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Interpreting the mental health crisis in Australia's Gold Coast primary schools

Mental health is recognized as a worldwide issue, which affects hundreds of millions of people (World Health Organization, 2011). In Australia, mental health is listed as one of the nine health priority areas (Australian Institute of Health and Welfare, 2013). Figures indicate an extremely alarming trend with as many as one in seven Australian children, aged from four to seventeen, having significant mental health issues (Littlefield, 2008; Graetz et al., 2008; Sawyer et al., 2000). In recent years, the Queensland Department of Education and Training have explicitly acknowledged the need for schools to address mental health issues. They have developed policies and issued directives to schools and teachers requiring them to engage in curriculum activities which promote and support students' mental health and wellbeing (Department of Education and Training, 2009).

There is extensive literature and evidence that states when social emotional learning programs are developed and implemented correctly, children's behavioural and emotional functioning can be greatly improved (Greenberg et al., 2003; Han & Weiss, 2005). However, many of the policies and directives issued to teachers and counsellors on this topic take for granted their knowledge of, and confidence within, mental health debates.

In order to explore such a research shortfall, around mental health and children, this project sought to address the following questions:

1. What do current teachers and counsellors describe as the most significant mental health issues in Gold Coast primary schools?
2. How do teachers and counsellors describe the impact that mental health issues have on student learning?
3. To what extent do teachers and counsellors' feel able to respond appropriately when faced with mental health issues?
4. What factors facilitate or impede these responses?

Methods

Data Collection

Six teachers and two counsellors from various Australian Gold Coast State schools participated in this research project. Data collection was via semi-structured interviews. Table 1 below, documents the demographics of each school, the details of the participants, and the date each interview was completed. This study required

Table 1: School and participant information

School 1	This school has 811 students in attendance from Prep to Year 7. It is situated in a low to mid socio economic area.
T1	Female, has been teaching for 6 years.
T2	Female, has been teaching for 8 years.
T3	Female, has been teaching for 8 years.
C1	Female, has been teaching for many years, has also been a behaviour teacher and is now acting counsellor.

School 2	This school has 800 students in attendance from Prep to Year 7. It is situated in a mid socio economic area
T4	Female, has been teaching for 16 years. Currently in the role of behaviour management teacher.
T5	Female, has been teaching for 5 years. Currently in a role of part time behaviour management teacher and part time classroom teacher.

School 3	This school has 380 students in attendance from Prep to Year 7. It is situated in a low to mid socio-economic background.
T6	Female, been teaching for 3 years.
C2	Female, has been a counsellor for 20 years.

ethical clearance from Department of Education, Training and the Arts (DETA), and also from Griffith University (Protocol Number EPS/13/09/HREC).

Data Analysis

The data from these interviews were analysed using thematic analysis, based on the framework approach (Bryman, 2008; Bryman & Burgess, 1994; Penfold, Cleghorn, Tennant, Palmer, & Read, 2009). Through these methods it was possible to examine the links between the themes from the data, and the current literature, to assist in answering the identified research questions. To address such identified questions, this research, was located within an interpretivist paradigm, and was designed as what Merriam (2009) defines as a basic interpretive qualitative study. Mackenzie and Knipe (2006, p. 3) describes the process as involving:

'approaches to research have the intention of understanding' "*the world of human experience*" (Cohen & Manion, 1994, p.36), *suggesting that* "*reality is socially constructed*" (Mertens, 2005, p. 12). *The interpretivist/constructivist research tends to rely upon the* "*participants' views of the situation being studied*" (Creswell, 2003, p. 8).

In other words, within the interpretivist view, the world is seen to be made up of multiple constructed realities (Lincoln & Guba, 1985), due to different people, cultures and societies having differing views and understanding particular phenomena differently (Gliner & Morgan, 2000). These multiple realities will also be shown in the participant responses during the interviews, depending upon the gender, culture, beliefs and the school culture in which the participants are situated.

Discussion of Results

Categorising Themes

The research findings have been analysed and coded using thematic analysis and influenced by the concept of crisis provided by Baudrillard (1983). The themes can be divided into two main sections: first, *Confirming the Crisis: participants' perspectives on mental health* and second, *Beyond the Crisis: ongoing challenges*. Data relating to each of these themes was analysed by investigating their relationship to the literature, and to the identified research questions.

Results

Participants' commentaries were recorded and a selection of the more relevant 'voices' are presented here. Such an approach provides rich data that goes towards supporting the main thematic categories identified. Qualitative data from this project confirmed that teachers and counsellors perspective is that 1) promotion; 2) prevention; and 3) early intervention are very important.

It was frequently stated that anxiety and depression can present itself in children as young as Year 1, and continue throughout primary school unless successful intervention is achieved.

