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Title: Creating skilled educators through pre-service teacher training in mental health promotion, mental ill-health prevention and early intervention.

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Abstract: Research has shown that training professionals in key areas and skills at base level (pre-service) provides the best opportunity to influence and prepare a skilled workforce.

Professional teacher standards, expert opinion and research indicate that mental health promotion, mental ill-health prevention, early intervention (MHPPEI) is essential to the role of all teachers. This content should not be pigeon holed into discipline streams or units.

Contrary to lay perceptions and out-dated notions of what teaching is; the capacity to promote mental health is essential to every aspect of teaching and every teacher: for example, the dynamic nature of student-teacher relationships is important to student wellbeing and academic outcomes. Students do better when they have positive connections to school and feel they are cared for and supported by a teacher/s.

Research has linked social and emotional wellbeing (SEW) to academic outcomes, health and behaviour. By promoting protective factors and reducing risk factors SEW is enhanced and prevalence and severity of mental ill-health is reduced. Therefore, promoting SEW is essential for all children and young people from birth to secondary school.

As all students can benefit from mental health promotion and at least some students will require additional support, teachers need to be ready from the first day they enter the workforce to engage in MHPPEI. Waiting to train teachers in-service is not only detrimental to preparedness to act, but also reduces the chance that all teachers will be trained in MHPPEI.

Australia is the only country lucky enough to have access to evidence based resources (Response Ability) and support targeted at building the capacity of pre-service teachers in MHPPEI.

This paper will present evidence around the importance of MHPPEI in teacher preparation including current pitfalls in teacher preparation and practical strategies for addressing these gaps in a nuanced environment with many competing demands.

Body of paper:

Internationally and nationally, government bodies recognise school settings as being key sites for health and mental health initiatives, and teachers being the key people who implement such initiatives for student achievement and learning (Graham, 2011; Harding & Parsons, 2011). However, despite the opportunities afforded by schooling systems, and teachers, to support and promote mental health there is a growing body of research (Australian Health Promoting Schools Association, AHPSA, 2006; Bryer & Signorini, 2011; Graham, 2007, 2011; Graham, Phelps, Maddison & Fitzgerald, 2011; Lynagh, Gilligan, & Handley, 2010; Trudgen & Lawn, 2011) which states that teachers are ill-prepared (both in their evaluation and that of independent evaluators) and require identifiable training for their role in health promotion and identification of mental health problems for early intervention.

Currently teachers (both pre and in-service) do not receive adequate training in youth mental health and wellbeing and this is of global concern. Without specific training and acknowledgement of MHPPEI in their preparation, teachers lacked confidence in their ability to contribute as mental health promoters

due to a lack of experience and knowledge (Byer & Signorini, 2011; Graham, 2007; Graham et al., 2011; Trudgen & Lawn, 2011): for example, one in three teachers were not confident in dealing with significant mental health issues such as depression, within the classroom context (Graham et al., 2011; Lynagh et al., 2010). Furthermore, some teachers felt that youth mental health and wellbeing was outside of their professional remit or skillset and expressed a reluctance to participate as a health promoter (AHPSA, 2006; Graham, 2007, 2011).

Although many teachers do not identify MHPPEI being their responsibility, research shows they can in fact have a significant and beneficial impact: for example, health education programs are more effective when delivered by trained teachers, yet many teachers are not aware of what specific mental health programs and resources exist, and for some, how to implement them (Bryer & Signorini, 2011; Graham et al., 2011; Lynagh et al., 2010; Trudgen & Lawn, 2011). In addition, many teachers rely on subjective, intuitive methods for identifying mental health problems, particularly internalising behaviours in young people (Graham et al., 2011; Trudgen & Lawn, 2011).

Level of preparation

Overall, the literature concerning teachers' opinions, beliefs and experiences regarding their role in young people's mental health and wellbeing indicated that they felt ill-prepared and required further and on-going support at both pre-service teacher education levels and at the in-service professional development level (*note*: that teachers also report feeling ill-prepared in other domains as well: for example classroom management, so this reaction is not entirely attributable to the content).

