



Increasing Teachers' Capacity to Identify and Support Children Exhibiting Mental Health Problems in Mainstream Primary School Classrooms

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Mental health problems are among the most common disabling health conditions in children and adolescents, and there is growing recognition worldwide of the critical role schools, and classroom teachers play in their prevention. For effective prevention and/or intervention, professional development for schools and teachers is crucial; however, this is currently lacking. Indeed, there is considerable variance between what government and state policies require of schools in terms of training at pre-service and currently employed teacher levels. Consequently, teachers generally lack the knowledge, skills, and confidence to meet the ever-increasing demands and expectations of children's mental health. This is even more apparent with reference to whole-school Universal Social Emotional Learning models and interventions. The findings from this current critical literature review highlight the disconnect between government expectations, teacher preparation and their (i.e., teacher's) capacity to identify and support child mental health problems in primary school classrooms. Given the critical role classroom teachers and schools (as a system) play in child mental health, it is crucial that training be provided for pre-service teachers and currently employed practitioners.

Background

Mental health problems are among the most common disabling health conditions in children and adolescents (Lawrence et al., 2019). Indeed, childhood and adolescent mental health problems were predicted by the World Health Organization in 2001 (World Health Organization, 2001) to become one of the leading causes of morbidity, mortality, and disability worldwide. This appears to have been a sound observation

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because, by 2012, 20% of children and adolescents experienced a mental health problem in any given year (World Health Organization, 2014).

Moreover, by 2019 estimates were provided that more than 20% of young people were presenting with mental health problems (see King-Dowling et al., 2019). There is now considerable evidence that approximately one in eight children worldwide suffer from a mental health disorder (Kovess-Masfety et al., 2016), with around one in seven Australian children experiencing a mental health condition sometime during childhood (Murdoch Children's Research Institute, 2023). Again, this is not new since the 2004 Global Burden of Disease study found neuropsychiatric disorders were responsible for 21.8% of the total burden of disease among 0- to 14-year-olds in high-income countries, as measured by adjusted life years (Gore et al., 2011).

More recently, Polanczyk et al., (2015) conducted a meta-analysis and reported 13.4% of children and adolescents worldwide suffered from mental health disorders in any 12 months. These statistics are important to consider because childhood mental health disorders are indicative of the future development of mental illness in adolescents and adults (Colizz et al., 2020; Murdoch Children's Research Institute, 2023). Mental health problems during childhood correlate with the development of subsequent psychiatric disorders in both adolescence and adulthood (Kovess-Masfety et al., 2016; Rutter, 1995). It is unsurprising, therefore, that over the past decade, child mental health has been identified as a significant issue, with schools considered an essential platform for addressing these concerns (Oberklaid, 2023).

The importance of early intervention with school-aged children has been emphasised in this age group as it “represents a period of invaluable social, emotional and cognitive development” (Al-Jbouri et al., 2022, para 1; Murdoch Children's Research Institute, 2023). According to the Australian Institute of Health and Welfare (AHIW, 2020), “childhood presents the greatest opportunity for intervention” (p.85) and investing in prevention and intervention will ensure that children have the best opportunity for good mental health and well-being in the future (AHIW, 2020). This view has led to emerging mental health and well-being

political agendas and policies that have placed greater expectations on schools, with children's mental health increasingly being considered the responsibility of classroom teachers (National Children's Mental Health and Well-being Strategy, 2023).

Consequently, it is becoming recognised that teacher education needs to prepare classroom practitioners to identify and support mental health and well-being concerns (Giles-Kaye et al., 2022). However, many trainee teachers do not receive any specific training (Atkins & Roger, 2016). This is important because studies indicate teachers generally feel reluctant to address mental health issues in the classroom due to inadequate preparation and training (Bryer & Signorini, 2011; State et al., 2010). Increasing teachers' capacity to identify and support students' mental health and well-being in the primary classroom is therefore of vital importance.

As highly effective observers of student behaviour, classroom teachers are ideally placed to identify students struggling socially and emotionally (Graham et al., 2011; Oberklaid, 2023; State et al., 2010). However, while teachers are generally adept at observing students and can readily recognise cause for concern (Oberklaid, 2023), again, due to their lack of training, identifying specific conditions and knowing how best to support students is often beyond their current capability. To this end, according to State et al. (2010), several studies investigating teachers' self-perception regarding preparedness to recognise and support students with mental health disorders indicated an overall lack of preparation.

The aim of this current project is to investigate teachers' capacity to identify and support children with mental health problems (diagnosed and/or undiagnosed) in the mainstream primary classroom. While acknowledged that professional help beyond the classroom is often necessary, it can also be difficult to access services and support. Indeed, current waiting times for families to access health professionals for mental health problems can be up to 12 months in Western Australia (McNeill, 2022). This is concerning because, for children experiencing mental health conditions daily, timely intervention is crucial (Shulte-Korne, 2016).

This paper critically reviews the literature in terms of the prevalence of common childhood mental health conditions and psychopathologies, and preventative and promotional interventions. An examination of professional development and pre-service training in preparing practitioners to recognise and address mental health conditions in the mainstream classroom will also be conducted. Recommendations for future directions will be discussed based on identified empirical evidence. Conclusions regarding increasing teachers' capacity to recognise children exhibiting mental health concerns in mainstream primary classrooms, and how they can support them with timely intervention, will be considered.

