



Cooking up a Mental Health Improvement in Schools? The Missing Ingredient: People

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Recent years have seen an increasing emphasis on the role of teachers in promoting and supporting student mental health. It is thus important to understand how teachers' attitudes towards mental health impacts the efficacy of school mental health programs. The aim of this paper was to evaluate, based on a comprehensive review of existing literature, the relationship between teachers' attitudes and the success of school-based mental health interventions. Results indicated that teachers' attitudes towards mental health is a critical moderator of the success of related programs in schools. When teachers are supportive of, engaged in, and understand the importance of, mental health programs, students are more likely to participate in these programs and experience positive outcomes. The specific type of efforts that should be made to educate teachers about the importance of mental health and to provide them with the tools and resources necessary to effectively support student mental health in the classroom are discussed. The paper also highlights the importance of careful selection in terms of the mental health initiatives introduced within schools, and how this choice may impact teacher attitudes.

Introduction and Background

Mental health is at the forefront of concerns in the context of modern education in Australia and beyond. One in seven Australian children aged 4-17 have been reported to experience a mental health condition, with 19.9% of children aged 11-17 reporting at least one episode of severe psychological distress (Beyond Blue, 2022). Fortunately, to address these concerns, there has been increasing amounts of funding available to support schools in delivering mental health support for students in crisis, and to address mental health in the broader student body. In 2023, the Australian government is investing \$203.7 million in

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the ‘Student Wellbeing Boost’ (Australian Government Department of Health and Aged Care, 2023). This follows a historical trend of increasing mental health funding for national interventions from \$126,130,590 in 1992/93 to almost \$1.5 billion in 2020/21 (AIHW, 2022). There has also been increased state and national curriculum and policies outlining the importance of supporting children’s mental health. In response to these financial and policy drivers, there have been a number of government and private programs developed to deliver school-based mental health (SBMH) programs. It should be noted here, however, that in general, schools have been tasked with selecting their own programs based on their own unique contexts, but do not necessarily have clear guidance on which will best address their needs.

Schools are uniquely positioned to promote positive mental health for students due to compulsory schooling. By educating students about mental health, educators can reduce barriers to accessing mental health support and increase mental health support accessibility for the school community while also reducing stigma, ensuring consistency in services, and promoting healthy development (Doll et al., 2017). Theoretically, this means that if every classroom was delivering a high-quality mental health intervention, every child in Australia would have access to the literacy, skills and knowledge that could enable them to cope with life’s inevitable challenges with resilience. Furthermore, the World Health Organisation (WHO) has proposed that the occurrence of a childhood mental health event is a strong predictor for adult mental illness (WHO, 2014). Similarly, Beyond Blue (2022) have reported that 50% of all mental health conditions experienced begin before the age of 14. Thus, effective intervention in school could have the greatest single impact in reducing the impact, severity and incidence of mental health problems across the population. Giles-Hall et al. (2022) identifies that though schools have been determined to be an ideal place for this intervention to occur, there is yet to be clear and actionable translation of what this may look like for schools and teachers.

As Graham et al. (2011) discusses, in more recent years, mental health interventions have shifted from a targeted, crisis focused response to a more holistic, health promoting approach. The Collaborative for

Academic Social Emotional Learning (CASEL) framework, for example, outlines the process for a mental health and wellbeing implementation as an integrated part of student learning (CASEL, 2023). Students are at the centre of the process, supported by teachers in their classroom environment, then further supported by nurturing schools, families and communities. The process of learning about mental health can be summarised into five key areas: self-awareness, self-management, social awareness, relationship skills and responsible decision making. These areas have been adapted within the Personal and Social strand of the General Capabilities aspect of the Australian Curriculum (ACARA, 2023) The CASEL framework is considered a high-quality, evidence-based guide for implementing a wellbeing approach in schools (Laurens et al., 2022).

SBMH programs may be implemented for two distinct student cohorts. The first comprises students already suffering from poor mental health. The second, however, comprises the majority population of schools, who are presumed to have a 'normal' level of wellbeing. The research outlined next will focus primarily on the broader student body, that is, those who are not currently diagnosed with a mental health condition. This is due to the fact that SBMH interventions do not necessarily address the specific and unique needs of students in mental health crisis. Graham et al. (2011) explain this as a shift towards health promotion rather than crisis intervention. A research-based, health promoting approach has many benefits; not only does it reach a greater number of students, it also equips students with a common language to discuss mental health and improves social and emotional skills (Nygaard et al., 2022). This preventative, wider reaching approach will be discussed in this paper rather than a targeted, reactive approach. A school's successful pastoral care for students should include both a targeted and more global approach to address the needs of the school context. However, it is worth noting that these two approaches to mental health should not and cannot work in isolation. In order to support the mental health of all students (as should be the goal for schools), both approaches need to be present in a school environment. These two approaches can also be combined to form a multi-tiered system of support (MTSS). In this approach, all students access SBMH learning and low level, everyday support at a

broad and general level (Tier 1), some students access Tier 2 support (more targeted, small group learning, could incorporate referrals to outside providers), and Tier 3 students access the most targeted, critical supports (Brockovich & Dirsmith, 2021).

A lack of access to services to support students in mental health crisis is a contemporary problem, exacerbated by the COVID-19 pandemic (Giles-Kaye et al., 2022). The Productivity Commission (2020) reported that the current system for mental health support appeared to be in a crisis-driven and overwhelmed state. They advocated for a greater system of support within schools to be created with a focus on health promotion and prevention. This is a further reason for focusing on what teachers can do in the classroom to set up protective factors for their students. That is, essential skills such as emotional literacy, coping strategies, understanding of mental health conditions, and relationship problem solving skills can all be delivered in the context of an overall mental health and wellbeing education program.

The challenge this paper addresses is how teachers' attitudes towards mental health impacts the delivery of these programs. Teachers in current times find themselves in a unique position. While they are tasked with delivering mental health programs that their schools have identified as appropriate to address contextual needs, concurrently, they are often not provided with sufficient resourcing, time or pre-service education in mental health to best facilitate delivery. Worse still, individual teachers without such support may well compromise the integrity of such programs within their classrooms. The teaching of mental health literacy and skills is not explicitly outlined throughout the Australian curriculum, teachers also face the challenge of fitting these interventions into an already crowded teaching load. These phenomena, coupled with ever increasing rates of teacher burnout (Carroll et al., 2022) and increasing attrition rates are just some of the factors influencing teachers' attitudes towards mental health. Unfortunately, if teachers do not perceive the teaching of mental health as being worth prioritising, they are unlikely to deliver the program with fidelity using best teaching practices. Unlike literacy and mathematics, where schools are likely to employ coaches/experts in these areas, this support is far less likely to be

available for teachers delivering a SBMH program. The delivery of such a program relies on teachers' willingness to learn the content, prioritise this in a crowded curriculum, and teach to a high standard with a high level of treatment integrity. Thus, in an evolving situation where funding, resourcing and programming is moving faster than the sharing of knowledge and expertise on mental health, it can be hypothesised that it is teachers' attitudes towards the delivery of a SBMH initiative that may ultimately determine the success of that initiative.

