficult to get to
know students”. The school psychologist raised the same point. At Metro High, a student may be taught by six different subject teachers in one day. Thus, at the mesosystem level, school organisation itself caused a barrier in obtaining opportunities to develop self-efficacy.

The lack of student-teacher continuity means that it can be difficult for teachers to find the time to build a supportive relationship or to develop an understanding of that young person’s unique wellbeing, both of which have been identified as prerequisites for identifying students of concern. Baker and Rice (2017) similarly proposed that to support adolescent males, their circles of support, including teachers, need to be aware of the signs that indicate the young person may need help. Considering this, it would be ideal, where possible, that students remain with the same teacher or fewer teachers for more subjects throughout the year. It would also be valuable to continue the same homeroom or pastoral teacher for a larger portion (more than one year) of a student’s educational journey. Typically, secondary schools devote a morning or afternoon session with a pastoral teacher. At Metro High, all students attend a 10-minute morning session with their homeroom teacher. Therefore, the teacher becomes not only a key person able to support a young person’s mental wellbeing, but also an important continuing source of assistance and support over their schooling journey. Ensuring this change in secondary schools would help to develop teacher competency in supporting young people, further developing mental health literacy.

Mazzer and Rickwood (2015) also found that mesosystem factors influenced teachers’ perceptions of their capacities to support students. In keeping with the current study’s findings, Mazzer and Rickwood identified the number of students taught, and the lack of available time to support students adequately, were both significant barriers perceived by Australian teachers. The principal at Metro High explained that resourcing or diverting resources is a challenge for school leadership, since “time equals money, and they’re both finite. If you have got the funding you’ve probably got smaller class sizes for example, so there’s more capacity for teachers to deal with individual issues”. Structural decisions made by school leadership, for example, class numbers and time availability for teachers to follow up concerns, have an impact on the perceptions of teachers regarding supporting their students. If teachers feel there are significant barriers (mesosystem decisions and processes) making it difficult to effectively support students, it is likely that this will directly impact their microsystem experiences, reducing positive performance experience and lowering their self-efficacy and perceived ability to support student mental health. Therefore, I recommend that Metro High continues to look at strategies that support teachers in supporting their students. This includes reducing class sizes and improving teacher continuity (where possible). Further discussion on the influence of government action, community health resources, and related recommendations are discussed in the macrosystem section.
Communication between mental health professionals and school leadership.

Participants in the study also reported that both formal and informal means of communication with colleagues were strategies used to identify and support students of concern; however, it was repeatedly highlighted that teachers were not always provided this information. This was ascribed to decisions made by school leadership and school psychologists, particularly around student confidentiality. Previous research has also highlighted how enactment or fears about maintenance of confidentiality is a chief barrier to children seeking psychological assistance (Kendal, Keeley, & Callery, 2014). Metro High devotes a team of wellbeing leadership staff to overseeing the wellbeing of all students. At the time of data collection, the school also employed three part-time psychologists. It is the leadership team and mental health professionals who work closely with the young person once identified and referred on by their teacher. Wellbeing information, strategies, and specific learning material (if required) are then communicated both informally and formally to classroom teachers. However, the quality and depth of information that wellbeing leadership and mental health professionals deemed appropriate to communicate back to teachers, from their interviews, seems inadequate. Brad was able to explain how the structure at Metro High meant that “teachers have someone like a house leader to go to, however, getting feedback from a parent meeting for example, this feedback is often disjointed”, leaving the teacher with no way of knowing how to deal with the next situation.

The classroom teacher’s role predominantly involves recognising, responding, and initiating SEL-style prevention. However, it seems that beginning teachers believe that Metro High has failed to provide affirmative support and feedback to classroom teachers. Consequently, for the teacher to continue to support a student, it is vital that they receive appropriate feedback on the student and their original concerns. This is in keeping with Bandura’s (1977, 1986) conclusions, where verbal persuasion in combination with the other three sources has been proven to develop self-efficacy. The school psychologist acknowledged the importance of this feedback, admitting, however, that there is still some hesitance to provide it:

I personally was wanting to share information and support teachers in understanding that this young person was vulnerable, but also had that hesitation in that I think there can be a perception that someone who is psychotic is dangerous … but this young person isn't a risk to self or others when in that state.

There were clearly interactions and discussions occurring between wellbeing leadership and mental health workers in regard to supporting the young person. However, this seemed to be limited in terms of the information made available to beginning teachers. The school’s management procedures for student wellbeing and mental health are characterised by communication restraints, thus inhibiting useful and empowering information from reaching teachers. Emma explained that at times this has
been a barrier for her when recognising a concern: “Well, part of it is the confidentiality problem … I'll have a look at his file and see what I can find. Then you might not be able access his file. That can be frustrating too”. The teachers seemed to rely upon using formal communication via student profiles; however, this information was not always available to teachers. The difficulty at this specific school site was partially due to the disciplinary traditions and protocols that manifested in confidentiality practices of school-based psychologists. The Australian Psychological Society (2007) states, “Psychologists safeguard the confidentiality of information obtained during their provision of psychological services” (p. 14). Therefore, the psychologists working at the school have an ethical responsibility to maintain client confidentiality; however, this is contributing to the barriers and associated challenges that exist with sharing information between classroom teachers and mental health professionals.

The beginning teachers perceived that the wellbeing leadership team and the school psychologists needed to clearly communicate to classroom teachers some actionable guidance to further enhance their perceived ability to identify and respond to student mental health needs in the classroom. Recent research conducted by Hart and O'Reilly (2018) investigated how schools and the Child and Adolescent Mental Health Services can better communicate and support student development and learning. Their findings provide some insight into the difficulty faced by Australian schools in exchanging sensitive information with mental health professionals. A key finding from this study identified that when school staff understood the sensitivity of mental health issues, students and parents were more likely to feel safer about sharing their mental health difficulties with their schools. The study concluded that if school staff have a basic level of mental health knowledge and awareness, this would help ensure information was handled respectfully.

The deficiency in communication from mental health workers seems to be a significant driver in reducing beginning teacher perceived competency. Therefore, I recommend that Metro High School review its current confidentiality policies regarding student wellbeing needs. This review would need to consider the confidentiality restrictions imposed by both the Victorian Education Department and the Australian Psychological Association, yet still aim to improve the quality of information communicated to classroom teachers. Acknowledging the recommendations by Hart and O'Reilly (2018), Metro High must also create an environment where existing stigma is alleviated and where teachers understand the sensitivity of sharing mental health information. Therefore, Metro High should also look to improve mental health knowledge and awareness of all staff, with an aim to remove existing stigma and to increase teachers’ understanding of the sensitivity of mental health issues.

As mentioned earlier, cognitive and emotional support from school leadership has a positive influence on teacher self-efficacy (Skaalvik & Skaalvik, 2007). Strengthening this connection and
feedback is an important strategy for empowering teachers, increasing their degree of self-efficacy. An additional recommendation to all secondary schools includes that they improve the communication channels to beginning teachers, adopting a similar model as depicted in Figure 5.1. In order to represent how the flow of communication between the micro and mesosystems could operate, Figure 5.1 illustrates an integrated feedback process that, when implemented, better supports beginning teachers in their work. This is particularly important, as this study and similar research investigating boys’ mental health have identified externalising behaviours such as disruptive classroom behaviour, poor academic performance, and disengagement as indicators of mental health concerns in male adolescence (Baker & Rice, 2017; Lindsey et al., 2017; Verlaan, Déry, Temcheff, & Toupin, 2018).

Figure 5.1. A suggested incident feedback process for Metro High.

The suggested feedback process, as illustrated in Figure 5.1, could include an explanation of the externalising behaviours being observed by the teacher, provide affirmative feedback after a mental health related incident, and a detailed debrief to staff on how to best support these students in future classroom interactions. These actions also have the potential to alleviate teacher anxiety and further support teacher wellbeing. This recommendation is in keeping with the idea that the combination of mastery experiences, verbal persuasion, vicarious experiences, and physiological states provides a solid foundation for the development of self-efficacy in beginning teachers. Initiatives such as debriefing sessions and feedback meetings that include beginning teachers, draw upon multiple sources of self-efficacy and aim to increase beginning teachers’ perceived competence and mental health literacy.
It is clear that relevant information, progress reports, and debriefing material need to be further effectively communicated to beginning teachers. This will not only provide the teachers with information they need to support the mental health and learning needs of the young person but will also build teacher self-efficacy. Considering an ecological lens, overall school communication structures within the mesosystem have a significant impact on a teacher’s microsystem experiences, their perceptions, and their efficacy when recognising and responding to mental health issues. Several implications and recommendations for Metro High and other secondary schools have been discussed. As schools look to further support student mental health, they should aim to improve teacher access to student information and evaluate the appropriateness and usefulness of the information provided to classroom teachers, ensuring that they provide actionable guidance for future actions.

**Developing teacher efficacy through professional development opportunities.**

As previously established, addressing teacher self-efficacy within the microsystem will improve teacher perceptions of their role and capacity to support students. However, to further build teacher efficacy it is important to address certain components of the mesosystem which have a direct effect on the microsystem. One component involves improving teacher efficacy through the opportunity to pursue professional development opportunities. The availability and accessibility of such opportunities is also somewhat due to decisions made by government bodies and school sectors, such as Catholic Education Melbourne, the Victorian Education department, and professional development organisations. Discussion involving the influences of government and ITE is included in the subsequent macrosystem section.

Teacher efficacy within this space can be improved by providing professional development opportunities that help schools and teachers address all four of Bandura’s (1997) principle sources: mastery experience, vicarious experience, verbal persuasion, and physiological states. As Emma explained, “you go to university, and they say do this, do this, it's not until you really hit the ground, and you really see the depth and breadth of spectrum…. Then you are lost for words at that point”. Like Emma, all of the beginning teachers commented that they did not feel their ITE content knowledge around wellbeing prepared them to be able to respond to student mental health concerns in practice, nor to understand the impact this would have on the classroom and student learning. These findings are similar to those reported by Reinke et al. (2011), who identified that 78% of their participants felt a lack of adequate training was a significant barrier when supporting students. Considering this, it is important for schools to acknowledge that beginning teachers may require additional professional development within this space to develop their perceptions of competence.
Interestingly, the principal of Metro High thought that beginning teachers were, or should be, better prepared than longer serving teachers: “I think they’re certainly better prepared through their teacher training than we ever were, around knowledge of, and capacity to, not so much provide intervention themselves, but provide referral”. Beginning teachers were collectively somewhat confident in identification of issues yet felt less competent in responding to issues around student mental health. It is likely that in similar schools, school leadership is under the impression that teachers do not require specific training in managing and responding to mental health in the classroom. It is important that secondary schools do not assume beginning teachers have obtained this knowledge or efficacy from their ITE. I recommend that schools audit the levels of graduate teacher knowledge and perceptions of competence when they arrive at the school and plan future CPD needs accordingly. In conjunction with this, Metro High should look at implementing a mental wellbeing induction or briefing program for all beginning or new teachers. This induction should draw on the school’s audit and consider multiple sources of self-efficacy (Bandura, 1977).