Common Childhood Mental Health Conditions

In this section, the literature in terms of the prevalence of common childhood mental health conditions and psychopathologies is summarised. Adverse mental health in children is said to be at disproportionate levels (Andrews & Schweizer, 2022). This impacts all aspects of a child's life and places a considerable burden on families and schools (Shoshani, 2013). Furthermore, children experiencing mental health conditions are more likely to exhibit behavioural and relationship problems and difficulties in learning, resulting in poor academic achievement, sleep disorders and emotional disturbances (Bansal & Barman., 2011; Kovess-Masfety et al., 2016). In fact, mental health disorders are a "leading cause of health-related disability in children and adolescence worldwide" (Otto et al., para 1 2020).

Educational research is increasingly reflecting a growing awareness of the need to address the rising prevalence of childhood mental health problems (Al-Jouri et al., 2022), with numerous studies examining common childhood and adolescent neuropsychiatric disorders and their associated psychopathologies being published (see Bor et al. 2014; Chan et al., 2021; Ogundele, 2018). Teachers are ideally placed to work with children displaying mental health problems, however, if they are to increase their capacity to recognise children exhibiting these conditions in the classroom, and subsequently intervene, a sound knowledge of the

more prevalent disorders and their associated outcomes is required (Abdolahzadeh et al., 2018).

Research indicates the most common childhood disorders recognised as impacting children's lives include Attention Deficit Hyperactivity Disorder, Oppositional Defiance Disorder, Conduct Disorder, Anxiety and Depression, Post Traumatic Stress Disorder (Glasgow, 2022; Ogundele, 2018; Bennett et al., 2019) and Pervasive Development Disorders (Ogundele, 2018; Houghton, 2022; Wolraich et al., 2011). These will now be summarised, albeit relatively briefly.

Attention Deficit/Hyperactivity Disorder (ADHD)

ADHD is one of the most prevalent neurodevelopmental disorders in childhood and adolescents (Lawrence et al., 2020). Worldwide data estimates its occurrence to be between 5% and 9%, with Australian figures estimating a range of 7.5% to 8.2% for children aged 4 - 17 years (Australian Institute of Health and Welfare, 2020; Lawrence et al., 2020). ADHD is a lifelong condition characterised by the core symptoms of impulsivity, hyperactivity, and inattention, along with difficulty with motivation and the self-regulation of emotions (Houghton, 2022). It can have a profound effect on children's academic achievement, well-being, and social interactions (Wolraich et al., 2011).

Children with ADHD, tend to have difficulty maintaining attention for prolonged periods, are easily distracted, are often on the go, may not follow instructions, have difficulty sitting still and may be inclined to run or climb around excessively (Schmidt et al., 2009). In addition, they also commonly present with comorbid anxiety and/or depressive disorder, both of which have been associated with exacerbating motivation and attention difficulties (Lawrence et al., 2020). It is unsurprising, therefore, that children exhibiting these conditions have difficulty learning and forming relationships.

Emotional and Behavioural Problems

Similarly, emotional, and behavioural problems (EBP) such as oppositional defiant disorder (ODD), conduct disorder (CD), depression, anxiety, obsessive compulsive disorder (OCD), disruptive mood dysregulation disorder (DMDD), post-traumatic stress disorder (PTSD) and pervasive developmental disorders (PDDs) are also among the most common to occur in pre-school and primary school aged children (Ogundele, 2018).

With reference to emotional disorders, statistics estimate a prevalence rate of 6.8% for anxiety disorders and approximately 14% for mental health disorders in children aged between 4 and 11 years (Australian Institute of Health and Welfare, 2020). Concerning emotional and behavioural disorders specifically, as many as 10-20% of children are impacted annually (Ogundele, 2018).

Emotional problems dominate cognitive processes and interfere with attention to learning and friendships (Glasgow, 2022) and manifest themselves in various ways in the classroom. Children experiencing anxiety may worry excessively, be fearful, experience unwanted or negative thoughts such as obsessions or compulsions and have low self-esteem. Somatic symptoms such as abdominal pain, shortness of breath, chest pain, sweating and shaking may also be indicative of emotional problems (Ogundele, 2018; Sutapa, 2108). When severe, anxiety can affect a child's thinking, concentration, decision-making ability, perceptions of the environment, and social development thus interfering considerably with their learning (Houghton, 2022).

Correspondingly, children who experience depressive conditions may exhibit similar behaviours to anxiety. However, in addition, they frequently appear sad and tearful, show a decreased interest or enjoyment in most previously favoured activities, and tend to cry a lot. Increased school absences can also be indicative of underlying emotional problems (Ogundele, 2018).

Exhibiting similar symptoms and behaviours to those discussed, post-traumatic stress disorder (PTSD) can affect people of all ages (Stanford Medicine, Children's Health, 2023), with symptoms occurring either soon after a highly stressful event or sometime later. Invasive medical procedures, car accidents, natural or human-caused disasters, neglect, abuse, and violence are examples of events that may trigger a PTSD response in a child (Stanford Medicine, Children's Health, 2023). Furthermore, children suffering from PTSD often display a disposition to frightening thoughts and memories of the event. They may feel emotionally numb and exhibit depression and anxiety (Stanford Medicine, Children's Health, 2023).

Moreover, with rates showing as many as 20% of the population having experienced childhood trauma pre-COVID (Rossen & Hull, 2012), and these figures increasing to 30% because of the COVID pandemic, the ever-increasing need for teaching staff's capacity to understand and support children with mental health concerns is further substantiated (Karbais & Eslami, 2022).