It is widely agreed that mental health is a critical issue, yet the prevalence of mental illness amongst students is increasing, despite the increased funding, awareness and availability of interventions. It is imperative to both address the challenges outlined whilst educating and supporting teachers to enable them to deliver programs to a high standard. The aim of this paper was to evaluate, based on a comprehensive review of existing literature, the relationship between teachers' attitudes and the success of school-based mental health interventions. Merle et al. (2023) outline that any evidence-based practice relies on the implementation behaviours of key stakeholders in the implementation. This study thus more specifically focusses on the following research question: How do teachers' attitudes toward mental health impact the implementation of a mental health interventions in schools? The next section of the paper describes the methods used to locate the literature for the study. Findings of the review are then presented, followed by a series of recommendations based on these findings, and a consideration of limitations and future directions.

Teachers' Attitudes Toward Mental Health Programmes: What the Existing Literature Says

To address the research question, a thorough literature search for papers on teachers' attitudes to mental health in education was conducted. This involved searching key terms used equivalent to this in the literature and terms associated with 'mental health', 'teacher attitudes', 'stigma', 'implementation', 'prioritisation', and 'perceived value', in the main education databases, such as A+ Education, EBSCO, Educational Journals, ERIC, Google Scholar, ProQuest, PsycINFO, PSYINDEX,

Web of Science and Wiley Online. The strategy to search the terms consisted of using strategies such as ("*....."*," AND, OR) (Hammerstrøm et al., 2010) applicable to each database and the key terms. The search was limited to peer-reviewed journal articles written in English only. The extracted data were analysed through a thematic analysis approach. Similar themes around what shaped the attitudes of teachers and how this impacted student wellbeing emerged across the literature. The findings are discussed in relation to the research question, highlighting key insights and areas of consensus or discrepancy amongst studies.

The literature reviewed is mainly focused on Australian research and research in like countries. It focuses primarily on research from 2020 onwards, though theoretical and historical sources have been drawn upon, especially when a pertinent example was presented. As mental health in education is such a shifting, contemporary issue, it is important to focus on a very recent time period. There has been a unique focus on mental health since the COVID-19 pandemic, as a result of the increased isolation, social distancing and shift in learning modalities most students and teachers experienced (Tedja et al., 2021). This is reflected in the increased number of presentations to emergency departments and community referrals for mental health for children since the outbreak of the pandemic in 2020. This is not limited to students - teachers also have had their mental health and wellbeing significantly impacted by the pandemic (Kim et al., 2021).

Prevailing teacher attitudes towards being involved in mental health programs

The effective implementation of change and intervention to support students most commonly begins with changing teacher behaviours and perceptions (Long et al., 2016). Though schools invest significant financial and other resources in training programs, the provision of these alone is not sufficient to effect long-term positive change in either teacher behaviours or student outcomes. Teachers are more likely to report barriers to implementation as ‘very difficult to overcome’ significantly more than they describe barriers as ‘not difficult to overcome’ (Kincaid

et al., 2007, Long et al., 2016). This would suggest that teachers perceive the individual barriers they face in their classrooms as the most salient or challenging. If teachers possess negative attitudes and perceptions towards the delivery of a SBMH implementation, this poses a significant barrier to implementation and an implementation in this context will not achieve the intended outcomes. Thus, teacher attitudes directly impact intervention outcomes.

The recent, prevalent research indicates that a majority of teachers now accept that delivering a SBMH program falls within their responsibilities in the classroom (Beames et al., 2020, Giles-Hall et al., 2022, MacLean & Law, 2021, Nygaard et al., 2022, Osagiede et al., 2018). Teachers report that they feel high levels of motivation to support their students' mental health in the classroom as they described that the challenges of students suffering poor mental health had a very significant impact on the daily functioning of the classroom (Giles-Hall et al., 2022). Very few teachers tend to argue against the idea that students' mental health falls within their scope of responsibility – they tend instead to point to being under-educated or lacking expertise in this area (Dimitriopolous et al., 2022).

MacLean and Law (2021) identified in their quantitative study of 179 Scottish primary teachers that the majority of teachers want to support their students' mental health however possible. Ninety-two percent of teachers identified that they agreed that it was the school's responsibility to support student mental health. However, many of these teachers concurrently expressed a lack of confidence in their abilities to do so, often citing lack of training and experience as the reasons. Graham et al. (2011) also noted a prevailing sense of inadequacy or inability to contribute to students' mental health understandings amongst teachers. A sense of not wanting to do anything to have a further negative impact on students' mental health through teachers' inexperience, and a lack of awareness, emerged when teachers were queried (Beames et al., 2020).

Interestingly, MacLean and Law (2021) proposed that negative attitudes and stigma were often historically prevalent when teachers were considering their role in teaching mental health practices, though this was

not strongly reflected in their data. This raises the query as to whether teachers may respond differently to a structured interview where questions were about them supporting students' mental health, rather than an unstructured interview in which their responses may be more candid, anecdotal or collegial.

Osagiede et al. (2018) found that the presence on the school site of mental health professionals (e.g., school psychologists, social workers) increased teachers' confidence in supporting their students with mental health concerns. In contrast to the above finding, Reinke et al. (2011) identified that many of the teachers surveyed felt it was the responsibility of the school mental health professionals to be screening, assessing and teaching students social and emotional lessons. This would reflect a shift in the last decade that teachers are increasingly willing to accept more responsibility for delivering a mental health program and take greater ownership over the process for the identification of students at risk. Nygaard et al. (2022) found in their qualitative study that whilst many teachers identified recognising and supporting individual students in crisis as part of their role, it was often support staff in the school who took responsibility for teaching students health promoting mental health practices. Some, though not all, teachers identified that they felt it was their role to teach some SBMH lessons, but this was inconsistent and at point of need. They also identified that many teachers feel a tension between knowing that the delivery of a mental health program was important for student wellbeing, whilst trying to balance this with the academic learning needing to happen each day.

These findings raise two further questions: 1) If teachers believe delivering mental health education is their responsibility, what is hindering their ability to do so? and 2) For those teachers who do not believe it is the responsibility of the teacher to deliver mental health education, what impact does this have on their students and how can this attitude be changed?