The availability of suitable CPD can be dependent on what is available in the community or via professional teacher associations, and on government commitment to funding these programs. However, if we first consider the internal school environment, schools must provide opportunities for beginning teachers to develop self-efficacy in support of student mental health. Professional development opportunities that schools provide also need to consider the importance of developing one’s self-efficacy and should draw upon Bandura’s four sources. Therefore, it should be a priority for Metro High to develop internal CPD that utilises wellbeing leadership and school or community mental health specialists to work in a practical setting with beginning teachers. From a practical angle, this may include schools holding mental health workshops where beginning teachers are taken through various scenarios (based on real examples) and provided with the opportunity to practise identifying and responding to concerns in the classroom, learning from experienced teachers or wellbeing mentors. Beginning teachers could also benefit from wellbeing support meetings to discuss students with mental health needs and how best to support these needs in the classroom, or additional debriefing sessions evaluating supports and strategies initiated by beginning teachers.

It is important to highlight that the education sector is facing an additional challenge in increasing attrition rates for experienced teachers (Mayer et al., 2015), plus an ageing teacher workforce retiring (McKenzie et al., 2014), resulting in a decrease in collective wisdom and potential mentor teachers. This challenge could soon be at the forefront of many Australian schools and is an important consideration for school leadership. In response, school leadership teams need to develop initiatives and strategies that empower more experienced teachers to become effective mentors for the increasing ratio of novice teachers. In summary, the following recommendations have been made to Metro High: continue to look for strategies to support teachers supporting students, improve
communication channels to beginning teachers, review mental health policies and practices, develop more internal wellbeing mentors, and provide a wellbeing induction or briefing program to all new and beginning teachers.

The Macrosystem

The third major finding of this research considered the challenges faced by schools in their attempt to better support teachers and students as an organisational site within a larger system. Significant barriers reported by the participants were factors, decisions, and initiatives made outside of the school, but within the macrosystem of which the school is a part. The macrosystem is defined as the external environment, consisting predominantly of the social and cultural influences and values of society (Bronfenbrenner, 1979). Sitting within the macrosystem is the exosystem, consisting of external factors which do not directly interact with the beginning teacher. It is important to note that although examination of the exosystem was beyond the scope of this thesis, there are components discussed in this section which potentially could also be categorised as decisions or interactions made within the exosystem. Considering the school site and the research focus, the macrosystem in this context includes government, community influences, and ITE. As explained in Chapter 4, all three of these factors had an influence on school processes, mesosystem interactions, beginning teacher microsystem experiences, and perceptions.

Government and community influences.

Government funding, planning, and initiatives can have a significant impact on how schools approach major issues or changes. At a national level, Australia has focused on whole-school approaches to mental health. In recent years, the education system has seen the evolution of KidsMatter and MindMatters into the National Safe Schools framework and further state-specific initiatives (Beyond Blue, 2019). However, the barriers and related challenges perceived by school staff are still considerably difficult to overcome. As previously discussed, specific school funding for mental health and the availability of resources continues to be a significant concern for school staff and principals. The principal of Metro High stated, “if you’re tipping more of it [funding] into mental health support, than you can’t put it elsewhere. So, I think that’s a challenge, that diversion of resources”. It seems that teachers and support staff members’ perception of resources is one concern heavily influenced by the funding schools obtain from government and the schools’ eventual decisions for funding allocations. Furthermore, the decisions made by school leadership regarding funding are likely to be influenced by Catholic Education, government direction, and community expectations. In a discussion on community expectations, the principal commented, “there's a much greater awareness and a much greater tendency to name those things [learning difficulties, mental health concerns] and
an expectation that Metro High will support students with difficulties”. He was describing the effect of society’s increased awareness and an increased expectation on schools to respond to the needs of all students. It is clear from these perceptions that government-level decisions directly impact the ability of schools to better support students. If schools are not receiving enough specific funding and resources to support classroom-level actions and the spectrum of mental health concerns that affect the classroom environment, it is likely that these issues will continue to be cause for concern. In addition to classroom-level support, Baker and Rice (2017) also claimed that school-based programs that support male adolescents to develop awareness of their emotions and empathic responses may provide a greater foundation for self-awareness and alternate interpretations of traditional masculine norms. Governments must continue to review resource availability for schools and ensure that schools and teachers are more prepared to support and develop positive mental health in their students.

Turning the focus to the availability of external CPD opportunities, the Australian Professional Standards for Teachers specifically state that all teachers must engage in professional learning with colleagues, parents/carers, and the community (AITSL, 2017). Considering the implications of this study, teaching standards that encompass specific CPD in mental health and wellbeing and greater opportunities to obtain this CPD, would be a specification welcomed by educational accreditation bodies. The Australian Government recently launched the Be You initiative, which provides free online mental health resources for teachers (Beyond Blue, 2019). This is presented as a starting point for the development of mental health literacy and should be promoted in all Australian schools. However, this type of professional development does not provide the vicarious experiences or verbal persuasion that would be provided in a program that provides hands-on, scenario-based learning. The Mental Health First Aid training has been shown to lead to improved mental health first aid knowledge, improved recognition of disorders and beliefs about active treatments, and an increase in perceived confidence in an ability to help others (Morgan et al., 2018). I recommend that school sectors, community organisations, and governments promote and allow greater access to this style of CPD, both during the commencement of teaching and throughout a teacher’s career. It is important to note that the type of CPD available to teachers is somewhat dictated by macrosystem factors. For example, a teacher may be aware that they require professional development in supporting student mental health and responding to concerns (as they were in this study); however, their location, program costs, and the school’s commitment to mental wellbeing are likely to determine if they can pursue specific training. The MHFA course, for example, costs at minimum $150 per teacher and requires two full teaching days to complete. The total funding cost to a school, for example, to buy out a teacher’s time for two days multiplied by the number of participants, could be a significant barrier. I also recommend that school sectors, educational bodies, and government provide, at minimum, partial funding for the costs of mental health CPD in schools.
Another key influence also seemed to be the useability and availability of local community-based resources. In Chapter 4, the principal of Metro High explained:

You can have really high-needs kids, whose parents have high levels of expectations and low levels of capacity to access private services outside, so we work with them. We will try to refer to external services, however, that can often take months. In the mean time they come to school and they're still highly anxious, so the school must support them.

What the principal has described is an inadvertent pressure on schools and teachers to respond to and support the mental health needs of young people, without the required skill set or training. This pressure would inevitably influence the overall workings and organisation of the mesosystem and potentially impact the perceptions of teachers’ competency. The shortage of public mental health services has been a recent criticism in the Australian media and widely documented (Australasian College for Emergency Medicine, 2018; Australian Institute of Health and Welfare, 2019; Headspace Youth Mental Health Foundation, 2019). Data from the AIHW shows emergency departments reporting patients in a mental health crisis has increased by more than 60% in the last decade. However, Victoria has shown the greatest decrease in mental health beds during that time (AIHW, 2019). Headspace Australia recently reported that over 100,000 young people around Australia accessed their services. However, they have recently criticised the lack of integrated mental health services. A recent report clearly demonstrated that community health departments are not equipped to respond to the mental health needs of society (ACEM, 2018). The ACEM’s research showed that after an initial emergency assessment there were consistent, harmful delays in receiving mental health assessment, inpatient care, and further care. Considering the reported lack of community-level health support around the nation, it is expected that the support services for adolescents then inadvertently shift onto schools and educators.

Although these data are important in mapping the macrosystem influences on schools and teachers, implications for health sectors, related government bodies, and specific recommendations for these stakeholders are not within the scope of these findings. However, considering the needs of schools and teachers, I recommend an integrated action from both education and health sectors. This includes educational bodies and community health organisations working together to provide training for teachers and schools, utilising existing mental health professionals in the community to further upskill teachers with an aim to develop their mental health literacy. Empowering teachers with the skills for earlier recognition and response to mental health concerns has the potential to reduce the burden on community mental health clinics and hospitals.
Initial teacher education programs.

The second major factor within the macrosystem affecting teacher perception involves the specific mental health training offered to pre-service teachers in their ITE. In response to rising concerns in youth mental health, a recent review of the National Safe Schools framework conducted by Education Services Australia made a key recommendation:

Emphasising ongoing professional learning, especially for pre-service teachers, in the revised Framework was seen as essential in order to build capacity for addressing safety and wellbeing issues. (Education Services Australia, 2018, p. 21)

The Mental Health in Education initiative also outlines that one of its key objectives is to increase the coverage of mental health and suicide prevention in pre-service education for teachers and early childhood staff (Beyond Blue, 2019). Addressing this area in ITE will help to develop mastery experiences for beginning teachers and build their mental health literacy. As originally argued by Bjornsen et al. (2017), teachers do not necessarily need to have the skills to assist young people. However, the development of these skills and the development of mental health literacy begins with obtaining essential knowledge, which could be considered as basic mental health knowledge, awareness, and the manifestation and application of this within the classroom environment. Further development of referral processes and growing teacher self-efficacy within this space could be addressed by schools, and additional ongoing professional practice supported.

All of the beginning teachers participating in this study reported having no specific mental health training in their ITE course. Therefore, these teachers arguably had limited basic knowledge of mental health and the implications for teaching and learning when they first started teaching. The most recent government policy reforms in teacher education, such as the Teacher Education Ministerial Advisory Group (2014) report as detailed in Chapter 2, specify key recommendations to tertiary institutions centred around teachers having adequate knowledge of content, literacy, and numeracy through additional specialised subjects and more rigorous tertiary selection and graduation eligibility processes. The report has a heavy focus on accountability, reform, and standardisation (Teacher Education Ministerial Advisory Group, 2014). Although specific research into tertiary mental health training is sparse, recent research into ITE indicates that graduate teachers are not necessarily well prepared or equipped towards working within the sphere of wellbeing (S. Hudson et al., 2016; Mergler & Spooner-Lane, 2012).

AITSL (2017) provides specific standards for ITE providers; however, these do not specifically mention mental health knowledge and expertise (see Chapter 2). AITSL’s accreditation requirements for ITE programs do not specifically identify content knowledge or pedagogies to support student mental health, yet it is clear that identifying, referring, and supporting the mental
health of their students is an expected task of all beginning teachers. This notion is echoed by Lindsey et al. (2017) who investigated strategies to best support male students. Their first strategy involved ensuring teachers could monitor student mood and attitudes through their daily contact and could carry out further referral and supportive actions as required. The Australian curriculum specifies content to be taught by teachers, yet does not specify pedagogical decisions teachers could or should make. Therefore, the social and emotional capability of the teacher is not directed by curriculum, leaving decisions about pedagogical enactment for teachers to make given their school environment and individual students (Willis & Exley, 2016).