For disruptive behaviour conditions such as oppositional defiant disorder, there are core characteristics including aggressive behaviour, arguing, failure to follow directions, defiance, a tendency to aggravate others, low frustration levels, and excessive fighting, bullying and temper tantrums (Houghton, 2022; Ogundele, 2018). Other indications include difficulty maintaining friendships, misinterpreting the intentions of others as being mean, poor communication, lack of social skills and empathy, and feelings of isolation and frustration (Ogundele, 2018). In extreme cases where conduct disorder is present, there may be cruelty to animals and the deliberate lighting of fires, as well as other forms of destructive, overly aggressive behaviour (Houghton, 2022; Ogundele, 2018).

Data suggests that 15% of children under the age of 15 years worldwide experience behavioural disorders (Ogundele, 2018). Children exhibiting such behaviours in the classroom can be a danger not only to themselves but others, and providing support can be most challenging for staff. With the severity of behaviour problems in children not always being "well

recognised by many governments and decision makers" (Ogundele, 2018, para 1), this is an area of considerable concern. Adequate training that prepares teachers to recognise, prevent and manage behavioural problems, therefore, needs to be taken into consideration by training institutions and government bodies (Schonert-Reich et al., 2015).

Pervasive Development Disorders (PDDs)

Comparable to other mental health conditions, the prevalence of pervasive developmental disorders (PDDs) in children has also increased and is considerably higher than that reported 15 years ago (Ogundele, 2018). Now referred to as autism spectrum disorder (ASD) (National Institute of Neurological Disorders and Stroke, 2023), PDDs, are the "most widely recognised and clinically diagnosed among this group of disorders" (Ogundele, 2018, para 20). One study conducted in the U.K. found a "rate of 58.7 per 10,000" for all PDDs and concluded that statistics had significantly increased over the past 15 years (Chakrabarti & Fombonne, 2005). More recently, systematic worldwide reviews of both ASD and PDDs reported a prevalence of 62/10 000 worldwide (Elsabbagh et al., 2012).

Evolving from the recognition that ASD can be viewed as a continuum of psychopathologies ranging from mild to severe (Zwaigenbaum & Szatmari, 1999), atypical characteristics associated with the disorder can be (to varying degrees) inappropriate social behaviour, poorly developed speech and language comprehension skills, deficits in communication, both verbal and nonverbal, and difficulty maintaining and understanding relationships. Additionally, children exhibiting ASD conditions may also display irregular motor, sensory, cognitive, social, academic, behavioural, and visual-spatial skill development. Repetitive behaviours and increased sensitivity to sight, sound, touch, smell, or taste are also characteristic of these disorders (DSM-5, 2013).

Comorbidity

As alluded to earlier, comorbidity (i.e., at its simplest, the occurrence of more than one disorder simultaneously) is the rule rather than the

exception. Classroom teachers may observe specific mental health conditions, but it is important to acknowledge that most do not occur in isolation. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013), children with ADHD, and other common behaviour disorders, are also likely to exhibit symptoms associated with ODD, CD, anxiety, and depression. Anxiety conditions are commonly comorbid with several additional anxiety disorders (i.e., separation, social, panic, and generalised anxiety), and depression (Muskin, 2021). Children affected by depressive disorders can also exhibit symptoms of disruptive behaviour conditions and sometimes ASD, while children presenting with ASD frequently have ADHD, intellectual impairment, and language disorders (DSM-5, 2013).

While it is acknowledged that the role of classroom teachers and schools is not to diagnose and treat mental illness in children, schools have a prominent and positive role to play in promoting wellbeing and preventing mental health problems (Al-Jbouri et al., 2022; Giles-Kaye et al., 2022; Oberklaid, 2023). As children spend a substantial proportion of their time at school, generally in the care of one teacher for most of the day, teachers are well placed to contribute to children's mental health significantly. Indeed, schools have been identified and prioritised as an important context for promoting positive social and emotional well-being and mental health (Al-Jbouri, 2022). Furthermore, the evidence relating to the prevalence, debilitating effects, and associated outcomes of mental health disorders in children further highlights the necessity for early intervention.

To this end, it is suggested that being aware of the various common child mental health conditions and how they manifest in the mainstream classroom will increase teachers' capacity to identify children at risk and subsequently provide access to the appropriate support. Completing a Mental Health First Aid course is one way in which teachers' capability can be increased. Sadly, such training in a school context is currently only available for people working with adolescents (See Youth Mental Health First Aid Training, 2023). Developing a course focusing on recognising mental health conditions and early intervention strategies for primary-aged children could be an invaluable means of addressing this problem.

Mental Health Prevention and Intervention in Schools

In recent years, schools have increasingly been acknowledged for the power they have to influence students' mental health and wellbeing development in positive ways (Shute et al., 2011). Undoubtedly, a positive approach to classroom pedagogy can contribute to the promotion of psychologically safe, caring, healthy environments where children can flourish (Green et al., 2021; Shute et al., 2011;). Given the current prevalence of childhood mental health conditions, social-emotional education should be a fundamental goal for all schools (Cefai & Cooper 2011; Shute et al., 2011).

Encouragingly, over the past 10 to 15 years, the high rates of child mental health problems (Oberklaid, 2023) have led to initiatives promoting positive mental health and student well-being becoming more widely adopted in schools (Shute et al., 2011). In fact, recent research suggests thousands of schools across many countries are prioritising social-emotional programs (SEL) to support child mental health (see Mahoney et al., 2018).