Stigma

Stigma is an important factor in the willingness of students to access mental health support and is considered to be prevalent in school culture (Dimitropoulos et al., 2022). Both teachers and students describe stigma as a significant barrier to accessing support during a mental health crisis and many students report fear of stigma from professionals in the mental health sector (Bowers et al., 2013). However, there is a lack of research focusing on the particular stigma of teachers and how this impacts the implementation of SBMH initiatives. One older study by Moses (2010) found that more than a third of adolescents with a diagnosed mental health condition reported experiencing stigma from school staff; believing staff feared, avoided or disliked them. More recently, teachers interviewed in a study by Dimitropoulos et al. (2022) reported that by having an open dialogue around mental health, combined with regular 'checking in', can be effective to decrease stigmatisation in schools. This reflects a level of awareness of the risk of stigma and portrays teachers as actively seeking to decrease stigma. In the study by Dimitropoulos et al., many teachers described that they acted as role models to students for accessing support with mental health issues in their schools and challenging stigma by describing their own lived experiences.

Treatment Integrity

Treatment integrity is the degree to which the SBMH intervention is delivered as planned (Fiske, 2008). In educational literature contexts, this is broken into four components; adherence, dosage, responsiveness, and competence (Sanetti et al., 2020, Sutherland et al., 2021). In classrooms, unless teachers are being closely observed and evaluated (for instance, as part of a performance management process) their teaching is not on display. Therefore, having a high level of treatment integrity relies upon individual teachers having the capacity, knowledge, resources and skills to deliver a program as it is intended. The most effective way to enhance treatment integrity is the direct training and feedback provided to teachers when they are learning about a SBMH initiative (Fiske, 2008). Having a high level of treatment integrity ensures more effective outcomes when implementing a SBMH approach (Fiske, 2008). However, this also

depends on the quality of the SBMH initiative. Thus, even if there is a high level of treatment integrity maintained, if the program is of a low quality, there will be little impact on student wellbeing levels (Zhang et al., 2021).

Treatment integrity is also critical for measuring the success of a SBMH initiative. If teachers are following a program but there is little measurable improvement in outcomes, having a high level of treatment integrity ensures that it is the SBMH program not working as it should, rather than outside factors (like teacher attitudes to mental health) impacting the success of the initiative. One way of ensuring high levels of treatment integrity is giving teachers the opportunity for thorough professional learning (McLeod et al., 2021). Naturally, the better understanding a teacher has of the elements of a SBMH initiative, the more likely they are to teach it with a high level of fidelity. The impact of teacher attitudes and beliefs on treatment integrity is yet to be closely examined and is an area for further research, though this is identified as an area that is beyond the control of the consultation and implementation process.

Treatment integrity could be impacted by teachers' attitudes to mental health via myriad mechanisms. For example, if teachers neglect to engage thoroughly with the professional learning, they will thus decrease treatment integrity because they are unlikely to be in a position to enact the agreed protocols effectively. This will also lead to lower levels of SBMH implementation success, which in turn could further act to reinforce negative attitudes towards teaching SBMH programs. Thus, if programs are implemented against a backdrop of negative teacher attitudes, this may create a downward spiral effect that ultimately results in the program being dropped, when it might have been effective had teachers' attitudes been addressed prior to implementation.

Factors Shaping Teacher Attitudes Towards Mental Health

In order to better understand how teachers' attitudes impact the effectiveness of a SBMH program, it is necessary to first examine the various factors that shape teachers' attitudes towards mental health. This

understanding will guide the steps to providing the necessary support to teachers and effectively addressing any negative or reluctant attitudes they may have towards teaching mental health. While the literature highlights several common factors, discussed below, it is important to acknowledge that there are likely numerous other factors that shape individual perspectives. These factors can range from teachers' personal experiences with mental health to instances of mental health within the classroom, as well as the influence of media and social media, among others. By taking these factors into account, it may be possible to enhance understanding about how teacher attitudes influence the success of mental health programs.

Disputed responsibility

The responsibility of teachers to act as health promoting agents within schools is a relatively recent addition to teachers' duties. Teachers' perceived role breadth is explained as the perception of teachers of their responsibilities within their professional role. Perceived role breadth is, however, an individual view as two teachers employed in the same capacity may hold vastly different views of their role breadth and whether or not mental health promotion is within their scope (Mazzer & Rickwood, 2013). An individual's perception of their role and how they define it can significantly impact the way in which they perform their duties (Parker, 2007). Though a majority of contemporary teachers surveyed agree it is their responsibility to support student mental health, the form this responsibility takes varies in both depth and breadth. There is a considerable lack of clarity in policies and competing discourses in the Australian context in regard to school and teacher responsibility for student mental health (Powell, 2017). This adds further ambiguity to the perception of who is responsible for delivering a SBMH initiative, as well as identifying students and risks and referring to external providers.

A dispute in the question of who holds responsibility for supporting student mental health was identified in an early study based on surveys of teachers by Reinke et al. (2011). The findings suggested that teachers find it challenging to balance their roles. Some teachers see that it is within their perceived role breadth to take any sort of responsibility to

meet students' needs. More commonly, however, teachers expressed that the perceived role of 'teacher as counsellor' singled out individual students and often clashed with students' views of teachers as disciplinarians. In the same study, many teachers identified that they did not perceive the school as being responsible for supporting students with mental illness, that this was a clinical, medical role that teachers and schools should not be involved in. This contrasts with more of the recent studies of teacher role perception (Beames et al., 2020, Giles-Hall et al., 2022, MacLean & Law, 2021) which may reflect some shift in attitudes over the past decade.

Mental health as a teaching topic in schools is a relatively new phenomenon. This is reflected in the lack of preservice teacher education in the field of mental health (Green et al., 2020). This lack of education contributes to the idea that some teachers feel that there are blurred lines around their level of responsibility for a students' mental health (O'Farrell et al., 2022). If mental health education was not a core part of a teacher's undergraduate degree, how can they be expected to teach it in a meaningful way? This is where the argument about mental health clinicians being responsible for supporting student mental health arises. Even if it is the case (clinicians are more responsible for student mental health), teachers are still the 'gatekeepers' of access to school-based clinicians and need to know how, why and when to refer students for additional support. If teachers and school based mental health professionals have a clear understanding of their respective roles, they are more likely to be able to effectively respond to student needs as they arise (Beames et al., 2020).

If teachers are disputing their responsibility for delivering SBMH programs, this will of course impact the whole school delivery of those programs. Not all cohorts of students will be able to access the learning and schools are unable to develop a consistent whole school language. Teachers often struggle to fit in everything they are required to teach and making time for mental health education may not always be a priority. As Australian curriculum policy is yet to mandate the teaching of mental health practises across all year levels, some teachers could possibly avoid teaching this content all together. Further to this, if teachers and school

counsellors experience role ambiguity, they may fail to provide comprehensive support to students (Beames et al., 2020).