Furthermore, several studies (Gardner, 2010; Graham et al., 2011; Trudgen & Lawn, 2011) indicated that many teachers are experiencing high level stress and psychological distress due to a lack of support in a dual role as an academic and mental health educator. The need for teacher training (pre-service and in-service) was further emphasised with teacher requests for the inclusion of mental health and wellness programs and resources specifically for teachers (Gardner, 2010).

Key terms

Mental health is a term which often varies in interpretation and use. To address this situation, we will define mental health as a positive capacity relating to the social and emotional wellbeing of individuals and communities.

One of the first systematic attempts to describe mental health, in these terms, was developed by the World Health Organisation (WHO) as follows:

"...a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." (WHO, 2004, p. 12).

Mental health, from this viewpoint, is important for an individual's overall physical health, wellbeing and development, social functioning, capacity for communication and learning, and ability to reach their potential.

What does mental health look like?

Some practical examples of what a mentally health person can do include:

- Capacity for positive personal development: emotionally, intellectually and creatively;
- Capacity to form and maintain positive and respectful relationships;

- Ability to identify and manage one's own emotions and understand the feelings of others;
- Skills in communication that include assertiveness, empathy and negotiation;
- Ability to solve problems, make informed decisions and accept responsibility for actions; and
- Capacity to set realistic but rewarding goals and to actively work toward these.

Impact of mental health on academic, behaviour and health outcomes

One thing school and mental health share in common is that they are both concerned with the mind. If the mind is unable to function well then learning, as well as other general social and personal domains, are impacted. The Australian Catholic University (2008) emphasised research evidence showing the positive effects of wellbeing on students. Benefits included being more likely to have:

- Higher academic achievement and complete Year 12;
- Better mental health (i.e. lower or less severe rates of illnesses such as depression and anxiety); and
- A more pro-social, responsible and lawful lifestyle.

In turn, these three outcomes contribute to greater participation in the workforce, social inclusion, and the effective building of Australia's social capital.

Mental ill-health

A *mental illness* or *mental disorder* refers to a clinically diagnosable illness (e.g. according to the Diagnostic and Statistical Manual of Mental Disorders) that significantly interferes (deleteriously) with an individual's cognitive, emotional or social abilities. The key point here is that mental ill-health and mental health are not synonymous. Let us understand this point further.

A *mental health problem*, a term made well known by WHO as a means of understanding the spectrum nature of mental health experiences, refers to circumstances where a person's cognitive, emotional or social abilities, are disrupted, disordered or impaired but may not meet the criteria for a diagnosed mental illness. It is important to note that both mental health problems and illness are amenable to treatment.

To help convey a range of terms and acknowledge the range of problems people can experience which do not meet criteria of mental illness, the term *mental ill-health*, is coming into increasing usage as a replacement or substitute for mental illness. Mental ill-health encompasses a spectrum of problems that interfere with an individual's cognitive, social and emotional abilities including both 'mental health problems' and 'mental illnesses'.

Mental ill-health in children and young people

Key findings published by Sawyer et al. (2000):

- Mental health problems occur at their highest level in adolescents and young adults (between the ages of 12 and 17 years);
- Depression and anxiety are the most common forms of mental ill-health;
- 14% of Australian children and young people between 4 to 17 years of age have mental or behavioural problems;
- Adolescents with mental health problems reported a higher rate of suicidal thoughts and other risk-related behaviour such as smoking, drinking and drug use; and
- Only 25% of young people with mental health problems received professional health care which, for older children, was more likely to be received through school-based counselling services.

Relevance to teacher education

Over time (particularly the last 15 years) there have been different challenges and emerging issues confronting teachers in regards to child and youth mental health. The landscape of pre-service teacher training is also currently undergoing some of the biggest regulatory and structural changes in its history. The introduction of national systems of accreditation and school curriculum are anticipated to lead to significant changes to teacher education courses.