It seems that the Australian teaching standards and ITE accreditation requirements are not consistent with the professional realities or expectations of classroom teachers amid the rising concern in youth mental health. I recommend that ITE providers integrate a specific subject into teaching programs on supporting student mental health and develop specific skills in identifying and responding to mental health concerns. It is also important during the development of these programs that ITE providers do not make assumptions of pre-service teacher levels of mental health education, but provide all teachers with an opportunity to build self-efficacy and mental health literacy, using similar core knowledge, strategies, and pedagogies identified in earlier recommendations for Metro High staff.

Drawing upon Bjørnsen et al.’s (2017) study, ITE programs need to equip beginning teachers with adequate mental health knowledge, which then becomes a starting point for the further development of mental health literacy among beginning teachers. To extend the recommendations of Jorm (2011) and Bjørnsen et al. (2017), the development of mental health literacy in teachers should include the opportunity to gain knowledge, to practice skills dependent upon that knowledge, to have opportunities to link that knowledge to strategies, pedagogies, and administrative activities that decrease stigma, and to enhance help-seeking arrangements. These are well-supported steps to benefit students’ overall mental health. With regard to beginning teachers, these steps encompass identification, referral, further monitoring, and supporting the young person and their learning in the classroom environment. Macrosystem changes implemented by ITE, school sectors, and to some degree government have the potential to provide schools with graduate or beginning teachers with a more sufficient level of self-efficacy and mental health literacy. In summary, the following recommendations have been made to government and ITE providers: promote, fund, and allow greater access to mental health CPD, promote coordinated and integrated actions between education and health sectors, and integrate a specific mental health subject into ITE programs aimed at building self-efficacy and developing a baseline level of mental health literacy.
The Social-Ecological Factors Influencing Beginning Teachers’ Perceived Competence in Mental Health Literacy

Whilst the findings of this study seem to be concerned with different aspects of teaching and schooling life, they are, in fact, quite interdependent. Figure 5.2 depicts how beginning teachers’ perceived competence is connected to a range of activities, practices, and external factors that span the micro-, meso-, and macrosystems of the organisational environment.

![Diagram showing interconnected factors shaping beginning teacher perceived competency.]

**Figure 5.2.** The interconnected factors that shape beginning teacher perceived competency.

As discussed, teacher perceived competency was found to be dictated by teachers’ level of self-efficacy in identifying, referring, and supporting students with mental health concerns. Beginning teachers’ efficacy to support student mental health was found in turn to be influenced by affirmative experiences working within the space of mental health, mentoring from experienced staff members, and obtaining feedback and affirmative communication from both school leadership and mental health workers. Obtaining these experiences was dependent upon the interplay between meso- and macro-system interactions. The teachers strongly believed that the opportunities or availability of teacher training through ITE and CPD could enhance their feelings of mastery. Interactions, decisions, and communication from school wellbeing leadership further influenced whether a beginning teacher...
obtained appropriate support, guidance, and feedback. Considering these relationships, the following conclusions have been drawn.

Initial conclusions reflect teachers’ work within this space. Beginning teachers have some level of perceived competence in identifying and referring students of concern. This competence was obtained partially from their ITE programs, personal experiences, and classroom experiences. However, teachers perceived their skills as inadequate when the evolving complexity of their situation required them to further support students. It was strongly evident that beginning teachers required further competency development by employing strategies that address their levels of self-efficacy. Recommendations to secondary schools included addressing the lack of specific training in mental health and improving communication, support, mentoring, and feedback from the school’s wellbeing leadership team and on-site mental health workers. All initiatives should also address multiple sources of self-efficacy. Addressing these factors has the potential to improve teacher self-efficacy and perceived competence to support student mental health.

Final conclusions draw upon perceived challenges manifesting from interactions between the meso- and macro-system. Secondary schools are impacted by the availability of both school resources, in terms of discretionary funding and specific skill sets, and community mental health resources. Part of government and school sector commitment to supporting student mental health needs to include an improvement in school wellbeing resources and an increase in available community mental health resources for schools and families. Additionally, school leadership seemed to rely upon ITE providers to adequately educate pre-service teachers in core student mental health knowledge, yet this was not the reported experience of beginning teachers in this study. Final recommendations included providing more resources to both schools and community sectors with an aim to improve internal functioning of schools and the availability of appropriate CPD. I also recommend that government and ITE providers review their guidelines for graduate teachers so that they are more consistent with the expectations of beginning teachers in schools and provide graduates with a baseline of mental health literacy.

Limitations

There are two major limitations identified at the completion of this study. The first of these involves my position as an insider researcher within the school. Although I adopted Lincoln and Guba’s (1985) trustworthiness criteria of credibility, transferability, dependability, and confirmability, there is likely to still be a level of subconscious bias throughout the findings. As explained in Chapter 3, I was able to develop strong credibility through my work at the research site and through strict ethical procedures when conducting interviews and collecting data. The collection of data from various sources and participants within the school site allowed for the triangulation and dependability
of data. The use of multiple sources and methods also compensated for shortcomings that could be associated with relying on only a narrow source or method of obtaining data and further mitigates my own strong views and stakeholder position on the importance of this topic. There is some argument that as I am in a position of leadership there is the possibility that participants, particularly the beginning teachers, may not have communicated their true beliefs. However, when conducting these interviews, I ensured that the conversations were of a positive nature and that teachers were reminded multiple times that they did not have to respond if they were not comfortable. Nevertheless, similar studies conducted by different researchers may uncover different phenomena through their own researcher lens and frameworks.

The second limitation involves the transferability of the results to other settings. If the findings were to be transferred as they are, the boundaries and specificities of this study need to be taken into account. Specifically, the school site is a Catholic boys’ secondary school. Transferring these findings in an explanatory way or trying to implement the recommendations of the study directly into a girls’ school, a co-educational school, or a school with a different index of community socio-educational advantage (ICSEA) needs to be done with caution. I recommend that researchers consider the findings that are transferable depending upon their own context.

**Conclusions and Recommendations for Future Research**

Mental health was recently documented as the number one issue concerning Australian young people (Carlisle et al., 2019). Australian government initiatives and current research indicate that schools are taking a greater role in responding to rising mental health concerns. Australian teachers are therefore at the frontline, required to identify, respond to, and support the mental health needs of their students. This study has demonstrated that beginning teachers already perceive this work as a component of their role; however, they require further development, systemic investment, and resultant efficacy and empowerment to deal with the spectrum of wellbeing issues in the modern classroom.

Action and change can be initiated by all major stakeholders: government, ITE, school and community sectors, and individual schools. The findings indicate that while some resourcing, particularly within schools, has already been devoted to capacity building in mental health, far more resourcing is required to educate teachers with a greater knowledge base on student wellbeing and mental health within Australian ITE programs. Schools and community health organisations need to work together to improve teacher capacity and to help reduce the increasing burden on the limited public mental health facilities. School leadership teams need to ensure that they provide appropriate CPD and communicate with classroom teachers about student mental health. Training and
communication strategies that are unique to a school environment should draw appropriately upon an understanding of how to develop individual teacher self-efficacy and perceived competence (from Bandura), as well as consider how individuals are supported within their organisational and broader systemic structures (after Bronfenbrenner) as an effective way to improve teacher mental health literacy.

My recommendations for further research include investigating more experienced teachers and their levels of mental health literacy. The findings of this study show that more experienced teachers have the potential to become wellbeing mentors throughout the Australian educational landscape, but their current roles and levels of self-efficacy and perceived competence are not well understood. Additional research could investigate the impact of mental health promotion approaches – including pedagogies, outsourced programs, and curricula – on staff and student mental health in schools and integration of those approaches that appear to have impact within CPD opportunities to upskill in-service teachers. There should be further research into designing appropriate and effective ITE and CPD programs that provide pre-service and beginning teachers with a greater sense of self-efficacy and perceived competence. Further research that helps to outline and define the mental health literacy needs of all teachers will be beneficial to all stakeholders. Finally, expanding on this study, research needs to continue to investigate the impact of parents, family situations, and mental health services on youth mental health. Although schools can be made aware of the complex interplay between the macrosystem, the mesosystem, and the microsystem, schools cannot be seen as a solution for all of society’s concerns. Further research is recommended into ways in which larger school sectors, communities, ITE providers and schools can work together to improve understanding of youth mental health and to support the development of mental health literacy in schools.
References


Appendices

Appendix A: Invitation Emails

School Psychologist

Dear School Psychologist,

You are invited to participate in a research study titled *Beginning teachers perceived competence and professional development needs to support student mental wellbeing of secondary school students*. The project focuses on teachers new to the profession and their competence and further needs to support students with a mental illness. Your contribution to the study will provide important information from a mental health professionals perspective working within this school environment. This study aims to further support all teaching staff and assist schools to proactively support their students. Please see the attached flyer for further details.

Your Principal has given permission to conduct this research within your school, and has further endorsed your participation in this study.

If you are interested in participating, please read the attached information document. Kindly send your reply via email to cassie.gleeson@griffith.edu.au. If you have further questions please contact via email or phone on 0423606334.

Sincerely,

Cassandra Gleeson
Dear Teacher,

Is student mental wellbeing a significant issue within your daily classes?

You are invited to participate in a research study titled *Beginning teachers perceived competence and professional development needs to support student mental wellbeing of secondary school students*. The project focuses on teachers new to the profession within their first five years of teaching and their knowledge and competence in regards to student mental health. The study will further explore the professional development needs of teachers and schools to support students with a mental illness. Please see the attached flyer for further details.

Your Principal has given permission to conduct this research within your school, and has further endorsed your participation in this study.

If you are interested in participating, please read the attached information document. Kindly send your reply via email to cassie.gleeson@griffith.edu.au. If you have further questions please contact via email or phone on 0423606334.

Sincerely,

Cassandra Gleeson
Appendix B: Information and Consent Forms

Beginning Teachers’ perceived competence support student mental wellbeing

Information Sheet: School Principal

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<tr>
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<td>Principal Supervisor</td>
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<td>Dr Susan Whatman</td>
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<td>Phone: (07) 555 29240</td>
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<td>Email: <a href="mailto:s.whatman@griffith.edu.au">s.whatman@griffith.edu.au</a></td>
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<td>Associate Supervisor</td>
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<td>Phone: (07) 33821344</td>
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<td>Email: <a href="mailto:j.kearney@griffith.edu.au">j.kearney@griffith.edu.au</a></td>
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<tr>
<td>Student Researcher</td>
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<tr>
<td>Ms Cassandra Gleeson</td>
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<td>Phone: 0423 606 334</td>
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<tr>
<td>Email: <a href="mailto:cassie.gleeson@griffith.edu.au">cassie.gleeson@griffith.edu.au</a></td>
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Why the research is being conducted
Adolescence is a critical time in a young person’s life for the promotion of well-being, prevention of mental illness and earlier identification and intervention of mental health problems. Young people spend a significant proportion of their time at school and during this time develop essential life skills. Consequently, schools and educational institutions are fast becoming the central support hub for students with mental health disorders and the further promotion of mental health. Recent research into teacher awareness, perception, knowledge and attitudes towards student mental health indicates that teachers understand they have an important role in supporting their students with mental health concerns and promoting their mental health but that they doubt their capability in this role.