Teacher wellbeing

A qualitative study by Byrne and Carthy (2021) identified that the success of the measures which are involved in the promotion of mental health and wellbeing largely rely on teacher attitudes, and that teachers were reporting lack of time and high stress levels as impediments to successfully teaching a mental health program. They identified that some teachers felt such high levels of professional stress that they felt ill-equipped to support students without it negatively impacting teachers' own mental health. Specifically, stress due to work overload is outlined as a specific, alterable factor which impacts teacher willingness to deliver a SBMH initiative (Larson et al., 2018). Since the COVID-19 pandemic, there has been a rise in the mental health support required for both teachers and students (Nygaard et al., 2022). Teachers have experienced increased responsibility for meeting students' needs with insufficient additional support, including a very quick shift in work modalities. Post COVID-19, with the return of students to the classroom, teachers feel an additional level of pressure to help them catch up academically and support their mental health and wellbeing with the increased stress of the pandemic. Teachers are reported to often find the teaching of mental health strategies and the resulting conversations with students quite emotionally upsetting (Deaton et al., 2022). Teachers reported that they felt delivering one impactful lesson on mental health and wellbeing could upset them for the rest of the day, despite acknowledging how important mental health is and wanting to ensure that they 'get it right'.

The Prosocial Classroom model, developed by Jennings and Greenberg (2009), highlights how directly a teachers' own mental health and wellbeing can impact the functioning of an optimal classroom environment. They discuss that teachers with a strong sense of wellbeing will more effectively manage and respond to behaviour in the classroom; directly ameliorating the negative stressor of behaviour management that many teachers and students report (Byrne & Cathy, 2021). This model also suggests that teachers who have higher levels of wellbeing will ensure

more effective delivery of a mental health and wellbeing intervention as they are wellbeing role models for their students. This theory is supported by Harding et al. (2019), outlining that teachers with high levels of wellbeing have positive impacts on their students' mental health even if they are not actually delivering a mental health program; purely by modelling positive interactions and habits of self. The reverse is also true – that is, teachers with a low sense of wellbeing and poor mental health may negatively impact the wellbeing of their students. One reason for this is that teachers experiencing high levels of stress are unlikely to deliver SBMH lessons with high levels of treatment integrity (Larson et al., 2018). This factor was found to be ameliorated when teachers were offered coaching which focused on their own mindfulness and values clarification, alongside the professional learning. Student-teacher relationships are often cited throughout the literature as having a positive impact on student wellbeing. However, teachers may feel ill-inclined to develop and invest in these relationships if they are experiencing poor mental health themselves. Investing in teacher wellbeing may thus improve wellbeing and academic outcomes for students (Dimitropoulos et al., 2022).

School environment

Underpinning teacher attitudes to mental health are the school administrator and community attitudes to mental health (CASEL, 2023, Dimitropoulos et al., 2022). This is one element of the organisational factors required to support a SBMH initiative (Long et al., 2016, Lyon & Bruns, 2019). If schools do not prioritise the teaching of mental health and wellbeing programs, it will come down to individual teachers finding ways to deliver such learning. Thus, it is almost impossible for a SBMH initiative to flourish in these conditions due a lack of a considered, contextually relevant and cohesive approach. Principal support is often cited as a key organisational factor to implementation success, as principals are important for championing interventions and ensuring sufficient resourcing, access to training and troubleshooting challenges as they arise (Bambara et al., 2009, Long et al., 2016)

Having a school environment which promotes wellbeing and health practices will decrease stigma for families and teachers. It will also increase the wellbeing of teachers, students and families. Specifically, a school that prioritises mental health of all stakeholders increases the capacity and wellbeing of teachers to support students (Dimitriopolous et al., 2022, Giles-Hall et al., 2022). The Wellbeing in Secondary Education (WISE) intervention, designed to improve mental health literacy in both teachers and students, was found to have had some impact on student wellbeing but little impact on teacher wellbeing. The authors attributed this primarily to the pervasiveness of negative school cultures and difficulties associated with changing an embedded school cultures in the context of a one-off program (Evans et al., 2022).

When a school environment is identified as collaborative and student-focused, teachers may feel more confident and better equipped to cope with the challenges of supporting their students' mental health needs (Dimitriopolous et al., 2022, Giles-Hall et al., 2022, Nygaard et al., 2022). A positive school climate, including open communication and a supportive environment, is also described in the literature as having a higher likelihood of successful implementation (Durlack & Du Pre, 2008). A school climate regarded highly by teachers correlated with lower stress levels and increased job satisfaction (Lester et al., 2020). Healthy relationships with open communication between students and teachers, teachers and their colleagues, and school staff and families resulted in improved mental health outcomes due to greater knowledge sharing and positive communication. Giles-Hall et al. (2022) also explained that when school leaders and all school staff know and support students, the responsibility of identifying students and risk is not such a burden on individual teachers, but a shared role. Teachers are then better able to conference with their peers and colleagues to determine how best to support students. Greater community collaboration, communication and focus on student mental health also works to improve access to outside support staff (Dimitriopolous et al., 2022).

Time is widely cited as a determinant of the success of an implementation and its treatment integrity. Schools need to provide both quality time and quantity of time to ensure success of a SBMH program (Zhang et al.,

2021). The time provided could either be for professional learning or for planning/collaboration time. When schools provide teachers with adequate planning/collaboration and reflection time following the implementation of a SBMH initiative, school suspensions decreased.

Perceived value of mental health education

Teachers' perceptions of the value of teaching mental health and wellbeing is directly informed by their attitudes to mental health. There is an increasing volume of research linking higher wellbeing levels to increased academic achievement (Dimitropoulos et al., 2022, Dix et al., 2020, Suldo et al., 2014), though some teachers may not be aware of this and may still consider their role primarily one of imparting purely academic knowledge and skills. A universal challenge of teaching is a shortage of time in and out of the classroom; teachers must prioritise what is most important to achieve. If teachers don't perceive mental health and wellbeing as a priority, they are less likely to find the space to participate effectively in the delivery of related programs, because other areas will instead occupy their focus and attention.

The perceived value of mental health education is also impacted by the inconsistent inclusion of it in the Australian Curriculum. Until upper primary school, there are no specific descriptors relating to mental health included in the curriculum (ACARA, 2023). Wellbeing is consistently mentioned when describing the achievement standards, but this is not specifically elaborated upon. There are more frequent references to wellbeing and related topics in high school, but a considerable lack in the primary curriculum. Byrne and Carthy (2021) outlined that wellbeing is a 'grey area' in the curriculum, and that this leads to confusion and contradictions about who it is taught by and when. There is less confusion for teachers in relation to the more academic expectations of their role. Teachers across a range of studies identified in a meta-analysis by O'Farrell et al. (2022) explained that the national testing policies (i.e. NAPLAN in Australia) created a sense of competing priorities. More specifically, while teaching wellbeing strategies were deemed to be important, rigorous academic testing was often perceived to be more important. This result begs the question of how teachers prioritise both

of these competing elements in contemporary education. Nygaard et al. (2022) reported that many teachers feel as though the competing priorities and limited time for professional learning make it unclear what their primary focus should be on; academic achievement and curriculum delivery or more effectively teaching and supporting students' wellbeing.