The combination of current Commonwealth mental health policy, teacher accreditation standards, research evidence, and expert opinion point to the important role teachers have in promoting social and emotional wellbeing and preventing mental ill-health.

Current Australian regulatory and policy context

In Australia we have recently seen major changes regarding mental health and education including the creation of a Minister for Mental Health, the National Mental Health Commission and a National Mental Health Consumer organisation. In addition national education reforms of school curriculum and teacher accreditation standards are in progress with for full implementation by 2014.

There have also been significant changes to the national mental health policies and plans which provide strategic vision for Australia. The current plans have broadened in focus to recognise the importance of early intervention both in age range of those targeted and in terms of onset of mental ill-health: for example the current *National Mental Health Policy (2008)* recognises:

- The importance of MHPPEI across the life span;
- Collaboration across numerous services, government and private sectors and community is required to improve the mental health of Australians; and
- The importance of ongoing training and development towards a skilled workforce (Commonwealth of Australia, 2009b).

The policy vision is for a mental health system that prevents and detects mental illness early and aims to promote mental health and wellbeing and where possible, prevent the development of mental health problems and illnesses. We have moved from a clinical focus, emphasizing harm minimization to a more holistic wellbeing and capacity building approach. This is exemplified by the emergence of a range of government and non-government mental health interventions in the education sector (for example, headspace in 2013).

It is important to note that young people and educators are a focus in the current *Fourth National Mental Health Plan (Plan)*. Three of the most striking links include:

- Coordinating the “health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs (Commonwealth of Australia, 2009a, p. 24)”;
- Working with “schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience” (Commonwealth of Australia, 2009a, p. 32); and
- Implementing “targeted prevention and early intervention programs for children and their families through partnerships with generalist services such as . . . schools, and mental health specialist services” (Commonwealth of Australia, 2009a, p. 32).

The release of this plan reflects a key change in Australia’s approach to mental health service delivery and in particular PPEI. The Plan strongly links to the Response Ability Initiative by highlighting the

importance of youth and schools (DoHA, 2009). As teachers are a key interface between schools, students and families, professional preparation of teachers that reinforces the message of youth mental health promotion, resilience and wellbeing, and suicide prevention benefit interventions in the schooling context, pre-service teacher education is essential.

Scoping work

In 2012 the Response Ability project team conducted some consultation and scoping work to find out how to best prepare pre-service teachers to promote mental health and wellbeing and prevent mental ill-health when they enter the school system.

What does pre-service teacher education need to provide so that teachers are ready to engage in MHPPEI when they enter the school system?

- Develop mental health literacy and provide evidence about the benefits of MHPPEI;
- Emphasis on teachers' role as being integral to student mental health i.e. they do not teach mathematics, they teach young people studying in secondary school through mathematics;
- Build confidence in knowing how to promote mental health, contribute to prevention of mental ill-health and respond to students needing additional help;
- Learn how to maintain their own mental health and where to get help if needed;
- Understand the boundaries and limitations of their role in the school (in relation to MHPPEI) and the role/support available from others (e.g. school counsellor, psychologist);
- Take a holistic approach to mental health which encompasses knowledge, skills, and attitudes; and
- Capacity to work collaboratively with allied health and family.

Challenges

Teachers and teacher educators are working within an increasingly nuanced environment. In addition to the recent changes in education and mental health sectors (outlined in the previous section) there appears to be some particular challenges in covering MHPPEI material in teacher education including:

Difficult to teach

Teaching and learning this material is difficult – lecturers and students value the opportunity to work on this material but they need practical ways to do so that respond to the constraints of time, leadership buy-in, differing levels of enthusiasm for 'up skilling' in this area of teacher education (mainly at the level of lecturers) and differing programs, opportunities and student cohorts.

Content is not enough

When the Response Ability Secondary Teacher Education Resource was initially conceptualised, the most significant practical barrier to embedding of MHPPEI into pre-service education, was that university lecturers had identified that they did not know how (either in terms of instructional resources or in terms of confidence in the subject matter) to teach the content. As a result, what was addressed in the development of the resource kit was the issue of building confidence, competence and providing significant scaffolding to the teaching practice.