Participant #T6 discussed early intervention by stating:

"When they are young, they don't understand what is happening, they just know they are feeling anxious or miserable. This is why early intervention is so very important. It impacts so many young ones, and can make life very difficult for many children."

Similarly, #C1 also expressed concern when she articulated:

"It affects all age groups but I think we can get early intervention with the younger students so you may not see as much of a build up, that's if identified early."

What is more, literature states that schools are the ideal context for dealing with mental health in children and adolescents (Stafford et al., 2007). But four out of the eight participants in this project expressed concerns about the responsibility for mental health being placed into schools and classrooms. This was outlined when participant #C2 commented:

"I understand that people say schools, counsellors, and teachers are the ideal context and people to assist children with social emotional learning but I want to know when? In theory, a child's mental health is just as important as academic outcomes, as you can't have one without the other, but in reality, there is no time, the focus is on outcomes not mental health."

While it was established early in the data analysis that anxiety and depression was seen to be the most significant issue impacting children of all ages, self harm was another issue mentioned frequently throughout the interview process. Four of those interviewed mentioned self harming to be an issue that is on the increase for the older primary aged children, predominantly years 6 and 7.

Participant #C3 indicated her views of self harm by stating:

"We are actually seeing quite a lot of self harm now in the grade 6/7 area, which is quite alarming as it is a lot earlier than we have had before. So that has been a significant increase."

Participant #C4 also expressed a view of self harming:

"All mental health issues are significant. In primary schools it is mainly anxiety and depression as standalone issues, or issues associated with another disorder e.g. ADHD. Self harming also comes out a bit in the older years."

For the participants in this project, the mental health crisis in schools is confirmed by their identification of high instances of 1) depression; 2) anxiety; and 3) self harm.

Another way, in which the crisis is confirmed, is via the identification of critical catalysts, or contextual factors to 'blame' the crisis on. Literature reviewed, and the data collected, concur that children of today face pressures in and out of school that all have the potential to impact on their mental health. Children are exposed to poverty, poor housing, social change, divorce, increased exposure to violence, cyber-bullying and increased educational pressures (Layard & Dunn, 2009) .

Many of these aspects were mentioned during the interviews with two participants in a joint interview, discussing what children face, and the socio-economic factors that play a role.

Participant #T2 expressed her views by stating:

"These children are going through so much at home which carries over into their school work. When I was a child I only needed to worry about if I liked or disliked friends and school. The children we are teaching have so, so much more to worry about, like family situations, living arrangements, bullying, and now the pressure of schooling and testing."

Participant #T1 made a similar point:

"I also think because of the school we are in, lower socio-economic, we have had to learn different teaching skills to if you were in a higher socio-economic school, where you probably wouldn't. Like I have taught in other schools on the Gold Coast and in private type schools, and um, while I do think they have their problems, I don't think it is as prolific as in our school."

There is a strong link between academic learning and social emotional wellbeing, with one impacting on the other (Layard & Dunn, 2009; Stafford et al., 2007). This same opinion was expressed throughout the interviews, with all participants identifying a range of ways in which mental health issues impacted upon learning.

During the interviews, teachers made comments about the fact that students with mental health issues were often "not focused," "can't concentrate," had "their minds are on other things," and "seem switched off".

The complexity of the issue was captured well by participant #T5 who indicated a great deal of concern over the impact on children's learning by stating:

"I think that it really affects the way children learn, their ability to take in information and then process it, because they have so much other stuff going on, um, their education really suffers."

Participant #T3 stated that a student's social emotional wellbeing impacts considerably on their academic learning. She also added a few of her observations:

"It's mainly concentration, and being able to think about work clearly. Also, it is one of those things where you can't see what's happening to them, it's you know that kind of, hidden thing. So it's not like a broken leg or they have had an injury and they have to be supported, it's sort of a lot more complicated to identify the issues and then allow for that support in the classroom, and that sort of thing."

Over all, teachers and counsellors of participating Gold Coast State primary schools see the mental health 'Crisis' as a growing concern that impacts on students academically, emotionally, and socially. Programs focused on educating teachers and students about resilience

and emotional intelligence have become widely developed (Stafford et al., 2007) and, based on the evidence collected and presented in this research, appear to impact upon teachers' understanding of mental health issues, and their confidence in dealing with them.