There is also the consideration of families' perception of mental health education in schools. As previously mentioned, decreasing stigma and increasing conversation around mental health is a contemporary concept. Just as some teachers may question whether it is within the breadth of their role to deliver SBMH learning, so too may some families consider it beyond the scope of the school to deliver a mental health program. Including parents in mental health education is considered to be a way to enable teachers to better teach and support students' mental health, as parents can better understand teachers' concerns for their children and access support pathways (Giles-Hall et al., 2022). Teachers in the study by Giles-Hall et al. (2022) described that the increased work and economic pressure on families had decreased family engagement with the school community. A lack of emotional literacy in the broader community was outlined as an inhibiting factor to students' wellbeing, as this meant that teachers were unable to use a common, familiar language to teach their lessons and engage with parents.

Preservice teacher education and ongoing professional learning

One significant factor shaping teachers' attitudes to mental health described in the literature is the lack of preservice education afforded to teachers in both their students' mental health and their own (Deaton et al., 2022; Koller & Bertel, 2006; Nygaard et al., 2022; Osagiede et al., 2018). The level of available education and support for SBMH is considered an organisational support factor in implementation (Gottfredson & Gottfredson, 2002). When teachers lack the necessary education (either pre or in service), they experience low levels of self-efficacy (Mazzer & Rickwood, 2014; Merle et al., 2023). Bandura's (1977) social cognitive theory outlines self-efficacy as one's perception of competence in completing a given task. When individuals experience low self-efficacy, they lack confidence in dealing with challenging

situations and display a lack of persistence. Self-efficacy levels in teachers also correlates strongly with their own mental health. Work-related attitudes are found to be positive when teachers experience high levels of self-efficacy (von Muenchhausen et al., 2021). Teachers report confidence in having supportive, caring conversations with students at point of need, but fear saying the ‘wrong thing’ when supporting vulnerable students. They also explain often relying on ‘common sense’ when talking to students and report insufficient skills and knowledge to confidently support students (Mazzer & Rickwood, 2014). Merle et al. (2023) reported a strong correlation between teacher self-efficacy and attitudes towards implementation of an SBMH initiative.

Teachers are relying on in-service education to better understand and teach mental health to their students as few pre-service teacher training experiences offer comprehensive mental health education (Ohr et al., 2020). Many teachers advocate for more time dedicated to preparing all school staff in a strengths-based mental health approach and general mental health education. Effective mental health in-service education was found to have a positive impact on teachers’ knowledge, attitudes, mental health literacy and reduction of stigma (Ohr et al., 2020). In this meta-analysis of school based mental health programs, a significant gap reported was the communication skills necessary to support students in mental health crisis, and these communications challenges were exacerbated when teachers had a preconceived stigma around mental illness. MacLean and Law (2021) identified that teachers lack the education and thus the confidence to identify students at risk and to refer them for specialised support. Over 65% of teachers in their study reported they had had minimal or no training in the identification and support of students’ mental health, and only 13.4% reported receiving mental health education from formal pathways. This lack of knowledge was found to perpetuate stigma and often resulted in referrals to ongoing providers being delayed or entirely missed. Teachers were found to have responded far more seriously to externalised behaviour concerns rather than emotional disturbances, thus failing to respond to causal underlying mental health concerns. MacLean and Law (2021) also reported that much of the available mental health training for teachers focused on one specific mental illness rather than a broad picture of mental health, thus

being of little benefit to teachers in their diversely populated classrooms. In some cases, the available in-service training was delivered at inconvenient times, and professional learning in other areas was often prioritised (Deaton et al., 2022).

Osagiede et al. (2018) found that a majority of teachers surveyed reported insufficient training in mental health education, even when their school had already implemented a school based mental health approach. This would imply that many school based mental health programs offer insufficient training, or are based on the presumption that teachers have a baseline level of training and understanding, which may not be tenable. This can be hypothesised to be having a major impact on teacher attitudes to mental health. That is, if teachers lack the sufficient education and support in supporting students with their mental health, they will lack confidence, may show reluctance to engage with the issues presented and will struggle with the delivery of a mental health approach. It is unrealistic and unfair to expect teachers to teach content without sufficient understanding of the content themselves, especially in an area as critical as mental health.

Teacher voice and autonomy

With the recent increase in funding and policies to support schools to embed a student wellbeing approach, the research reflects a rush into selecting and implementing a program. This role seems often to fall to school administrators without a great deal of consultation with teachers and students (Mazzer & Rickwood, 2014). Nygaard et al. (2022) suggests that giving teachers the opportunity to have their voice heard will allow for a greater sense of autonomy and improved outcomes. However, they also caution against too many new initiatives, instead taking the time to select training and programming that is appropriate and persisting with it. It is worth noting, however, that without sufficient education and support in the decision-making processes, the program selected may not directly address the needs of the student body. It thus falls to school administrators to both address the needs of the students whilst consulting with teachers and mental health professionals to best address the needs of the school. The inclusion of teacher input into the implementation

process has been noted to enhance treatment integrity in the implementation (Long et al., 2016; Sanetti et al., 2015).

Teachers are the key implementers in more than 95% of school-based implementations across all student interventions that happen in schools (Long et al., 2016). Many teachers, however, report an ongoing lack of the implementation support after the initial training. There is a need for teachers to have some direction when delivering school-based mental health support programs. Deaton et al. (2022) described many teachers as feeling as though they were ‘floundering’ and trying a range of different practices to support students, from journaling, to yoga, mindfulness and meditation. One of the participants in their study described using her own experiences as a participant in counselling to try to support students using the same strategies. Obviously, this is problematic as approaches may not be evidence-based and there is little potential for a consistent, school wide approach. Long et al. (2016) found in their quantitative study of teacher perceptions of implementation that more than 50% of teachers selected the implementation they ran in their classroom. Teachers have very good knowledge of their students, but they are not positioned to have access to up to date, evidence-based initiatives. This may result in teachers using a trial and error approach or selecting ineffectual approaches. Whilst there is a need for teacher involvement in the implementation process, there also needs to be cohesive direction from school leadership and outside expertise to guide in the selection of a relevant, evidence-based approach.

Correlation Between Teacher Attitudes and Student Mental Health Outcomes

Teacher attitudes (as implementers responsible for the delivery of a SBMH initiative) have been shown to predict a significant portion of an individual’s intention to implement a program (Merle et al., 2023). Teacher attitudes also correlate with treatment integrity (Fiske, 2008), willingness to adopt new measures to support to SBMH initiative and staff turnover during an implementation (Merle et al., 2023). The most significant factor in a teacher’s attitude towards implementation is their perception of the program adding undue workload and thus increasing

negative attitudes and decreasing the likelihood of implementation on an individual basis (Collier-Meek et al., 2019). Teacher attitudes towards mental health are an important individual-level determinant to the success of a mental health initiative (Long et al., 2016, Merle et al., 2023). This is partly because, prior to engaging in the intervention, teachers need to develop an intention to engage with the new learned behaviours of the intervention (Schwarzer, 2008). A lack of buy-in is another oft-cited implementation barrier throughout the literature (Kincaid et al., 2017). As discussed above, if teachers do not believe mental health is a priority, or they do not have sufficient time or capacity to deliver an initiative, they are unlikely to 'buy-in'.