In addition, the prevention and early intervention for mental health problems and disorders in schools highlighted in a report released by the Western Australian Government in 2013 further substantiates the emergence of trends for early intervention and preventive measures over the last decade (2013). In response to community concern, The Commissioner for Children and Young Western Australia (2013) conducted an inquiry focused on preventing childhood mental health problems through early intervention. Recommendations included that child mental health and well-being should be enhanced using preventative and protective measures. Furthermore, it acknowledged the likelihood of mental health and well-being problems escalating was considerably reduced through such programs. This report provided further evidence in support of positive outcomes associated with early preventative measures (The Commissioner for Children and Young Western Australia, 2013).

To this end, children spend as much as 7,590 hours in the classroom on average throughout their compulsory education, which places schools in a unique position to implement preventative mental health measures aimed at decreasing the prevalence of childhood disorders (UNESCO Strategy on Education for Health and Well-being, 2022). Indeed, mental health problems in childhood are strongly correlated with the subsequent development of psychiatric disorders in adolescence and adulthood (Kovess-Masfety et al., 2016). Furthermore, social-emotional education programs have been found to consistently strengthen healthy relationships, enhance social cohesion, increase positive peer relations, reduce anti-social behaviour, and generally improve childhood mental health (Cefai & Cooper, 2011).

Prevention Though Social Emotional Education

Social Emotional Education (SEE) refers to a process by which skills necessary for 'acquiring, developing and applying' well-being and positive mental health knowledge and attributes are intentionally included and explicitly taught within curricula (Al-Jbouri, 2022; Cefai and Cooper, 2011). Universal SEE programs and initiatives encompass all aspects of school life. With explicit curriculum being delivered by classroom teachers and permeating across the whole school, there is a strong focus on promoting students' understanding and management of emotions, self-awareness, and self-control, along with the development and maintenance of positive relationships, and engagement in 'responsible decision-making' (Al-Jbouri, 2022).

While this brief introduction provides a simple model for Universal SEE programs, research suggests there is not necessarily an agreed-upon definition (Connolly et al. 2016). The Collaborative for Academic, Social and Emotional Learning (CASEL) (2023) describe five core competencies that appear commonly in the literature and are considered to be among the most influential (self-awareness, self-management, social awareness, relationship skills, and responsible decision-making) (Ashdown, 2012; Cefai & Cooper, 2011; Connolly et al., 2016; Greenburg, 2023; Be You, retrieved April 10 2023; Wigglesworth, 2021). In the Australian Context, the National Curriculum (2023) uses four

closely linked defining elements of self-awareness, self-management, social awareness, and social management.

In addition, research evidence strongly supports the positive effects universal social-emotional initiatives have in terms of preventative and promotional measures. Cefai & Cooper (2011), based on the successes of social and emotional education programs and initiatives of several countries around the world, found consistent evidence to support the efficacy of interventions regarding improved mental health and well-being in children. Furthermore, in a meta-analysis investigating 200 universal school-based programs, clear evidence was found to support substantial benefits (see Cefai & Cooper, 2011). Significant improvements in the mental health and well-being of children exposed to the initiatives were noted, along with a decrease in the prevalence of behaviour disorders and emotional problems, with the benefits continuing to persist over time (Cefai & Cooper, 2011).

A report conducted in the U.K. yielded comparable results, with an additional finding regarding positive outcomes for children experiencing adverse circumstances (see Cefai & Cooper, 2011). Another meta-analysis (Mahoney, 2011) of 213 school based universal SEL programs, including outcomes data for more than 270,000 students from kindergarten through high school, further supports the above findings. Students participating in the programs not only demonstrated significant positive outcomes related to social skills, attitudes, and positive behaviour, they also displayed significantly lower levels of conduct problems and emotional distress (Mahoney, 2018). Three more recent meta-analyses conducted in 2012, 2016 and 2017 echoed these previous findings (Mahoney, 2018).

Along with the research, educational policy has also increasingly focused on the promotion of social-emotional learning and well-being in schools (Al-Jbouri, 2022; Cefai & Cooper, 2011). In the Australian context, the inclusion of the personal and social general capabilities in both national and state curricula since 2008 (ACARA 2008) highlights the growing awareness, recognition, importance, and expectations of addressing social and emotional well-being in schools. The Australian Children's

Mental Health and Well-being Strategy (2021), which advocates for nationally consistent strategies aimed at supporting all children's mental health and well-being, also highlights these same qualities. Additionally, in consideration of worldwide perspectives, the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2022) acknowledged that the education sector has a key role to play in actively promoting well-being in schools by providing guidelines and rationales for the role and expectations of schools.

While curriculum documents and policies outline the expectations for schools, it will not always be the case that teachers feel confident, or have the necessary skills, to provide effective well-being and mental health teaching and learning. For this reason, it is crucial that teachers, and other school staff, have a sound understanding of associated concepts, skills, pedagogy, and available programs (Schonert-Reichl et al., 2015). Schonert-Reichl et al. (2015) found that teachers, in general, strongly supported the inclusion of SEL, held it in high regard, and believed the associated skills and dispositions to be teachable. Of the 600 teachers surveyed, 95% and 97% of participants, respectively, indicated a belief that social-emotional skills could be taught and result in positive outcomes for students (Schonert-Reichl et al., 2015); conversely, the same study found that teachers had limited training and confidence when supporting children's SEL needs (Schonert-Reichl et al., 2015).

Evidenced based-researched and rigorously implemented SEE programs have had a positive effect on student well-being and mental health. However, increasing teachers' capacity to implement these programs and initiatives requires a clear understanding of the most effective types of programs and their specific components. Educators must also have sufficient knowledge to discern what the best program is concerning their context (Mahoney, 2018).