What you will be asked to do
As the Principal of the school site, we are asking you to consent to:

• Permit the researcher to approach staff via an email forwarded by yourself (see attached) to beginning teaching staff (in first 5 years of teaching), the school psychologists and other staff that you identify as being important to supporting student mental health. You may also choose to participate in an interview.

• By negotiation, provide the researcher with any de-identified information or documents that you believe will assist with understanding the research problem. This might include information about school programs, external provider programs, referral data or any other data you deem relevant to understanding beginning teachers’ perceived competence and professional development needs in the support of student mental health.

• Provide the researcher with access to school performance data and related documentation. This documentation could include the following: attendance data, number of students accessing school psychologists (and reasons for referral), student completion data, school refusal data, data on students with learning disabilities and general student wellbeing issues.
• Permit the researcher to negotiate suitable times to meet with participants on school grounds for focus groups and/or individual interviews.

If you and/or your staff agree to participate, you and they are invited to participate in a focus group interview (or individual interview if preferred), which should last approximately 60-75 minutes. All interviews will be audio recorded to aid in further analysis. Types of questions that will be asked include, “How prominent are mental health concerns in your classes, and how do you feel this impacts the learning and teaching”? The interview responses will not be connected to participants in any way. The School’s identity will be kept anonymous, and will be referred to as Metro High School in Victoria. Furthermore all interviewees will be given the opportunity to review their interview responses for validity purposes.

The basis by which participants will be selected or screened
Your assistance is sought to identify novice teachers to participate in the study. In this project, teachers who are within their first five years of teaching are considered novice or teachers new to the profession. With your support, all novice teachers will be sent an invitation email. Participation is voluntary and no-one is required to take part. If you choose to provide this support and/or participate in an interview yourself, this information sheet is designed to help you make this decision on an informed, voluntary basis. You are free to withdraw the school’s participation at any time.

The expected benefits of the research
This research is designed to gain insight into teachers’ knowledge on mental health, their perceived capability in this important area to support students, and to therefore identify further priorities and domains of support required for not only novice teachers but all teaching staff. There are no direct benefits of this study to any of the participants. However, there may be further benefits to the school participating, as this study may inform of significant ways in which to further support teachers in this area in the future.

Risks to you
It is not expected that this project will place you at any risk. If you wish to withdraw the school from the research at any time, you can do so without any penalty. All you need to do is advise the researchers that you don’t want to be part of the research any more. There is no payment offered for your participation. Free coffee and light snacks will be available to all participants who attend the interviews and focus groups.

Data Storage and Your Confidentiality
The researcher will ensure confidentiality by de-identifying participants in the data analysis phase and future reporting, utilizing qualitative software which will attach no identifying codes to interview data. Real names or identifying information will not be included in any publication, including the thesis. All data will be kept confidential and will be used for research and professional purposes only. Electronic files will be password protected and any printed material will be kept in a locked file cabinet in the researcher’s office or home location for a period of five years, as required by Griffith University policy. Audio recordings will be kept for the duration of study and examination period of the dissertation, and destroyed according to Griffith University policy after completion.

How the results will be used
The de-identified results of this study will be used for the researcher’s dissertation and potentially presented at conferences, meetings or published in journals, articles or used for other educational purposes. Summaries of the results of the research will be made available to all participants. We will provide summaries directly to any participant who requests it. This research is being conducted...
for partial fulfilment of a Masters of Education and Profession studies, by the student research Cassandra Gleeson.

**Your participation is voluntary**
You and your staff’s participation in this study is entirely voluntary and you or they may withdraw at any time without any penalty. You can withdraw your consent before, during and after any part of the research data collection.

**Questions/ Further information**
For further information or to have any questions answered, please use the Researcher contact details on the first page of this information sheet. You can contact us at any time.

**The ethical conduct of this research**
Griffith University conducts research in accordance with the *National Statement on Ethical Conduct in Human Research*. The Griffith University reference number for this project is 2018/802. If potential participants have any concerns or complaints about the ethical conduct of the research project they should contact the Manager, Research Ethics on 07 3735 4375 or research-ethics@griffith.edu.au.

**Privacy Statement – non disclosure**
The conduct of this research involves the collection, access and/or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded. For further information consult the University’s Privacy Plan at http://www.griffith.edu.au/aboutgriffith/plans-publications/griffith-university-privacy-plan or telephone (07) 3735 4375.
Beginning Teachers’ perceived competence support student mental wellbeing

School Principal Permission for Research CONSENT FORM

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<th>Principal Supervisor</th>
<th>Associate Supervisor</th>
<th>Student Researcher</th>
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<tr>
<td>Dr Susan Whatman</td>
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<td>Email: <a href="mailto:cassie.gleeson@griffith.edu.au">cassie.gleeson@griffith.edu.au</a></td>
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By signing below, I confirm that I have read and understood the information package and in particular:

- I understand that my staff’s involvement in this research will include:
  - Participating in one focus group interview with other teachers from Metro High which should take 60 minutes.
  - Psychologist(s) participating in an interview or focus group interview with other psychologists from Metro High, which should take approximately 60 minutes.
  - I [do] [do not] agree to also participate in an interview or focus group (please strike out whichever does not apply).
- I understand that the research will include visual and audio recordings of interviews, which will be de-identified and transcribed for analysis;
- I have had any questions answered to my satisfaction;
- I understand the risks involved;
- I understand that there will be no direct benefit to me, the school or my staff from participation in this research;
- I understand that participation in this research is voluntary;
- I understand that if I have any additional questions I can contact the research team;
- I understand that I am free to withdraw consent for the research at any time, without explanation or penalty and so can my staff;
- I understand that my name and other personal information that could identify me will be removed or de-identified in publications or presentations resulting from this research;
- I understand that this research is being conducted for the partial fulfilment of a Masters of Education and Profession studies, by the student research Cassandra Gleeson.
- I understand that I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on 07 3735 4375 (or research-ethics@griffith.edu.au) if I have any concerns about the ethical conduct of the project; and
- I agree to participate in the project.

Name

Signature
Beginning Teachers’ perceived competence support student mental wellbeing

Information Sheet: Teacher Interviews/ Focus Groups

Why the research is being conducted
Adolescence is a critical time in a young person’s life for the promotion of well-being, prevention of mental illness and earlier identification and intervention of mental health problems. Young people spend a significant proportion of their time at school and during this time develop essential life skills. Consequently, schools and educational institutions are fast becoming the central support hub for students with mental health disorders and the further promotion of mental health. Recent research into teacher awareness, perception, knowledge and attitudes towards student mental health indicates that teachers understand they have an important role in supporting their students with mental health concerns and promoting their mental health but that they doubt their capability in this role.

What you will be asked to do
As a teacher within your first five years of teaching, you are invited to participate in a focus group interview (or individual interview if preferred), which should last approximately 60-75 minutes. All interviews will be audio recorded to aid in further analysis. Types of questions that will be asked include, “How prominent are mental health concerns in your classes, and how do you feel this impacts the learning and teaching”? The interview responses will not be connected to participants in any way. The School’s identity will be kept anonymous, and will be referred to as Metro High School in Victoria. Furthermore all interviewees will be given the opportunity to review their interview responses for validity purposes.

The basis by which participants will be selected or screened
The case study school has recommended teachers to approach to participate in the study. In this project, teachers who are within their first five years of teaching are considered novice or teachers new to the profession. With support from the Principal, all novice teachers have been sent an invitation email. Participation is voluntary and no-one is required to take part. If you choose to participate, this information sheet is designed to help you make this decision on an informed, voluntary basis. You are free to withdraw at any time.

The expected benefits of the research
This research is designed to gain insight into teachers’ knowledge on mental health, their perceived capability in this important area to support students, and to therefore identify further priorities and
domains of support required for not only novice teachers but all teaching staff. There are no direct
benefits of this study to any of the participants. However, there may be further benefits to the school
participating, as this study may inform of significant ways in which to further support teachers in this
area in the future.

Risks to you
It is not expected that this project will place you at any risk. If you wish to withdraw from the
research at any time, you can do so without any penalty. All you need to do is advise the researchers
that you don’t want to be part of the research any more. The possible risks associated with this study
include potential minimal discomfort in the event that thinking back to an interaction with a student
may produce a number of emotions. There is no payment offered for your participation. Free coffee
and light snacks will be available to all participants who attend the interviews and focus groups.

Data Storage and Your Confidentiality
The researcher will ensure confidentiality by de-identifying participants in the data analysis phase
and future reporting, utilizing qualitative software which will attach no identifying codes to interview
data. Real names or identifying information will not be included in any publication, including the
thesis. All data will be kept confidential and will be used for research and professional purposes only.
Electronic files will be password protected and any printed material will be kept in a locked file
cabinet in the researcher’s office or home location for a period of five years, as required by Griffith
University policy. Audio recordings will be kept for the duration of study and examination period of
the dissertation, and destroyed according to Griffith University policy after completion.

How the results will be used
The de-identified results of this study will be used for the researcher’s dissertation and potentially
presented at conferences, meetings or published in journals, articles or used for other educational
purposes. Summaries of the results of the research will be made available to all participants. We
will provide summaries directly to any participant who requests it. This research is being conducted
for partial fulfilment of a Masters of Education and Profession studies, by the student research
Cassandra Gleeson.

Your participation is voluntary
Your participation in this study is entirely voluntary and you may withdraw at any time without any
penalty. You can withdraw your consent before, during and after any part of the research data
collection.

Questions/ Further information
For further information or to have any questions answered, please use the Researcher contact details
on the first page of this information sheet. You can contact us at any time.

The ethical conduct of this research
Griffith University conducts research in accordance with the National Statement on Ethical Conduct
in Human Research. The Griffith University reference number for this project is 2018/802. If potential
participants have any concerns or complaints about the ethical conduct of the research project they
should contact the Manager, Research Ethics on 07 3735 4375 or research-ethics@griffith.edu.au.