Lindo et al. (2014) explained that as teachers are a student's primary contact in the classroom, other than their peers, teachers are uniquely positioned to act as therapeutic agents. It also often falls to teachers to refer students on for further support beyond what they can offer in the classroom. Osageide et al. (2018) go so far as to explain that individual teachers are critical gatekeepers of mental health services in schools. This raises the troubling point that if a teacher has had insufficient education in recognising the signs of a student with low mental health, they may be unaware of the need to refer that student for further support beyond what they offer in the classroom. Of the teachers surveyed by MacLean and Law (2021), a majority of teachers identified said that they felt uncomfortable in referring students on for either internal or external mental health support. Schonert-Reichl (2017) identified that when teachers feel positive towards the program they are implementing, outcomes for students are improved, as teachers deliver the program with greater fidelity, engagement and confidence.

Recommendations and Implications for Practice Based on Current Evidence

The literature emphasises that the notion that student mental health as a school's responsibility is a dynamic, contemporary and multi-faceted concept. Though the particular focus of this review has been on teachers and their attitudes, it is important to note that student, administrator and community attitudes, stigma and voices all contribute to the complex

landscape of mental health perceptions in education. Furthermore, these voices are shaped by the broader educational policy, which is yet to establish a clear and attainable pathway for the delivery of mental health programs.

With a particular lens on teachers and their unique position as ‘gatekeepers’ of mental health referrals and holding a wealth of knowledge about individual students, the literature has revealed that there are a number of factors which impact the delivery of a mental health program. In the implementation process, it has been shown to enhance behaviour maintenance if barriers (such as teacher attitudes) to implementation are identified and managed (Long et al., 2016). By implementing these recommendations, schools can foster a conducive environment for the delivery of mental health programs, support student wellbeing, and address the complex web of factors that influence student mental health outcomes.

Pre-Service and In-Service Mental Health Education

Consistent across the literature was teachers reporting insufficient training in student mental health generally and also lack of training in specific SBMH programs they were expected to deliver (Beames et al., 2020; Dimitropoulos et al., 2022; Reinke et al., 2011). Another consistent theme was teachers experiencing low self-efficacy when teaching mental health and wellbeing lessons with a lack of relevant training and education. If teachers are expected to deliver learning when they have low self-efficacy, this not only decreases their ability to teach, but also compromises their own mental health (Larson et al., 2018). As discussed, teacher and student wellbeing levels and mental health are closely linked. Improved levels of mental health literacy for teachers would have a broad reaching impact on student mental health, as well as improve teachers’ ability to recognise and respond to students in crisis, to educate and support parents, and to deliver SBMH lessons with greater understanding and clarity (Beames et al., 2020).

Preservice professional learning

By providing preservice teachers with more general training in supporting students' mental health (rather than focusing on any specific SBMH initiative), tertiary providers would be increasing new graduate teachers' capacity for supporting their students and delivering SBMH initiatives. This would also ameliorate teachers' preconceptions that they are not equipped to cope with students' mental health concerns or that it is beyond their role breadth as teachers to teach students about wellbeing (Green et al., 2020). It is also suggested that the inclusion of earlier preservice teacher education would decrease stigma long-term. Pre-service teachers are beginning to conceptualise and develop their personal pedagogies; by learning about mental health in this context, they are able to reconcile their responsibility to deliver SBMH learning and incorporate it into their role-breadth as a teacher. Finally, the more senior a teacher is, the lower their levels of adherence to maintain treatment integrity when delivering a SBMH initiative (Zhang et al., 2021). This suggests that new graduate teachers could have a more positive impact when delivering a SBMH program.

Inservice professional learning

Programs that offer teachers professional learning to build capacity before teachers are expected to deliver a program had better wellbeing outcomes for students, even in comparison to programs delivered by mental health professionals (Dix et al., 2020). This would suggest that student wellbeing outcomes can be raised by empowering teachers with the knowledge to teach these programs effectively by providing sufficient professional learning. Teachers need both general professional learning on how to support their students' mental health and also specific training on the school's selected SBMH program. General training may include identifying signs of mental illness in students, positive wellbeing practices, strategies for referring to and awareness of the support services for students, and supporting families when students are suffering mental health disorders (Dimitropoulous et al., 2022).

In the literature, teachers have identified a lack of professional learning days available for mental health education to be a major impediment to effective implementation. Furthermore, they have reported that such training, when available, is often piecemeal (Dimitropoulous et al., 2022). Despite this lack of availability, teachers describe wanting greater access to professional learning opportunities (Beames et al., 2020, Reinke et al., 2011). The most effective instances of professional development are reported to be those in which there is ongoing post-training support (Lyon & Bruns, 2019). Performance feedback has been found to be the most widely studied and effective way to maintain high levels of treatment integrity for teachers (Noell et al., 2005). This impact has been replicated across a variety of program, school and educator contexts. Insufficient professional learning on a particular SBMH approach also decreased the treatment integrity and therefore the effectiveness of the approach (McLeod et al., 2021).

A positive change in teachers' attitudes towards the teaching of a SBMH initiative was found to have occurred when teachers received sufficient education and follow up coaching (Cook et al., 2015). Specifically, the change of attitudes was observed following a non-confrontational manner, using social persuasion techniques. This measurable shift in attitudes then correlated with higher implementation rates across this study.

Mental health of the whole school community

A positive school climate facilitates mental wellbeing through decreasing stigma and increasing open communication. Improving the mental health of teachers has a positive impact on the mental health of students (Nygaard et al., 2022). A similar flow-on effect could be predicted for school administrators and ultimately the whole school community. O'Farrell et al. (2022) argued that school ethos and culture can be a barrier to the success of a mental health program in schools. Mazzer and Rickwood (2014) suggested that to effect change in student mental health, an approach needs to be wellbeing-centric, positive and school-wide, and one in which teachers were considered to be key contributors.

By building relationships with local mental health and social services agencies, schools can ensure a better multi-tiered system of support and increase the possibility of universal prevention for students (Laurens et al., 2022). Collaboration between school based mental health staff and teachers is integral to the success of the school as a platform for improving mental health and wellbeing outcomes for students (Beames et al., 2020).

A frequently reported barrier to implementation throughout the literature is the lack of buy-in by key stakeholders in the school, such as parents and the community (Durlack & DuPre, 2008; Long et al., 2016). Parents and the wider school community play a key role in the success of an implementation. This may also support teachers' positive attitudes towards the implementation. That is, if they are receiving support and encouragement from families, and students experience continuity of ideas between the classroom and home, there is more chance of a positive outcome of the intervention. By also increasing families' awareness of mental health and emotional literacy, this will enhance the capability of schools and teachers to both teach students and build partnerships with families in regards to student wellbeing (Giles-Hall et al., 2022). The findings of this study would suggest the ideal approach to improving mental health in schools considers the community, school staff and students, and includes educational opportunities for all participants, not just teachers.