Interestingly, after many years of experience engaging with the sector it is clear that not knowing how to teach MHPPEI (or not having a resource to use in teaching this) is in practice only one barrier among many complicated and interacting factors. There is a convergence of literature that supports this proposition.

The difference between supportive in principle and taking action

There is a consistent message that many teacher educators do not feel comfortable teaching MHPPEI content. Although the exact reasons for this attitude are not always clear, there is a discrepancy between what educators regard as *important, valuable and necessary* (i.e. teaching graduates knowledge about social and emotional wellbeing), and what they are comfortable, willing and prepared to teach.

This attitude seems unresponsive to the fact that there will be students with mental health problems and mental ill-health in pre-service teacher education, and in schools regardless of the comfort levels of individuals to deal with these issues. These issues are real and significant and evidence demonstrates that early intervention, promotion and prevention are part of the solution.

Teachers are more likely to engage with MHPPEI in-service if they have been exposed to and have learnt about it in their pre-service education

The final and most critical lesson from the program to date is that when teaching graduates are exposed to and prepared for their role in student wellbeing, they demonstrate: an increase in confidence; a reduction in their misunderstanding and misconceptions about mental health; they become more confident about monitoring their own mental health; and they feel more job ready. Repeated evaluation with students (by the Response Ability project and independent researchers) show the flow through from the project, when understood and implemented in a teacher education program in ways consistent with the Response Ability principles, leads to graduating professionals who have a positive attitude towards health promoting schools and feel they have some strategies for getting help, finding information and responding to student's needs. They also feel comfortable with their role as teachers for wellbeing.

Strategies to incorporate MHPPEI in teacher preparation

There is a dearth of resources - nationally and internationally - that specifically and intentionally address pre-service training of teachers in children and young peoples' MHPPEI. Response Ability resources are unique with no other comparable resources (in terms of focus, design, breadth or depth) of this kind in Australia.

Response Ability presents an opportunity to ensure a comprehensive response to child and youth mental health, wellbeing and suicide prevention that targets the key professional group that families and communities see as having a responsibility for their children – teachers. It also assists the profession to be “job ready” and to be in line with the other population level interventions around mental health.

The most effective and efficient means of preparing the teaching and early education and carer workforce for their role in the mental health of children and young people is for them to acquire the skills and knowledge they need to participate actively in MHPPEI as well as supporting the use of evidence based programs in their workplace.

Practical strategies for addressing gaps and challenges:

It is important to acknowledge that it is very challenging to fit all the necessary elements into the teacher education curriculum. However, that does not mean important elements (like MHPPEI) should be left out. Rather, the challenge is to value the coverage and inclusion of this material and to find the time to embed it into the program. Some key points to motivate you to include this material:

- Keep in mind that coverage of this material is helping to achieve elements and vision of the national mental health policies and plans mentioned above;

- Reflect on the long term disadvantages of not covering this material (e.g. if teachers do not identify this is part of their role);
- Consider the benefits of having graduate teachers ready to engage in MHPPEI from the starting of their this career; and
- Think about the children and young people this will be affecting and impacting on.

Basic strategies

Commit to embedding a minimum coverage of materials into the program:

- Provide students with a copy of the *Social and Emotional Wellbeing: A Teacher's Guide* (student resource) available in hard copy or electronically www.responseability.org; and
- Take opportunities to reflect and reinforce the key messages in the student resource wherever possible.

General strategies

- Dedicate one lecture and one tutorial to MHPPEI (consider using Response Ability resources).

Advanced Strategies

- Create change - reframe conceptions of the role of teachers and values attached to particular material;
- Embed the MHPPEI principles across the program (in all units);
- Be an advocate; and
- Look for others to help.

Summary

There are ways (including resources and support) to embed MHPPEI into teacher education. All teacher educators need to invest in ensuring pre-service teachers achieve the skills and understanding they need to enter the workforce and, thereby, promote the best possible outcomes for children and young people.

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