Privacy Statement – non disclosure
The conduct of this research involves the collection, access and/or use of your identified personal
information. The information collected is confidential and will not be disclosed to third parties
without your consent, except to meet government, legal or other regulatory authority requirements.
A de-identified copy of this data may be used for other research purposes. However, your anonymity
will at all times be safeguarded. For further information consult the University’s Privacy Plan at http://www.griffith.edu.au/aboutgriffith/plans-publications/griffith-university-privacy-plan or telephone 07 3735 4375
Beginning Teachers’ perceived competence support student mental wellbeing

Teacher Interview/Focus Group CONSENT FORM

Principal Supervisor
Dr Susan Whatman
School of Education and Professional Studies
Gold Coast campus
Parklands Drive
Griffith University QLD 4222
Phone: (07) 555 29240
Email: s.whatman@griffith.edu.au

Associate Supervisor
Associate Professor Judith Kearney
School of Education and Professional Studies
Logan Campus
Meadowbrook Drive
Griffith University QLD 4131
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Email: j.kearney@griffith.edu.au

Student Researcher
Ms Cassandra Gleeson
Master of Education and Professional Studies Research
Mt Gravatt Campus
Messines Ridges Road
Griffith University QLD 4122
Phone: 0423 606 334
Email: cassie.gleeson@griffith.edu.au

By signing below, I confirm that I have read and understood the information package and in particular:

- I understand that my involvement in this research will include:
  - Participating in one focus group interview with other teachers from Metro High which should take 60 minutes.

- I understand that the research will include visual and audio recordings of interviews, which will be de-identified and transcribed for analysis;
- I have had any questions answered to my satisfaction;
- I understand the risks involved;
- I understand that there will be no direct benefit to me from my participation in this research;
- I understand that my participation in this research is voluntary;
- I understand that if I have any additional questions I can contact the research team;
- I understand that I am free to withdraw at any time, without explanation or penalty;
- I understand that my name and other personal information that could identify me will be removed or de-identified in publications or presentations resulting from this research;
- I understand that this research is being conducted for the partial fulfilment of a Masters of Education and Profession studies, by the student research Cassandra Gleeson;
- I understand that I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on 07 3735 4375 (or research-ethics@griffith.edu.au) if I have any concerns about the ethical conduct of the project; and
- I agree to participate in the project.

Name

Signature

Date
Beginning Teachers’ perceived competence support student mental wellbeing

Information Sheet: Psychologist Interviews/ Focus Groups

Researchers

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<tr>
<td>Phone: (07) 555 29240</td>
<td>Phone: (07) 33821344</td>
<td>Phone: 0423 606 334</td>
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<tr>
<td>Email: <a href="mailto:s.whatman@griffith.edu.au">s.whatman@griffith.edu.au</a></td>
<td>Email: <a href="mailto:j.kearney@griffith.edu.au">j.kearney@griffith.edu.au</a></td>
<td>Email: <a href="mailto:cassie.gleeson@griffith.edu.au">cassie.gleeson@griffith.edu.au</a></td>
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Why the research is being conducted

Adolescence is a critical time in a young person’s life for the promotion of well-being, prevention of mental illness and earlier identification and intervention of mental health problems. Young people spend a significant proportion of their time at school and during this time develop essential life skills. Consequently, schools and educational institutions are fast becoming the central support hub for students with mental health disorders and the further promotion of mental health. Recent research into teacher awareness, perception, knowledge and attitudes towards student mental health indicates that teachers understand they have an important role in supporting their students with mental health concerns and promoting their mental health but that they doubt their capability in this role.

What you will be asked to do

As a psychologist working within the school environment, you are invited to participate in an interview (or focus group interview), which should last approximately 60 minutes. All interviews will be audio recorded to aid in further analysis. Types of questions that will be asked include, “How prominent are mental health concerns within this school, and how do you feel this impacts the learning and teaching”? The interview responses will not be connected to participants in any way. The School’s identity will be kept anonymous, and will be referred to as Metro High School in Victoria. Furthermore all interviewees will be given the opportunity to review their interview responses for validity purposes.

The basis by which participants will be selected or screened

The case study school has recommended the psychologists and teachers to approach to participate in the study. In this project, teachers who are within their first five years of teaching are considered novice or teachers new to the profession. With support from the Principal, all psychologists and novice teachers have been sent an invitation email. Participation is voluntary and no-one is required to take part. If you choose to participate, this information sheet is designed to help you make this decision on an informed, voluntary basis. You are free to withdraw at any time.

The expected benefits of the research

This research is designed to gain insight into teachers’ knowledge on mental health, their perceived capability in this important area to support students, and to therefore identify further priorities and
domains of support required for not only novice teachers but all teaching staff. There are no direct benefits of this study to any of the participants. However, there may be further benefits to the school participating, as this study may inform of significant ways in which to further support teachers in this area in the future.

**Risks to you**
It is not expected that this project will place you at any risk. If you wish to withdraw from the research at any time, you can do so without any penalty. All you need to do is advise the researchers that you don’t want to be part of the research any more. The possible risks associated with this study include potential minimal discomfort in the event that thinking back to an interaction with a student may produce a number of emotions. There is no payment offered for your participation. Free coffee and light snacks will be available to all participants who attend the interviews and focus groups.

**Data Storage and Your Confidentiality**
The researcher will ensure confidentiality by de-identifying participants in the data analysis phase and future reporting, utilizing qualitative software which will attach no identifying codes to interview data. Real names or identifying information will not be included in any publication, including the thesis. All data will be kept confidential and will be used for research and professional purposes only. Electronic files will be password protected and any printed material will be kept in a locked file cabinet in the researcher’s office or home location for a period of five years, as required by Griffith University policy. Audio recordings will be kept for the duration of study and examination period of the dissertation, and destroyed according to Griffith University policy after completion.

**How the results will be used**
The de-identified results of this study will be used for the researcher’s dissertation and potentially presented at conferences, meetings or published in journals, articles or used for other educational purposes. Summaries of the results of the research will be made available to all participants. We will provide summaries directly to any participant who requests it. This research is being conducted for partial fulfilment of a Masters of Education and Profession studies, by the student research Cassandra Gleeson.

**Your participation is voluntary**
Your participation in this study is entirely voluntary and you may withdraw at any time without any penalty. You can withdraw your consent before, during and after any part of the research data collection.

**Questions/ Further information**
For further information or to have any questions answered, please use the Researcher contact details on the first page of this information sheet. You can contact us at any time.

**The ethical conduct of this research**
Griffith University conducts research in accordance with the National Statement on Ethical Conduct in Human Research. The Griffith University reference number for this project is 2018/802. If potential participants have any concerns or complaints about the ethical conduct of the research project they should contact the Manager, Research Ethics on 07 3735 4375 or research-ethics@griffith.edu.au.

**Privacy Statement – non disclosure**
The conduct of this research involves the collection, access and/or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity
will at all times be safeguarded. For further information consult the University’s Privacy Plan at http://www.griffith.edu.au/aboutgriffith/plans-publications/griffith-university-privacy-plan or telephone (07) 3735 4375.
Beginning Teachers’ perceived competence support student mental wellbeing

Psychologist Interview/Focus Group CONSENT FORM

<table>
<thead>
<tr>
<th>Principal Supervisor</th>
<th>Associate Supervisor</th>
<th>Student Researcher</th>
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<tbody>
<tr>
<td>Dr Susan Whatman</td>
<td>Associate Professor Judith</td>
<td>Ms Cassandra Gleeson</td>
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<tr>
<td>School of Education and Professional Studies</td>
<td>Kearney</td>
<td>Master of Education and Professional Studies Research</td>
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<td>Phone: (07) 33821344</td>
<td>Email: <a href="mailto:cassie.gleeson@griffith.edu.au">cassie.gleeson@griffith.edu.au</a></td>
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By signing below, I confirm that I have read and understood the information package and in particular:

- I understand that my involvement in this research will include:
  - Participating in an interview or focus group interview with other psychologists from Metro High, which should take approximately 60 minutes.
- I understand that the research will include visual and audio recordings of interviews, which will be de-identified and transcribed for analysis;
- I have had any questions answered to my satisfaction;
- I understand the risks involved;
- I understand that there will be no direct benefit to me from my participation in this research;
- I understand that my participation in this research is voluntary;
- I understand that if I have any additional questions I can contact the research team;
- I understand that I am free to withdraw at any time, without explanation or penalty;
- I understand that my name and other personal information that could identify me will be removed or de-identified in publications or presentations resulting from this research;
- I understand that this research is being conducted for the partial fulfilment of a Masters of Education and Profession studies, by the student research Cassandra Gleeson;
- I understand that I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on (07) 3735 4375 (or research-ethics@griffith.edu.au) if I have any concerns about the ethical conduct of the project; and
- I agree to participate in the project.

Name
Signature
Date
Appendix C: Email Seeking Research Permission from School Site

XXX December 2018

Principal
Metro High
Aphrasia St
Newtown, VIC 3216

RE: Permission to Conduct Research Study

Dear Principal,

I am writing to request permission to conduct a research study at your school. I am currently enrolled in the Masters of Education and Professional studies at Griffith University Queensland, and am in the process of writing my Master’s thesis. The study is entitled *Beginning teachers’ perceived competence to support students’ mental wellbeing*.

This study involves a qualitative approach using semi-structured and focus group interviews, interviewing various professionals within your school. Part of this study involves an initial interview with yourself or an appropriate Deputy Principal or Student wellbeing coordinator. I hope that the school administration will then allow me to recruit one or more of the school psychologists and all beginning teachers working within the school, who have less than five years’ experience in the teacher profession. The psychologist(s) will participate in an individual semi-structured interview and the graduate teachers in a group style focus group interview. Interested staff and teachers who volunteer to participate will then be emailed an information sheet including an informed consent document which they will need to sign and return to me over email.

If approval is granted, participants will be interviewed on the school site before or after school, with an aim to be as least disruptive to their normal working hours as possible. The interviews/focus group interviews should take approximately 60 minutes. Interview results will be analysed for the thesis project and individual results and identification of this study will remain absolutely confidential and anonymous. There will be no costs incurred by either your school or individual participants.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call or meeting in the next few weeks and during this time I would be happy to answer any questions or concerns that you may have at that time. You may contact me at my email address: cassie.gleeson@griffithuni.edu.au.

If you agree, kindly sign and return the attached informed consent documents. Alternatively, kindly submit a signed letter of permission on your institution’s letterhead acknowledging your consent and permission for me to conduct this research within your school.