SEL Prevention and Intervention Pedagogies

In response to the ever-increasing levels of child mental health problems, many new programs are being introduced in schools (Shute, 2011), with myriad of commercial initiatives available to choose from (Beyond Blue,

2023). As schools are being held increasingly responsible for preventing social, emotional and behaviour issues, and promoting children's well-being (Cefai & Cooper, 2011), caution must be exercised to ensure that social-emotional education initiatives are embedded in evidence-based research, are closely integrated with daily practices and integral to good learning and teaching (Cefai & Cooper, 2011).

According to CASEL (2022), SEL is most effective in the classroom when evidenced-based approaches are employed. Furthermore, they need to be grounded in research, based on child/adolescent developmental principles, and scientifically evaluated (2022). Alarming, however, a meta-analysis of more than 400 SEL studies found that only half of the programs are developed from a specific theory of learning (Bergin et al., 2023), thus highlighting the need for a thorough investigation before committing to a program.

As schools and teachers investigate the plethora of programs and initiatives available, they will inevitably find overlap, while others may be contradictory and, most alarmingly, as previously mentioned, may not even be based on research evidence and theory at all (Bergin et al., 2023). Bergin et al. (2023) discuss four SEL methodologies: curricula, interactional, structural, and combination. The following discussion will provide a brief overview of the varying approaches, providing supporting examples and highlighting the need for a thorough investigation before implementing an SEL intervention.

Curricula approaches are administered as standalone programs, generally on a weekly or monthly schedule, with “fully developed instructional content offered through direct lessons on specific SE competencies” (Bergin et al., 2023). Two examples of the many Australian SEL curricula are *You Can Do It (YCDI)* and *Bounce Back (Be You, 2023)*.

YCDI is a cognitive-behavioural approach to teaching "social-emotional skills and competencies" (Ashdown & Bernard, 2011, p. 398). Aligned with the Australian Curriculum, it claims to strengthen children's social-emotional skills, character strengths and positive attitudes. YCDI utilises cognitive restructuring and cognitive behavioural strategies to reduce

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social-emotional difficulties such as anxiety (Be You, 2023). The program consists of 32 lessons, implemented over four terms. Teacher training is offered via an e-learning course or a one-day face-to-face workshop (Be You, 2023).

Research conducted by Ashdown and Bernard (2011) investigating the effect of the program on young children's well-being and academic achievement yielded positive short-term results. An increase in children's SEL competence resulting from explicit instruction in the program was noted (Ashdown & Bernard, 2011) and furthermore, it was rated as being highly effective in both evidence and implementation by the directory (Be You, 2023).

In comparison, the Bounce Back program is also a cognitive behavioural approach with the addition of positive psychology elements. Aligned with the Australian Curriculum and largely based on the work of Seligman and Ellis (Be You, 2023), it utilises the PROSPER Acronym (Positivity, Relationships, Outcomes, Strengths, Purpose, Engagement and Resilience) to develop skills associated with a positive and safe learning environment. Structured to be administered weekly in 45-60-minute lessons, professional development is offered via online or face-to-face training. Research conducted by Noble and McGrath (2019) found the program to be highly effective, yielding comparable results to other cognitive behaviour approaches when rated by teachers (Madden et al., 2018).

Interestingly, the Be You Programs Directory (2023) did not rate Bounce Back as highly as YCDI, finding it less effective in terms of its positive impact. This is surprising given the inclusion of positive psychology elements, an approach found to be highly effective in improving self-perceptions and ameliorating mental health problems (Shoshani & Steinmetz, 2013).

Classroom curricula approaches represent the most common perception of what constitutes SEL intervention. However, the wide variation in choice, length, and intensity of different programs and varying focus' render reviewing, comparing, and evaluating the efficacy of such

programs extremely difficult (Wigelsworth et al., 2022). Evidenced by myriad of options listed in the Be You Programs Directory (2023) choices initially appear insurmountable, however, with comparative evaluation, the strength of the Directory becomes apparent. In addition to a concise summary of each program, an overview of its theory base, structure, organisation and evidence, factors and implementation ratings are included (Be You, 2023). This, therefore, provides both an effective resource for evaluating curricula-based programs and the opportunity for educators to increase their knowledge and understanding.

This short comparison between the YCDI and Bounce Back programs highlights the need for caution when examining prospective interventions (Wigelsworth et al., 2022). While both were rated positively in terms of identified links between each program and theory of change, training, and evaluation, further investigation revealed they differed in terms of positive impact (Be You, 2023). YCDI elicited more effective outcomes when compared with Bounce Back. This is surprising given the program's potential, as discussed in research (see Noble & McGrath, 2015; Langley et al., 2015).

Unlike curricula models, interactional initiatives integrate SEL across daily practices, resulting in changes in relations between teachers and students and how they “support student interactions with each other” (Bergin et al., 2023). Centred on establishing common norms with a strong emphasis on professional learning and support for educators, building teachers' capacity to effectively implement agreed-upon programs and initiatives is a core strength (Bergin et al., 2023).

One example of interactional pedagogy is the “Responsive Classroom” (RC) approach. Unlike curricula models, strategies are integrated across the day rather than as a separate curriculum. Responsive approaches are student-centred, relationship-focused, and highly interactive. Initially developed by the "Northeast Foundation for Children" (Rimm-Kauffman & Chiu, 2007), RC prioritises caring classroom environments and the integration of social and academic learning. A core component is increasing teachers' capacity to create caring, well-managed learning

environments characterised by respectful relationships and engaging instruction (Rimm-Kauffman et al, 2014).