The use of strengths-based approaches could also serve to improve mental health outcomes across the whole school community. Positive Education or a similar strengths-based intervention could serve to improve the mental health of all stakeholders in a school community. Geelong Grammar School, who have pioneered Positive Education in Australia, base their implementation model around the phrase 'Learn it, live it, teach it, embed it' (Hoare et al., 2017). That is, first teachers must learn and live positive education before they are able to effectively teach it to their students and embed it in the school environment. This approach shows that teacher learning and wellbeing are valued and critical to the success of the implementation. A 2019 study by Turner and Theilking

explored this idea of using the Positive Emotions, Engagement, Relations, Meaning and Achievement (PERMA) model as a way of improving teacher wellbeing alongside student outcomes. The approach of mindfulness (a positive education intervention) for teachers has been found to reduce stress, improve sleep quality, and increase teachers' ability to notice and support students in distress (Singh et al., 2013). A whole school approach that addressed the needs of staff and students would shift the narrative of teachers delivering mental health learning to their students in a purely one-way transaction, to teachers learning alongside their students, and, as an additional benefit, enhancing their own mental health and acting to decrease stigma.

Inclusion of mental health education across the curriculum

A policy/practice nexus exists in the field of mental health in education. Powell and Graham (2017) identified that the sheer volume of competing policies teachers and schools need to prioritise meant that there was great confusion and lack of clarity around the expectations of what schools and teachers would deliver. Further embedding of wellbeing as a priority across the curriculum would make evident to teachers what must be taught at each level. This would allow for greater clarity when schools come to select a mental health approach which fits the needs of their school context. It would also act to clarify any confusion about the teachers' role in teaching mental health as the curriculum would make clear that it is the responsibility of teachers to teach mental health and wellbeing skills. Inclusion of a mandated SBMH initiative in the curriculum would also decrease the reactive approaches and increase opportunities for integrated, proactive approaches and reduce reliance on outside referrals (Beames et al., 2020).

In the literature, some school leaders in Australia have reported having too much flexibility in the selection of an approach for their school, rather than a mandated approach (Dix et al., 2020). Having clearer policies with more direct outcomes that schools need to achieve could reduce the confusion around the specific types of SBMH programs that should be chosen, and also help to make decisions about who should be responsible for implementing these. Specifying that SBMH programs

need to be evidence-based, recent and relevant to the school context would help to regulate the quality and volume of available programs, thus making the choice far easier for schools.

Support in the selection of a mental health program which addresses the contextual needs of the school

As outlined, a SBMH initiative needs to be evidence-based and draw on the expertise of mental health professionals for effective delivery. Reinke et al. (2011) suggests that in the absence of access to evidence-based, developmentally appropriate SBMH programs, school psychologists could act as coaches to support programs implemented by teachers. This is supported by Osagiede et al. (2018), where findings showed having mental health professionals on the school site increased teachers' awareness and understanding of mental health conditions. There are more and more workshops and professional learning opportunities available, yet having consistency in the type of professional learning and school-wide approach increases the likelihood of success (Deaton et al., 2022).

While schools need support in selecting the most appropriate program for their context, it is the classroom teachers who hold the unique knowledge about the contextual needs of their students. Teachers are best positioned to elucidate the issues which most students are impacted by. An ideal program selection would choose from evidence-based programs, using the guidance of teachers as experts and with the supervision of a mental health professional to ensure the program is delivered in a way which allows cohesiveness across the school (Beames et al., 2020; Long et al., 2016). When teachers are involved in the selection process, the feasibility of a SBMH approach is increased, as is the opportunity for a high level of treatment integrity (Fiske et al., 2008). Australia is uniquely positioned in that most schools are freely able to select their own program, though it is mandated that they do so (Mental Health Commission, 2021). This allows increased flexibility and choice of initiatives but also increases pressure on schools to select a program, rather than programs being vetted before a school makes a choice. Laurens et al. (2022) found that a majority of school leaders selecting a

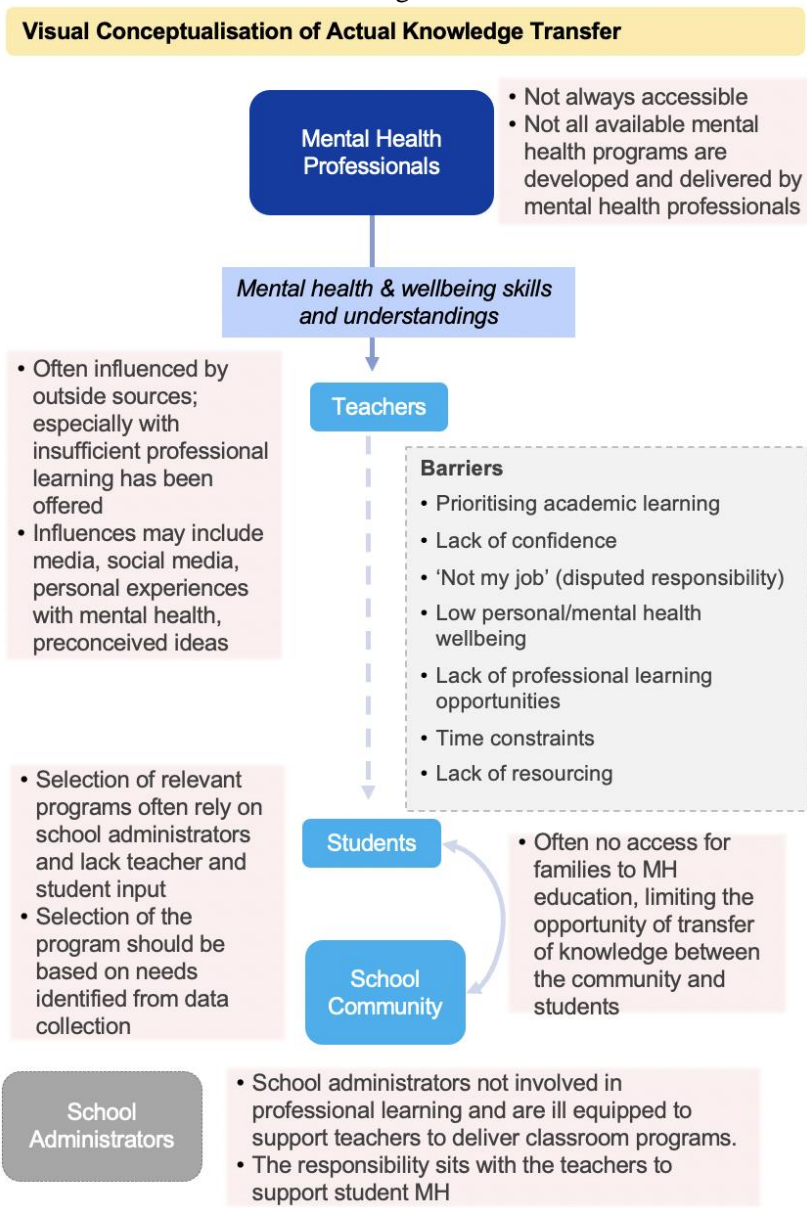
program did not select one which was evidenced-based. This suggests that factors such as cost, fit, popularity and availability were more highly valued in program selection than evidence. Having guidance from a mental health professional to select an evidence-based program alongside teachers and other school staff would ensure a quality SBMH initiative with accountability and buy-in by staff. This level of consultation would increase the likelihood of positive intervention outcomes as it would ensure improved compatibility of the intervention (Long et al., 2016).