Sincerely,

Cassandra Gleeson
### Appendix D: Interview Questions

#### Principal Interview

<table>
<thead>
<tr>
<th>Themes for questioning</th>
<th>Further probing questions</th>
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<tbody>
<tr>
<td><strong>Student wellbeing within your school</strong></td>
<td>How would you describe student wellbeing within your school?</td>
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<td></td>
<td>Do you perceive student mental health as an increasing concern?</td>
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<td></td>
<td>Do you think your teachers are confident in this area? Can you describe some various examples?</td>
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<tr>
<td><strong>The impact of student mental health on the teaching and learning</strong></td>
<td>Can you account and describe incidences were student mental health has impacted the classroom in a negative way?</td>
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<td>Has this also impacted teacher wellbeing?</td>
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<td>How do you see the role of school leadership in improving this impact?</td>
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<td><strong>Whole school initiatives or strategies address student mental health and wellbeing</strong></td>
<td>What is your whole school approach to student mental health and wellbeing?</td>
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<td></td>
<td>Where are these policies located?</td>
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<td></td>
<td>What specific initiatives have been implemented to support teachers in their work with student mental health?</td>
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<td>How do you think graduate teachers could be given further support in this area?</td>
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<td><strong>Specific training or PD focuses</strong></td>
<td>Where do you think schools should focus their training or professional development in this area?</td>
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<td>What is your perception of graduate teacher preparation in this area?</td>
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<td><strong>Future or expanded initiatives within your strategic framework</strong></td>
<td>What does the future of supporting student mental health in this school look like?</td>
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<td>What do you perceive as the significant challenges for school leadership and management?</td>
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## Psychologist Interview

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<th>Themes for questioning</th>
<th>Further probing questions</th>
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<tr>
<td><strong>Student mental health</strong></td>
<td>How would you describe the state of student wellbeing and mental health at this school?</td>
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<td></td>
<td>Can you elaborate on the common issues faced by the teachers at this school?</td>
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<td></td>
<td>For students who have mental health issues, how can they be best supported in a school environment?</td>
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<td><strong>Mental health literacy</strong></td>
<td>I am interested in what the literature refers to as mental health literacy. What is your definition of this, in a school context?</td>
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<tr>
<td><strong>The school context</strong></td>
<td>Do you feel the school environment is an appropriate place for mental health concerns to be identified and addressed?</td>
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<td></td>
<td>How significantly does student mental health concerns impact the learning within classrooms?</td>
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<td></td>
<td>What processes and initiatives within this school are valuable in supporting students who have mental health concerns?</td>
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<tr>
<td><strong>Teachers</strong></td>
<td>What kinds of issues do teachers seem prepared to deal with?</td>
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<td>Are there issues where teachers seem out of their depth? Can you describe a scenario or provide an example?</td>
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<td>In your opinion, is there any difference between early career teachers and those who have been here longer?</td>
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<td><strong>Future training and planning</strong></td>
<td>What further professional development is required for the staff at the school to be able to support students with mental health concerns?</td>
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<td>What whole school approaches do you feel would support the current and future students of this school?</td>
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## Beginning Teachers Interview

<table>
<thead>
<tr>
<th>Themes for questioning</th>
<th>Further probing questions</th>
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<tr>
<td><strong>Student mental health</strong></td>
<td>What does student wellbeing mean to you? – What does mental health mean to you? Do you feel the student mental health is a prominent issue or concern within your classes and within this school? What are some examples of how mental health can impact upon teenagers?</td>
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<tr>
<td><strong>Supporting students</strong></td>
<td>This research is interested in the idea of mental health literacy and a teachers’ confidence to act… how confident are you? What your perceptions, thoughts and feelings when supporting students in the classroom? Who would you go to if you were worried about a student? Are you confident that you can give positive advice or support?</td>
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<tr>
<td><strong>The impact on the learning within the classroom</strong></td>
<td>How do you perceive this impact? How does student mental wellbeing and health impact on you as an early career teacher? How do you think this impact could be lessened? What is needed in the classroom or school? Do you think this is an issue? Why or why not?</td>
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<tr>
<td><strong>The school context</strong></td>
<td>What process or initiatives in this school do you find valuable in supporting your work with students who have wellbeing or mental health concerns? What sort of support can you draw on when you have an issue or a concern?</td>
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<tr>
<td><strong>Professional development</strong></td>
<td>What professional development or pre-service training have you had in mental health and wellbeing? What further training do you feel you require to adequately support your students?</td>
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Appendix E: Interview Transcript

Principal interview

Speaker 1: Interviewer
Speaker 2: School Principal

Speaker 1: 00:00 Yeah, we’ll let’s get started. So, I just want to start with, if you can start by discussing student wellbeing in the school. What are your thoughts about that?

Speaker 2: 00:19 Certainly, increasingly, people are increasingly aware, and there are very many more students who have a whole range of mental health issues that there ever was in decades past. So, I don’t know whether there are actually more conditions, or just parents and kids are more aware of it, but it’s certainly a bigger problem than it ever has been before.

Speaker 1: 00:41 Yes, that sort of leads into where I was going to say in terms of the last 10 years. You’ve worked in schools for a long time, so you’ve seen a change, then?

Speaker 2: 00:59 Yeah. I started in schools in 1984, and I think the school I was at employed a counselor, and we were pretty cutting-edge, for the first time in maybe about ’88. Prior to that, there was nothing at all. And that person was eminently poorly qualified to be a counselor at an adolescent secondary school. And if I think back to, say my own teacher training in the early ’80s, I can’t recall a single bit of emphasis on pastoral care, and looking after people, and that sort of thing. But I don’t think there was ever a single mention of mental health or well-being in that perspective.

Speaker 1: 01:46 So, in terms of the increasing incidences, how do you foresee the impact, or non-impact, in the classroom?

Speaker 2: 01:57 Well, now, that’s a difficult one. We probably have always had kids with ADHD, or oppositional defiance disorder, and a whole range of things. We probably just never named them, and some of the time we probably ignored them. There are more kids more aware, and I’m not sure whether that’s actually a good thing or a bad thing in terms of its impact on
teaching and learning in the classroom. There certainly seem to be more kids that we’re expected to have high-level understanding of and responses to.

Speaker 2: 02:47 Actually, I don’t know the answer to whether it’s easier or more difficult to work with the levels of knowledge we’ve got now, from a teaching perspective. It’s certainly easier to support them if you know what’s going on.

Speaker 1: 03:03 How about in terms of teacher well-being? Do you see that, seen that having an impact?

Speaker 2: 03:09 Yeah, I think the cut and thrust of the classroom, I’m not sure that’s got any easier or harder. It still is what it is, and your good practitioners are still good practitioners, and it’s a joy to be in the classroom. But I think probably in terms of the expectations of follow up and reporting, and those sorts of things, it’s clearly far more onerous than it was a generation ago. And that’s not just around the manager and reporting stuff, it’s around awareness of, and developing strategies to support individual kids, that you probably never had to because you didn’t know exactly what was wrong with them, other than they were a pain in the neck.

Speaker 1: 04:01 So, how do you see the role of leadership, or, I suppose, people in more higher up in education in this sort of area?

Speaker 2: 04:10 Well resources is a big part of it. And that’s always a challenge, to be able to provide the time that people need to be able to do what they need to do. Time equals money, and they’re both finite. Like probably most things in Catholic schools in general, over time, you probably do it on a bit of a shoestring. You’d like to be able to do a huge amount, and you probably do a proportion of that as well as you, and you get good at prioritizing.

Speaker 2: 04:52 If we look to some of the better-resourced independent schools, they would have a much greater capacity to be able to support individual kids with individual mental health issues. Having said that, I think we do pretty well.

Speaker 1: 05:06 So, you think that comes down to the department the school is in, in particular? So, there’s state, Catholic, independent, in a sense?
I know more about levels of resourcing. By your better-resourced independent schools, I’m talking about your high end schools, and that is places that are charging $20,000 or $30,000 a year. If you’re doing that, then you’ve probably got smaller class sizes, so there’s more capacity for teachers to deal with individual issues. There’s probably a bigger team of counseling or psych support people.

We’re probably marginally better-resourced than some of the government schools. But really, that’s probably around the diversion of resource into there that we’re able to do. So, we’re running cohorts of 28, as most Catholic schools. Independent schools are probably running low 20s, and I don’t know about government schools, but I don’t know if there are many that have 28 in every class.

What about the whole school approach, maybe what we’re doing now versus what we’ve done before? How do you see that working or not working?

We probably never really had to have a full school approach to mental health, or mental well-being, or whatever the terminology we choose to use is. Maybe there’s an element of just no change. I think, going back to the ’80s, we would have always said we would have a full-school approach to pastoral care, and within that there would be elements of mental health of the students, but it was never exclusively known. At least I don’t think it was. Perhaps I wasn’t listening in that staff meeting.

But now, in terms of change, do you think schools need to look at a specific focus on mental health, or do you think pastoral care as a whole is more ideal?

No. I think we’re more explicit about naming it … Yeah, that makes it easier in some sense to deal with it. I think every one of our staff would be able to talk about some mental health issues and the need of kids. They would be much more aware, from database access around kids’ issues.

That sort of leads on to the next thing, because I said before … I’m looking at newer teachers, so not necessarily graduates, but sort of within that first four years, because there wasn’t a lot of research in Australia around that. Have you had any experience where a newer teacher has felt, or
been, under-prepared in a sense, or have you thought that newer teachers may have different kind of preparation than teachers that are more experienced?

Speaker 2: 08:57 Well, I think they're certainly better-prepared through their teacher training than they ever were, around knowledge of, and capacity to, not so much provide intervention themselves, but provide referral, if you'd like. When you start teaching, as you'll recall much more clearly than me, when you start, it is just a maelstrom of a million different things going on all the time, and until you do it, and until you develop strategies that work, you're probably no more under-prepared in terms of responding to kids' mental health issues, than you are their behavioral issues, or their learning issues, or anything else.

Speaker 2: 09:55 But we would put some emphasis in our induction of new staff, around and in the staff handbooks. We would put stuff around to be aware of kids' issues. And so on the database you've got access, you read up on every kid before you start. When I started teaching databases weren't even invented, so you just didn't know. I can think back to some really peculiar kids, who, if I went back through and thought about it carefully, I could put my finger now on some psychological issue that they had, but we just thought they were a pain in the neck, you know.

Speaker 1: 10:43 If we're thinking about other schools as well, where do you think this school is heading the need of the area? Where should they focus their training of staff in this whole well-being space?

Speaker 2: 11:02 I think I'll add to that in the negative. The first thing I'll say, is we don't need to train staff to be mental health professionals. I think dabbling in that, we're more likely to do harm than good, if we think we know what's going on and what the appropriate intervention is. The effort and energy probably needs to go into awareness of, and knowledge of, referral pathways. I must say, in our own context, I'm not sure that we've got the right model. We're three trained psychologists in the school. It seems to me that what inevitably happens, is your really high-needs kids, whose parents have sometimes high levels of expectations and sometimes low level of capacity to access private services
outside, tend to really lean on them massively, and instead of being a psych first aid place, where you have a bit of a look at somebody quickly and say, “Right, okay. Off to somewhere else,” parents, kind of by default, rely on us to provide ongoing psych support, even though we tell them that we don’t do that.

Speaker 2: 12:24 So, a student keeps running day after day, week after week, and because we are what we are, you’ve got to deal with it, but we shouldn’t be. They should be seeing someone privately outside, because it diverts resources away from that sort of first aid stuff.

Speaker 1: 12:41 Yep, first response sort of thing. So, community connections, it’d probably be a big one for a lot of schools, then? In terms of Headspace and places like that?