Rimm-Kauffman and Chiu (2007) explored RCs' contribution to academic and social growth, and while finding only a small positive correlation with academic achievement, observed considerable improvement in the growth of positive relationships, increased pro-social behaviour and reduction in anxiety and fearfulness (Rossen & Hull, 2012). Given that responsive, nurturing, and safe classroom environments have been found to minimise adverse outcomes associated with childhood trauma, from a mental health perspective, this approach appears to achieve its intended goals (Rimm-Kauffman and Chiu, 2007) However, as only correlations indicating relationships and not causality are reported, these claims need to be treated with a degree of caution (Rossen & Hull, 2012).

Structural intervention, although similar in many ways to interactive approaches in their quest to build relationships and explicitly teach social and academic skills (Smith et al., 2015), also informs school routines, policies, and procedures with specific whole-school protocols (Bergin et al., 2023).

Restorative practices (RP) are one example of a structural approach (Bergin et al., 2023). Referring to a whole school positive behaviour intervention promoting self-regulation and building supportive and respectful relationships, RP combines both SEL and cognitive behavioural elements (Smith, 2014). Common characteristics of restorative structures include positive classroom management strategies associated with collaborative problem-solving and logical consequences, structured conversations, mediation, and conferencing. Core components include self-regulation, individual responsibility, shared accountability, and increased student voice (NSW Department of Education, 2023).

A systematic review examining the efficacy of restorative practices in schools conducted by Byer (2016), found RP an effective way of addressing behaviour problems and supporting students when dealing with conflict. Likewise, other structural SEL programs focusing on

behaviour and emotional self-regulation have elicited positive results in terms of enhancing social problem-solving skills and diminishing aggressive behaviour (Smith, 2014).

Combination approaches, as suggested by the title, integrate a whole school focus, guided by embedded policies and practices, explicitly taught classroom curricula and a positive school climate (Cefai & Cooper, 2011). Research literature consistently reports that social-emotional education (SEE) is most effective when a combination of a positive, healthy school climate and explicit instruction in key social and emotional competencies are an essential part of the core curriculum (Cefai et al., 2021). These approaches have received endorsement from The World Health Organisation Framework, which recommends whole-school approaches that address social-emotional learning curriculum, along with the development of supportive school cultures (Cefai & Cooper, 2011).

An example of a combination approach to SEL is a positive education model whereby elements of positive psychology are applied to an educational context. Gaining increasing momentum over the past 15 years, this incorporates best teaching practices with the science of positive psychology (Norrish et al., 2013). Embodying a universal school approach focused on whole-child development high-quality implementation, and interactive learning, it permeates all aspects of school life (Noble & McGrath, 2015). In a positive education model, the curricula centres on teaching dispositions and traits based on the PERMA well-being theory (Positive Emotion, Engagement, Relationships, Meaning and Accomplishment: Seligman, 2018).

Aiming to enhance student achievement and well-being through the integration of core character strengths, such as positive emotions, engagement, gratitude, goal setting and relationships, it provides a comprehensive framework based on evidence-based structures, practices, and programs (Norrish, 2015; Shoshani & Steinmetz, 2013). Defined as both traditional education and the science of happiness, evidence suggests it increases positive emotions, resilience, engagement and meaning (Seligman et al., 2009).

Numerous studies have yielded encouraging results, revealing a range of positive mental health changes (both short-term and long-term). For example, a year-long study examining the mental health outcomes of middle school-age children found reductions in anxiety, general distress, and depressive symptoms. Conversely, improvements in self-perception, self-efficacy and self-esteem were additional outcomes associated with the intervention. (Shoshani & Steinmetz, 2013).

Other studies have reported greater engagement and enjoyment in school, improved social skills, such as self-control, empathy, cooperation, and resilience, and increased levels of general well-being resulting in better relationships (Seligman et al., 2009; Shoshani & Steinmetz, 2013). In these studies, a strong emphasis on teacher training and preparation is present (i.e., fidelity), thus ensuring teachers develop the capacity and confidence to support mental health and well-being in schools (see Norrish, 2015; Shoshani & Steinmetz, 2013).

Building on a positive education philosophy, Brunzell and Norrish (2022) introduced a trauma-informed strengths-based approach to SEL. Translating the theory into a model aimed specifically at supporting mainstream teachers to feel confident when addressing mental health and well-being issues in the classroom, it offers a practical, evidence-based approach (Brunzell & Norrish, 2022). A universal intervention, this model promotes proactive and pre-empted systematic strategies for creating supportive, safe classrooms and schools where all children can grow and heal (Brunzell & Norrish, 2022).

At the core of the initiative is an emphasis on building strong relationships and supporting children with unmet needs in mainstream classrooms. For teachers wanting to increase their capacity to identify and support students with mental health problems, it offers useful overviews of research, theory, and practical tools with which to do so (see Brunzell & Norrish, 2022).

Although the potential of positive education for bringing about desired outcomes in students is supported by evidence, it should be noted that

many studies focus on adolescents and tend to rely on self-reported measures when drawing conclusions. Although this suggests further empirical research with a particular focus on the primary school context may be beneficial (see Norrish, 2015; Shoshani & Steinmetz, 2013), it is worth noting that SEL is focused on an individual's subjective dispositions (e.g., how happy do I feel, how good are my friendships) and only self-report measures can truly provide indications of these (as against third parties such as teachers and parents).