Conclusion

The analysis presented in this paper of the literature on teachers' attitudes towards mental health and its influence on student wellbeing outcomes indicated that the majority of teachers currently recognise their responsibility to deliver student mental health programs. However, various factors hinder the fulfilment of this responsibility, consequently impacting teacher attitudes. Research indicates that while only a minority of teachers resist this responsibility outright, many feel overwhelmed by the multitude of issues present in their classrooms and lack the necessary skills to address them effectively. The two primary factors that significantly affect teacher attitudes towards mental health are a lack of confidence resulting from inadequate training, and a lack of clarity regarding who bears the responsibility for supporting students' mental health.

Despite increased funding, policy changes, and media attention surrounding students' mental health, the anticipated improvements in student wellbeing have not yet been achieved. Instead, there has been a noticeable rise in reported mental health crises among young individuals. This discrepancy raises concerns about the effectiveness of current approaches and highlights the need for comprehensive strategies that address the underlying challenges faced by teachers in supporting student mental health. Figure 1 outlines the implementation process of such strategies.

Figure 1.

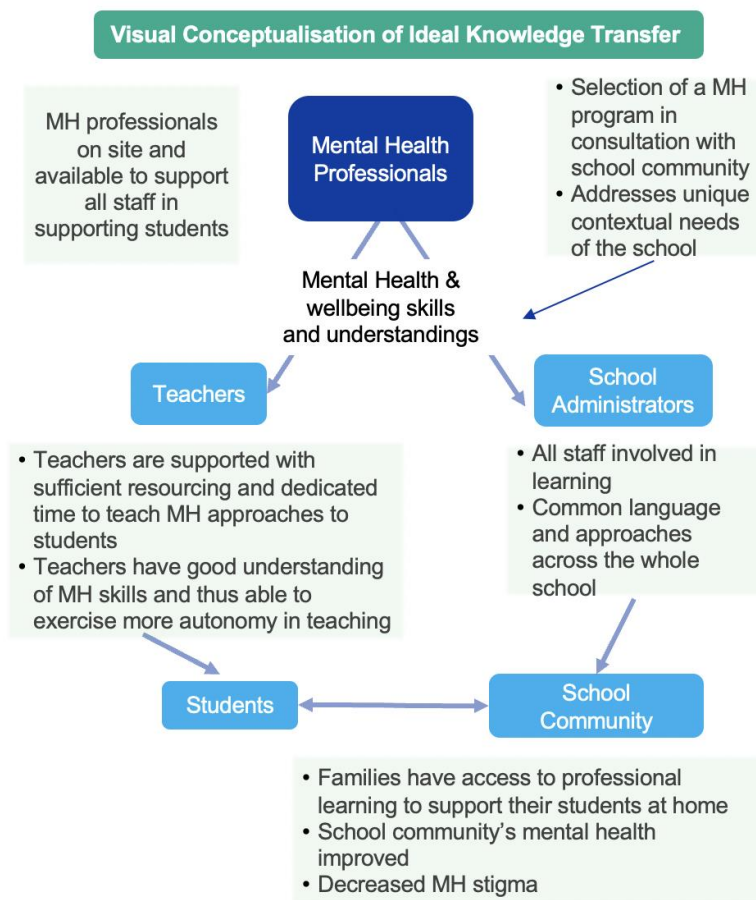


To enhance student wellbeing, it is crucial to prioritise targeted training programs that equip teachers with the confidence and skills necessary to address mental health concerns in the classroom. Additionally, establishing clear guidelines and roles for all stakeholders involved in supporting students' mental health can help alleviate confusion and enable more effective collaboration. By addressing these factors, improving student wellbeing and ensuring that mental health programs have a meaningful impact on students' lives is an achievable goal. An ideal SBMH implementation process can be visualised in Figure 2.

While a literature review can provide valuable insights, there are several limitations of such a review that must be recognised. Firstly, there is variability in the quality and reliability of the included studies due to the fact literature reviews rely on existing research. Some of the sampled reviews included limited sample sizes and were unique to particular geographical contexts. Secondly, while the focus has been mostly on more recent studies, there is a lack of research in specific areas. Mental health in education is a dynamic and swiftly changing field, thus the studies included may not always capture the most recent developments in the field. Finally, a literature review relies on the analysis, interpretation and synthesis of the original author/s, and therefore, will be affected by any biases and limitations inherent to the source studies.

There is a noticeable dearth of research examining the correlation between teacher attitudes to delivering a SBMH initiative and actual student outcomes or levels of wellbeing (Graham et al., 2011). To further examine this particular relationship, a mixed methods study could be an important and useful contribution to the existing body of research. Research could be carried out across number of schools and may comprise of a pre and post intervention wellbeing measure in each classroom, accompanied by semi-structured interviews of each corresponding class teacher to determine their attitudes towards their personal mental health and their perception of their responsibility for delivering a mental health program to students.

Figure 2.



Determining teacher attitudes to mental health could also be achieved by the use of the Evidence-Based Practice Attitudes Scale (EBPAS), which has been adapted by Merle et al. (2023) as suitable for school environments. This would allow for triangulation of the effectiveness of the mental health program to increase wellbeing with the attitudes of each individual teacher. The research in this paper focused primarily on teacher attitudes to mental health and what teachers reported were impediments to delivering a mental health program, but there was a significant gap in

the research. There was limited opportunity to compare the effectiveness of a mental health intervention with the attitudes of the teachers delivering said program. Each of these areas for further research should be conducted with a broader end goal in mind, that is, the optimisation for preparation and delivery of SBMH initiatives. This is critically important to improve the mental health outcomes for students and to ensure that the financial and time investments made across the school system ultimately produces positive effects on students.

Brief Author Biography

Eloise Griffin is a primary school teacher in Perth, Western Australia. She has a strong interest in supporting student and teacher wellbeing with a focus on Positive Education. She completed her Master of Education in 2023.

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