Speaker 2: 12:54 Yeah, we would ... you’re a new teacher, and have somebody who you're really concerned with in your classroom, our model is, straight off, let the psychs at them, work out what's going on, and then work out where they need to be, whether it's through some of those agencies. But I don't know if many of them end up where they should, and that is with other private health providers or those agencies. We end up doing the work by default.

Speaker 1: 13:32 So you were saying before, you think the graduate teachers are more prepared?

Speaker 2: 13:39 Yeah.

Speaker 1: 13:39 Why is that?

Speaker 2: 13:44 Well, I don't recall there ever being any emphasis on mental health awareness or responses in my teacher training, and I suspect that it’s only in the last couple of decades that it’s come about. I'm confident that if you went to a teacher training place now, and said, “Let's have a look at what you do over the course of the year,” part of what they do would be some really direct, specific stuff around responding to mental health concerns of kids. People would be better equipped to recognize what ADHD looks like, better equipped to find mechanisms to respond, broadly, rather than specifically for each individual kid.
Speaker 2: 14:29  And kids are really aware of that. The Deputy Principal and I walked into the workshops yesterday to go and see what's happening there with the applied learning kids. There were two boys, we said to them, “How you getting on with this?” And one kid said, “I really love it down here, because I got ADHD,” and his mate said, “Yeah, I got it, too!”

Speaker 1: 14:47  I know which guys you're talking about.

Speaker 1: 14:57  They're year 10. They're a special bunch. They're usually pretty good. So, in terms of, because I will be, hopefully, be interviewing some newer teachers. In the last 10 years, you've not have felt that, as teachers move through, they haven't felt under-prepared, in terms of dealing with this?

Speaker 2: 15:34  Look, I'm sure they do feel under-prepared. I feel under-prepared. When you've got ... I guess you develop home-grown strategies and views that work, so, if you get a highly anxious parent coming in complaining about everyone and everything, then straight away you look at the notes and you see that the parent's been complaining about everything for the last five years, that the child's suffering anxiety, then you know why the kid's anxious, because the parent's anxious. And so you sort of develop that sort of experiential kind of learning, and you don't immediately focus on the complaint that the parent's bringing, “the teachers picking on my son in class, and the other day, damaged his self esteem by telling him that he wasn't working hard enough”, or whatever it is. And you'll think, “Well, no, that's actually your problem. That's not the teacher's problem.”

Speaker 2: 16:46  I am not sure if I'm answering any of your questions-

Speaker 1: 16:48  No, you are. No. That's good. In terms of the future, and if we look at this school in particular, you were sort of saying that you're not sure if the model works? Have you had a thought about what changes might be made, or how you're going to cope -

Speaker 2: 17:10  No, not really. But if we equate our responses to physical well-being and mental well-being, our response there, with sick bay, is the boy's not well, he is sent to sick bay, and we ring his parents and say, “Your boy's not well enough to stay at school. Take him to the doctor.” If a kid has anxiety issues, or any kind of mental health concern, we take them to a
specialist that we employ, and they sit with them for an hour, and they'll work with them, and we work with the parents and all that sort of thing. They will try to refer, but often it ends up during the next day, or the next week, or the next month, they come to school and they're still highly anxious, and so we still end up doing the work with them.

Speaker 2: 18:03 So, there are other schools who don't employ psychologists, who simply have a counseling staff, who has the capacity to kind of hose down the bush fire and refer on. But they can't and won't work with you in terms of psych support. In some ways that's a model that fits better with what we do with physical health. And we're often talking about mental health, and saying, "If you had a broken leg, everybody would look after you, and open the door, and all that." If you've got a psych issue. So, we're trying to equate the two, get similar levels of response, but we're not doing the same thing in terms of the way we respond to those issues in school. I know why we do it, and I understand the background, but we're probably a little bit unusual for Catholic schools in that level of support that we provide.

Speaker 1: 19:05 Probably most schools.

Speaker 2: 19:06 I don't really know my way well enough around the government sector or even ... I don't know what happens in Christian schools, or Baptist, or anywhere else.

Speaker 1: 19:18 In terms of the number of students coming in with funding and with mental health issues, or involving issues of all sorts, the future capacity to deal with that, how do you perceive that?

Speaker 2: 19:42 Well, it's sucking more and more resources. And there are two things at play there. First, it's a much more highly-aware society in general around anything that doesn't look completely normal, being diagnosed, and named, and treated. So, if we look at our year sevens now, compared to 10 years ago, there will be many, many more kids with named diagnoses, from ADHD, and autism spectrum, and everything else. If we go back another 20 or 30 years, I think I can probably remember, named one kid in the first couple of years that I taught who I knew had some kind of Asperger's or autism spectrum disorder. There were plenty
of others, but they were just a bit weird. So that's the first thing, there's a much greater awareness and a much greater tendency to name those things.

Speaker 1: 20:52 Which, I'm gathering, is good, but is also not so good?

Speaker 2: 20:58 Oh, well, no, it's good to know, but it's difficult to do what you need to do for each of those kids. The second thing that's at play is really context specific, and that is that we're really lucky in that we have a reputation, and a well-deserved reputation, in the community for doing that stuff really well. So if you build it, they will come. And we've built it, and they are coming. We've got, I think, 130 funded kids in the school now, which is a really high percentage, and with the change to the NCCD data, we've got, I think, over 400 kids who, there are expectations that we're going to modify work for now.

Speaker 2: 21:48 Some of those are physical, so physically or visually impaired, there are some other people like that. But the vast majority of these ... are things that you might classify as cognitive and getting into the mental health. So, kids who are anxious, and kids who have had all sorts of mental health issues.

Speaker 1: 22:18 Yeah, it's growing.

Speaker 1: 22:18 Just, when you talked about the three psychs, was the reason for the psychs because it's all boys, and there's a lot of, in comparison to other schools, on the autism spectrum? Was that the original reason, or can you remember why we have that setup?

Speaker 2: 22:42 No. I think, if we went back ... I started at the school in 2000. If we went back into the '90s, I suspect you'd find that there were, or was, a counsellor in there. The only one that I can think of was a counsellor who had specific expertise. He was a trained counsellor. I think a Psychologist was employed in her counselling role about 2000, March. I think she started about the same time I did. And she had the formal psych qualifications. But I don't think we advertised for a psychologist. I think we advertised for a counsellor, and it just happened, and then greater awareness kind of morphed into a more psych-based ...

Speaker 1: 23:43 So it wasn't intentional, in a sense?
Speaker 2: 23:47 I don’t think so. I think, probably the Principal at the time and I were from similar backgrounds, Christian or religious schools, where there’d be a counsellor locked in the back room somewhere doing a bit here and there. The other deputy principal probably had a more broad experience in schools. She'd been in other school systems, out of the northwestern suburbs, with high-level immigrant communities, and lots of families with greater means, so she was probably a bit instrumental in driving ...

Speaker 1: 24:47 So, in terms of schools' responsibilities, the need's greater. Do you think it's a challenge to be able to control that need, that push?

Speaker 2: 25:01 Absolutely. If we were able to do everything that we’re supposed to do, we would need twice as many staff, and twice as much resourcing. So every time there's any kind of societal crisis, whether it’s a mental health crisis, the first thing that’s on the front page of the paper, and those shows after the news at night, is, what are we going to do about this, it has to go into schools. So, there’s a problem with men treating women badly, what do we do? We have to get a respectful relationships curriculum into schools, particularly into boys' schools. A low-voter turnout at the state election? What do we need to do? Oh, we have to write a program and start teaching kids in schools. Basically anything that’s going on in the world, I don’t know that we’re abrogating responsibility to parents, for stuff that should be done in families, is increasingly coming onto us. And that includes the sort of support that we're talking about here broadly.

Speaker 2: 26:10 We've always done pastoral care in schools, and Catholic schools, and done very well, but increasingly, some of the stuff we're dealing with, homelessness, or kids living out of home care. Is it really the school's responsibility to be able to deal with that? We've got a family who DHS relocated, and we are providing the bus fares to get the boy to continue coming to school, and we're providing bus fares for his primary-aged siblings. Maybe it's around the capacity of families, if it's a refugee family or a new arrival family, the capacity is probably a bit different, but I don't think we've ever had to deal with that sort of stuff in the past.
You are perceiving a blurring between school and community counsellor, or something..?

School's sort of becoming everything. We're expected to do everything, and we're getting blamed for everything when it doesn't work well. There many examples of that. So, some kid drinks too much and punches someone in the nose at a party of 15 year-olds who are all on the grog on Saturday night, and the phone's ringing off their heads on Monday morning, because the kid's enrolled at our school. Now, we've enough trouble controlling what's going on through the week, never mind what's happening with a whole heap of kids at midnight on Saturday night, who've got a gut full of booze at a party in Point Lonsdale or somewhere.

Just one more question. You've probably spoken about it a little bit anyway, but, what do you see as probably three significant challenges for all schools, or anyone in education leadership in this space, whether it's our school or other schools? In terms of the future, and the changes, and the increasing numbers of societal pressures and things like that?

Well, increase in expectation means that you're going to have to meet it somewhere along the line, and it's not all about resources, but there is a finite pool of human resource and financial resource, and if you're tipping more of it into mental health support, then you can't put it elsewhere. So, I reckon that's a challenge, that diversion of resources into that.

The other, more classroom-based, there's only so much energy, everybody's got so much time and capacity they've got in a classroom. If you're spending more and more of it responding to individual needs, you've got less to give to everyone else, and so there's an inevitable impact on your teaching and learning there.

The third thing I'd say, is really for your normal classroom teacher, year-level coordinator, or anything else. From our well-being perspective, it's really challenging. If you're dealing with a child who's self-harming, or threatening suicide, or they've got a messy drug problem, and they're putting themselves in harm's way. That's emotionally
draining, and it's really hard work on us, and I think we're pretty resilient, by and large, but no doubt there are people whose own mental health is impacted on by the expectations of us to respond to mental health in kids that we're working with. We do it because it's a helping profession, and that's why we became teachers in the first place, but ... and it had an impact on us. I don't know how many nights you lie awake thinking about the weird and wacky, but I certainly have in the past. I'm getting better at not doing it now.

Speaker 1: 30:43 Yeah, I know. Not taking it home is hard. Well, that's it. That was great, thank you so much.