In summary, the preceding review of SEL prevention and intervention pedagogies highlights the volume of social-emotional education programs available, and the difficulties of knowing where to start. Although providing a small example, the need for thorough investigation before making decisions on which to select and use is clear.

To this end, it is suggested rigorous evaluation of the effectiveness of mental health initiatives and their implementation be undertaken (see Darling et al., 2021). Careful consideration of how the program works, its suitability to the school context and community, and the evidence available relating to its research/theory base is recommended (Bergin et al., 2023). The role of whole school frameworks will now be discussed in consideration of the complexity facing schools when responding to mental health and well-being.

Responding to Mental Health Problems in Schools

Increasing mental health concerns among children and the growing expectations placed on schools has resulted in the exponential growth of school-based mental health initiatives and programs (Weare, 2015). Interventions encompassing a whole school approach, which prioritises professional learning and staff development, are based on robust supportive policies, and proactive mental health and well-being interventions are increasingly being recognised for their positive effects (Cefai & Cooper, 2011; Weare, 2015).

A recent review conducted by Greenberg (2023) investigating the efficacy of social-emotional learning in schools concluded that the most

effective universal SEL programs include classroom-taught curricula supported by whole-school implementation and systematic support. Indeed, this field has been the focus of considerable evaluation, with several comprehensive reviews and meta-analyses confirming positive outcomes.

According to Weare (2015), research findings over the past few decades confirm multi-component whole-school approaches are more effective than those which focus on only some aspects of school life. Furthermore, a review summarising 207 SEL interventions found schools with effective programs, such as combination approaches, showed a 25% improvement in general social-emotional skills and a 10% decrease in classroom misbehaviour, depression, and anxiety (Weare, 2015). Supportive recommendations for a combination approach to SEL come from The World Health Organization framework (Cefai & Cooper, 2011) and the Advice for Schools Framework (Weare, 2015). Outlining principles for schools, informed by research, these frameworks guide the delivery of well-designed programs based on the latest evidence (Weare, 2015).

Increasing Capacity through Effective Universal/Combined Approaches to Mental Health and Well-being in Schools

Taking a whole school approach encompasses the total school experience for promoting social-emotional well-being and addressing mental health concerns. A universal/combination intervention ensures all staff and stakeholders engage in the process, thus promoting the professional collaboration and engagement required to increase staff capacity. A positive broad-based approach emphasising strengths rather than deficits has also been found to yield more effective outcomes (Wear, 2015).

Developing a supportive school and classroom climate aimed at enhancing core values, beliefs, and attitudes is a key indicator of mental health and well-being in schools. Schools with a strong ethos' have lower levels of disruptive behaviour and conflict.

Furthermore, to be effective, a safe, supportive, caring classroom environment, including programs administered by teachers who possess well-developed social-emotional competence, is vital (Shonert-Reichl, 2017). The strong focus placed on staff development when whole school, systematic approaches are adopted supports their ability to increase teachers' capacity (Weare, 2015). Indeed, prioritising professional development ensures staff not only have the capability to implement the required programs and initiatives but also provide them with the necessary skills to identify and support children at increased risk (Weare, 2015).

Although, as stated previously, it is not an expectation that teachers will diagnose and treat child mental illness, schools are in a unique position to support students exhibiting mental health conditions (Giles-Kaye et al., 2022; Graham et al., 2009; Oberklad, 2023). With appropriate knowledge and understanding, teachers can help students develop mental health protective factors by building resilience, connectedness, and strong social-emotional skills (Weare, 2015). In addition, targeted approaches, when well designed, implemented, and aligned with universal initiatives, provide specific interventions for students exhibiting more complex mental health behavioural and emotional symptoms (Weare, 2015).

Early intervention is instrumental in preventing the escalation of mental health symptoms (Oberklad, 2023). However, while evidence recognises the positive effects of experts in supporting children with mental health disorders, given the long waiting periods for accessing services (Punton et al., 2022), the role of schools in responding to longer-term interventions is crucial (Weare, 2015). Although teachers and schools are well-placed to identify mental health concerns (Oberklad, 2023), raising staff awareness about mental health in general, specific disorders, and improving skills to identify mental health needs “are some ways in which capabilities can be developed” (Weare, 2015, p. 6).

Continuing along this line, Weare (2015), argued that providing the opportunity for staff to collaborate with other professionals, availability permitting, could provide the means of increasing capacity, meaning that

interventions would become more cost-effective and sustainable as skill reinforcement was embedded in the school culture.

The findings in the literature consistently indicate universal social-emotional education is most effective for bringing about a desired change in mental health when combined with direct skill instruction of a core curriculum and taught by trained teaching staff. Unsurprisingly, international research suggests fragmented SEE programs are the most ineffective (Cefai and Cooper, 2011). Accordingly, a conscious, well-planned combined approach to the explicit teaching of SEL skills, supported by adequate staff training and whole-school policies and practices, is the most effective intervention model (Weare, 2015).

The frameworks discussed above support a combined approach to SEE and provide the principles to guide effective implementation. Indeed, their structure and the associated outcomes are supported and mirrored in other literature (e.g., Jones & Khan, 2017; Littlefield et al., 2017; O'Connor et al., 2017; Wolpert et al., 2013). Conversely, the “varied range of interventions” (O'Connor et al., 2017, p. 423) in theory, skills and implementation processes raises issues regarding consistency and effect.