Future considerations

After the collection and decoding of data, this research has produced a number of findings for future consideration. These can be summarised as:

- The competition for time: Social Emotional Learning (SEL) versus curriculum. Literature places SEL as a contributor to academic development, although teachers often see it as one or the other.
- The importance of a strong school culture in terms of 'finding the time'. A strong and positive mental health culture is needed in schools. There needs to be clear direction and support from the principal, down through all levels of staff and support staff, if SEL is to be accepted and dealt with as seriously as other academic subjects.
- The tension between pro-mental health arguments and high-stakes testing. Students are facing increased educational pressures to perform at school, particularly around the time of high stakes standardised testing such as NAPLAN.
- Insufficient pre-service teacher and in-service teacher training and on-going development. Whilst some teachers do receive training and professional development, not all teachers feel they are educated in this area. Many Education degrees do not include sufficient information on SEL, or mental health illnesses that impact on primary aged children.
- Debates about who *owns* the mental health crisis: parents, teachers, counsellors; all or none of them. Mental health has been recognised as a crisis, but the blame and responsibilities are being shifted from one professional to another, so in effect, mental health is owned by everyone and no one.

To summarise, this research showed that teachers and counsellors could articulate and advocate for the importance of mental health initiatives in primary schools settings, but were inconsistent in terms of how they were able to respond to the issues they identify, as a result of a range of direct and perceived pressures. This leads to a number of recommendations.

Recommendations

This study has provided an insight into teachers and counsellors perceptions on the crisis of mental health. In using the metaphor of crisis to reflect upon the data collected, it has identified a tension between a genuine willingness to acknowledge and endorse the existence of a crisis, and the actual capacity to respond in sustained and serious ways. In the following section, an outline of the recommendations from this study are provided. Such recommendations could be useful for teachers, schools and policy makers.

Recommendation One: Increasing endorsement of social emotional learning programs in schools

Projects focusing on social and emotional learning need to recognise that they will always be in competition with other school priority areas. In times of public accountability of literacy and numeracy scores, focusing on seemingly an 'optional' issue is difficult for the individual teacher. It is therefore important to acknowledge that for mental health to be enacted differently in schools, it needs to be granted higher status. This is linked to:

- Use of whole school frameworks
- School leadership
- Day-to-day involvement of school leaders in mental health programs and initiatives
- Involvement of the school community

Recommendation Two: Increased training opportunities for pre-service and in-service teachers

This study found that training is a key area of improvement needed in our schools in regards to mental health. Social emotional learning needs to become an integral part of pre-service teacher training, as well as ongoing learning and development for qualified teachers. Finally, a further study into pre-service teacher training at university on the topic of mental health and

SEL, which will ensure teachers graduate ready to deal with this crisis.

Recommendation Three: The need for further and ongoing research

Impact of high-stakes testing

Studies have been completed overseas in regard to the impact high stakes testing has on primary aged children and the participants in this study also commented on the negative impact these tests can have on a child's mental health. Further study needs to be done within Australian schools to determine the impact on students, and what is needed to support children in this area.

Impact of age, gender and socio-economics on teacher confidence

As this was only an exploratory study, further study is warranted to investigate the impact personal experiences (mental health) have on teachers' responses: does personal experiences make it easier or harder/more or less likely that they will be able to sustain a commitment to mental health issues? Does a teacher's gender, age, culture and socio-economic background have distinct impacts on how they address mental health issues throughout their student cohort?

Conclusion

This project has shown that while mental health is widely defined as a crisis in contemporary Australian society and within many schooling contexts there are still serious questions that need to be raised about how we can move beyond this declaration of crisis, towards significant, sustained intervention in schooling contexts. The findings of this study are consistent in many ways with similar national and international research projects. For example, analysis of the data in the project has shown that, for project participants, mental health, particularly anxiety and depression, was seen to be a cause of significant concern. They recognised the ways in which mental health effects primary-aged children, and acknowledge the way in which it effects students both socially and academically.

In addition, participants agreed that some form of social emotional learning (SEL) is crucial in schools to assist students' mental health, and argued that this would potentially improve students' social, emotional and academic ability. This is consistent with academic literature, which has identified the important role that schools can play in addressing mental health challenges. The research project also showed that in the schools on the Gold Coast there are, indeed, many programs and initiatives being developed dealing with various issues relating to the promotion, prevention, and early intervention of mental health. The schools involved in the study run different programs with varying priorities placed upon them, depending upon individual school culture.

There is evidence in the data to show there is no single approach to implementing a social emotional learning program into a school. There are many supportive programs currently in place, including, but not limited to; *KidsMatter*, *Program Achieve*, and *SuperKids*. The existence of these programs is important, as they are seen to empower teachers, through offering extensive training, resulting in heightened teacher confidence to deal with mental health issues. However, teacher access to support and training is inconsistent, and many teachers expressed the belief that they need more access to training and support from school leaders.

The challenge exists for schools and teachers to act upon their knowledge of this crisis and do what is needed for the children suffering from mental illnesses. The difficulty lies in how to best equip our teachers with the knowledge, skills and time to assist these children. This paper has identified much cause for hope. Attention now needs to turn to moving beyond the rhetoric of crisis towards sustained, systemic action.

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