Speaker 2: 30:50 No worries.
Appendix F: Wellbeing Documents

• Australian Student Wellbeing Framework 2018
• Review and update of the National Safe Schools Framework 2017
• National Online Wellbeing Hub 2019
• EXCEL: An Overview Of Wellbeing For Learning In Catholic School Communities 2018
• Promoting Healthy Minds For Living And Learning (Victorian State Government) 2019
• Enhancing Mental Health Support In Schools Initiative (Victorian State Government) 2018
• Catholic Education Melbourne Website 2019
• Horizons Of Hope: Wellbeing In Catholic Schools 2019
• Mental Health In Schools Website (Victorian State Government) 2019
• Nationally Consistent Collection Of Data On School Students With Disability (NCCD), CEVC Program Guidelines 2019
• Metro High School Site Child Protection- Reporting Obligations 2019
• Metro High School Annual Report 2018
• Metro High School Website (Exerts Related To Student Wellbeing) 2019
• Metro High Strategic Plan 2018-2020
### Appendix G: Manual Coding Tables

**Manual Coding – Principal Transcript**

<table>
<thead>
<tr>
<th>Participant interview verbatim excerpts</th>
<th>Inference – low level coding</th>
<th>Possible Claim – high level coding</th>
<th>Links to theory</th>
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</thead>
<tbody>
<tr>
<td>People are <em>increasingly aware</em>, and there are very many more students who have a whole range of mental health issues than there ever was in decades past… just parents and kids are more aware of it, but it's certainly a bigger problem than it ever has been before.</td>
<td>Increase in mental health awareness</td>
<td>Principal perceives that people (society, parents and students) have become more aware of mental health issues. Further suggesting that the awareness has led to this becoming more of an issue being addressed schools.</td>
<td>Macrosystem/exosystem-changes to societies understanding and awareness</td>
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<td>There are more kids more aware, and I'm not sure whether that's actually a good thing or a bad thing in terms of its impact on teaching and learning in the classroom. There certainly seems to be more kids that we're expected to have high-level understanding of and responses too.</td>
<td>Effect on teachers- teachers and schools role</td>
<td>There is a perception that young people are more aware of these issues, however the impact or effect of this in terms of classroom learning, is not entirely understood. However, with the greater tendency to label students, schools and teachers are then expected to cater to these students and respond their particular needs. The principal seems to perceive that this expectation has grown over the years.</td>
<td>Macrosystem/exosystem-societal pressures, changes in culture or expectations</td>
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I don't know the answer to whether it's easier or more difficult to work with the levels of knowledge we've got now, from a teaching perspective it's certainly easier to support them if you know what's going on.

Effect on teaching- further challenges

The Principal acknowledges that understanding the young person and challenges they may face, in turn helps the teacher and school to support them. However he is suggesting that it is possible with the higher levels of knowledge or awareness, this doesn't necessarily mean that supporting these students has gotten easier for teachers and schools.

There seems to be greater pressure or expectation exerted onto schools to support students who are in difficult situations. Is this making it more difficult for teachers and schools? There seems to have been an increase in awareness and understanding without the increase in skills or community support.

I think probably in terms of the expectations of follow up and reporting, and those sorts of things, it's clearly far more onerous than it was a generation ago…it's around awareness of, and developing strategies to support individual kids, that you probably never had

The teachers role- challenges

Principal perceives that the teachers role within this space has become difficult or more time consuming. This linkage is made between a greater understanding of the wellbeing issues and therefore a greater expectation to develop the skills and strategies to work with and support the young person.

Professional identity theory- boundaries of the role

Social emotional theory
<table>
<thead>
<tr>
<th><strong>to because you didn't know exactly what was wrong with them</strong></th>
<th><strong>School level challenges-resources</strong></th>
<th><strong>The Principal identifies that availability of resources and the use of time in schools as a significant barrier or challenge. He further suggests that these issues often require more time to be dealt with properly, and that time may not be able to be given, depending on the school or situation.</strong></th>
<th><strong>Macrosystem- Government funding, educational governing bodies, educational priorities</strong></th>
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<td><strong>Well resources is a big part of it. That is always a challenge, to be able to provide the time that people need to be able to do what they need to do. Time equals money, and they're both finite.</strong></td>
<td><strong>School level challenges-resources, class sizes</strong></td>
<td><strong>Principal identifies that schools with greater amounts of money at their disposal can often prioritise this money into a space which support students. Using an example of smaller class sizes, shows an understanding that for teachers to support their students well they need to know their students. Teachers have a great capacity to do this in smaller class sizes.</strong></td>
<td><strong>Macrosystem- educational bodies, funding etc</strong></td>
</tr>
<tr>
<td><strong>I'm talking about your high end schools, and that is places that are charging $20,000 or $30,000 a year. If you're doing that, then you've probably got smaller class sizes, so there's more capacity for teachers to deal with individual issues.</strong></td>
<td><strong>Mental health awareness-teachers role</strong></td>
<td><strong>Perceives that beginning teachers or recently training teachers should be more prepared. There is a perception that mental health awareness is addressed in teacher training courses. The Principal, further suggests that this training should allow beginning teachers to feel capable at referring young people to mental health services.</strong></td>
<td><strong>SEL Theory</strong></td>
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<tr>
<td><strong>I think they're (graduate teachers) certainly better prepared through their teacher training than we ever were, around knowledge of, and capacity to, not so much provide intervention themselves, but provide referral.</strong></td>
<td><strong>Beginning teachers preparedness</strong></td>
<td></td>
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<td>When you start, it is just a maelstrom of a million different things going on all the time, and until you do it, and until you develop strategies that work, you're probably no more under-prepared in terms of responding to kids' mental health issues, than you are their behavioural issues, or their learning issues, or anything else.</td>
<td>Challenge for beginning teachers</td>
<td>Identifies that there is a significant challenge for beginning teachers in that much of the learning is obtain “on the job”. Further suggesting that it is likely for beginning teachers to feel underprepared as they are attempting to learn and develop skills in so many facets of their job.</td>
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\text{From this comment \& the previous comment- are beginning teachers more aware than previous generations of graduate teachers; yet, they lack experience, and therefore self-efficacy?}
\]

\[
\text{Even if this is addressed in university courses, beginning teachers are not able to apply their knowledge or respond to the needs to students until faced with that specific issue. Is mental health perceived as a more difficult issue as it is highly}
\]

**Self-efficacy**- teachers identify the difficulties when first faced with issues. The development of self-efficacy comes from developing skills and experience.

**Professional identity theory**
The first thing I'll say, is we don't need to train staff to be mental health professionals. I think dabbling in that, we're more likely to do harm than good…The effort and energy probably needs to go into awareness of, and knowledge of, referral pathways.

<table>
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<tr>
<th>Individualized or context specific?</th>
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<tbody>
<tr>
<td>Navigating a teachers role</td>
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<tr>
<td>Teachers are not mental health professionals</td>
</tr>
<tr>
<td>Principal has a clear opinion that a teachers role is to have the required knowledge and awareness, be able to act or refer students as required. The Principal has effectively defined ‘mental health literacy’ as an important component of a teachers’ role.</td>
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<tr>
<td>Schools and higher educational institutes should be ensuring that their staff are training in this capacity.</td>
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<tr>
<td>Professional identity theory- finding clarity/boundaries</td>
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It seems to me that what inevitably happens, is your really high-needs kids, whose parents have sometimes high levels of expectations and sometimes low level of capacity to access private services outside, tend to really lean on them (school mental health professionals) massively.

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<th>School challenges- parent expectations</th>
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<tr>
<td>Schools are experiencing a higher levels of expectation from parents to provide the mental health support for their children. Families who do not have the capacity to seek external support, rely on schools to council their child, straining that support service available at schools.</td>
</tr>
<tr>
<td>Exosystem- parent perception, parent employment</td>
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<tr>
<td>Macrosystem-lack of available community services or mental health services</td>
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If a kid has anxiety issues, or any kind of mental health concern, we take them to a specialist that we employ, and they sit with them for an hour, and they'll

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<th>School level challenges- lack of community support</th>
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<td>The principal perceives that mental illness is complex, often requiring significant amount of time and recourses. Students will continue to attend school even when their mental health is of concern, so</td>
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<tr>
<td>Macrosystem- lack of available community services or mental health services</td>
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</table>
work with them, and we work with the parents and all that sort of thing. They will try to refer, but often it ends up during the next day, or the next week, or the next month, they come to school and they're still highly anxious, and so we still end up doing the work with them.

| The second thing that's at play is really context specific, and that is that we're really lucky in that we have a reputation, and a well-deserved reputation, in the community for doing that stuff really well. So if you build it, they will come. And we've built it, and they are coming. We've got, I think, 130 funded kids in the school now, which is a really high percentage, and with the change to the NCCD data, we've got, I think, over 400 kids...there are expectations that we're going to modify work for these students now. |
|---|---|
| inevitably schools continue to work with the family. The Principal mentions again that the availability of external support services often means a young person is waiting weeks to seek this support. This then in turn increases the pressure on the school itself to support the young person during this waiting period. |
| It is clear that schools and communities require more support from community health organisations |

<table>
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<th>School reputation-</th>
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<tr>
<td>The principal explains that this school has developed a good reputation for fostering student wellbeing. This has then caused more parents to send their students to the school, possibly families who require additional support in the wellbeing/mental health sphere. He explains that the school has a large portion of NCCD funded students, meaning many of these students require special attention or strategies.</td>
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<tr>
<th>Exosystem- local community perception of the school</th>
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<tr>
<td>Mesosystem- school culture</td>
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<tr>
<td>School identity/Catholic Ed policy</td>
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</table>
### School's sort of becoming everything

We're expected to do everything, and we're getting blamed for everything when it doesn't work well. There are many examples of that.

### Challenges - school level

**Society expectations or pressures**

The principal has perceived that often schools are expected to address, teach or include a vast variety of topics or issues. When something is of concern in society it is observed that often schools are blamed for that concern or problem, inevitably putting more pressure on teachers and schools.

### Exosystem & macrosystem - community and society beliefs and perceptions

### Well, increase in expectation means that you're going to have to meet it somewhere along the line, and it's not all about resources, but there is a finite pool of human resource and financial resource, and if you're tipping more of it into mental health support, then you can't put it elsewhere. So, I reckon that's a challenge, that diversion of resources into that.

### Diversion of resources - school leadership challenges

The principal explains that the challenge for schools can be how best to divert resources into these types of issues. He is suggesting that schools are not necessarily receiving more money for this increasing issues or expectation, but instead diverting resources from other areas.

### Macrosystem - Government funding, school structure, leadership decisions around funding and resources

### From a well-being perspective, it's really challenging (on the teacher). If you're dealing with a child who's self-harming, or threatening suicide...That's emotionally draining, and it's

### The impact of teacher mental health

The principal identified that teachers who are dealing with student mental health or wellbeing concerns can also be negatively impacted. In turn causing teacher mental health to decline and possibly professional practice to suffer.

### Professional identity theory
really hard work on us, and I think we're pretty resilient, by and large, but no doubt there are people whose **own mental health is impacted** on by the expectations of us to respond to mental health in kids that we're working with.

| What are schools doing to support their teachers in this space? Does this link back to the teachers having a lack of follow-up or further awareness of how the young person is going? Or does this link to a lack of understanding if they have acted or responded in the correct manner? Will increasing mental health literacy help to reduce the impact on teachers mental health? |