While SEL interventions are effective in promoting the mental health and well-being of children, not all universal programs elicit equal outcomes. One explanation for such inconsistencies is that implementation may differ in rigour and level of support. O'Connor et al. (2017, p. 412), for example, reviewed 29 studies and found varied outcomes when reviewing improvement in “help-seeking and coping skills, social-emotional well-being and psycho-educational effectiveness” of school-based mental health interventions”.

Universal SEL interventions are the most widely implemented and comprehensively researched school-based programs worldwide (O'Connor et al., 2017). Nevertheless, despite robust evidence supporting their positive effect, some children will require additional support. In response to this, recent school-based interventions are beginning to include targeted approaches aimed at small groups or

individuals with specific mental health needs within existing structures (O'Connor et al., 2017).

The 2013 national review of the Targeted Mental Health in Schools (TaMHS) initiative (Wolpert et al., 2013) provides one example of such an approach in the primary school context. Launched in 2008, the TaMHS project, a large-scale initiative building on previously introduced whole-school interventions and focusing on the need of children experiencing, or at risk of developing, mental health problems, aimed to embed additional support in schools. However, although recognised for their potential to improve outcomes for students at risk, embedding target approaches within the school is not without its challenges. Increasing teachers' capacity and appreciation of students' mental health needs presents one such challenge (Wolpert et al., 2013).

The TaMHS project, designed to be a multi-dimensional approach, was premised on the belief that effective school-based initiatives should consist of a universal, school-wide model with targeted intervention for at-risk students. Its methodology involved the infusion of a well-coordinated combination approach consisting of three waves. Effective whole school frameworks, small group skill-focused sessions for at-risk students and therapeutic interventions where needed.

Embracing a universal model and offering a robust framework, the TaMHS review noted “decreases in both emotional and behavioural difficulties” (Wolpert et al., 2013, p. 278) in primary school students. Interestingly, however, externalised behaviours demonstrated higher levels of improvement when compared with students experiencing internalised symptoms. One explanation for this was that externalised behaviours were more evident in the classroom/school context, with teachers, in general, being more successful in identifying children with behavioural difficulties (Wolpert et al., 2013). Justification for the mixed results, offering further guidance for future interventions, was the lack of consistency in engagement with the initiative between pilot schools (Wolpert et al., 2013).

Increasing teachers' capacity to identify and support children

Although results were mixed, at the time of implementation, the TaMHS initiative represented the largest project of its kind. Being progressive in terms of its approach to improving the mental health and wellbeing of children and its recognition of the importance of staff training, it prompted the development of similar philosophies such as Kids Matter and the School-wide Positive Behavioural Interventions and Supports Framework.

A more recent initiative, advocating an alternative approach to those discussed so far and gaining interest across Victoria, Australia, is the Mental Health in Primary Schools Program (MHiPS) (Giles-Kaye, et al., 2022). Arising from evidence revealed by the Royal Commission into Children's Mental Health (2021) and The Australian Productivity Commission (2020), it recognises the complexity surrounding teachers' role in supporting child mental health (Giles-Kaye et al., 2022).

Aimed at building teachers' capacity to identify and support mental health problems in the classroom, with the support of highly trained well-being leaders, the MHiPS model embodies a whole school approach to mental health and well-being, utilising evidence-based programs, interventions, and strategies (Victorian Government, 2023). It places a strong emphasis on professional development and staff support and advocates a universal/combination approach to social-emotional education (Bergin et al., 2023).

At its core is the role of the Mental Health Well-being Leader (MHWL), designed to support and build the capacity of the whole school to identify and prevent mental health problems, and promote well-being. The person in this role assesses and supports the implementation of "context-relevant programs, approaches and initiatives based on a broad and extensive knowledge of the needs of the school" (Mental Health in Primary Schools, The MHWL Role, 2023, p. 3).

Crucial to this role is the comprehensive training of an experienced, qualified educator whose position involves identifying mental health concerns within the school, implementing whole-school mental health and well-being initiatives, and collaborating with staff to identify and

support children with mental health needs within the classroom. In addition, the role involves consulting with community-based groups and other health-based services to establish clear referral pathways for children in need of intervention beyond the school (Darling et al., 2021). Interestingly, although approached differently from the TaMHS initiative (see Wolpert et al., 2013), similarities concerning a three-tiered approach were noted between TaMHS and MHiPs, suggesting a shift in current trends. Those appointed as Mental Health Well-being Leaders attend extensive purpose-designed training to ensure they can lead and support the initiative. Areas addressed are mental health as a continuum, identifying social-emotional, behavioural, and learning issues, risk and protective factors for mental health concerns and ways of promoting well-being. In addition, participants evaluate intervention approaches and programs to identify those best suited for their schools' context while increasing their knowledge, skills and understanding of mental health issues, well-being, and research.

From the preceding overview, the importance of training is clear, thus supporting the initiative's potential to increase teacher's capacity to identify student mental health issues and support and promote mental health and well-being in schools. To this end, feedback from the MHiPS pilot program (Mental Health in Primary Schools, 2022) suggests, to date, it is producing positive outcomes. Indeed, the extension of the initiative by the State Government to 1800 schools across Victoria for a cost of \$200 million is a testament to its perceived potential (Bryne, 2022).

As asserted earlier in this paper, limited empirical research evidence supporting the effects of mental health programs and initiatives in primary schools is available. This is due to adolescent and childhood mental health, until recently, being addressed under the same umbrella. Fortunately, over the last few years, this has changed, and childhood mental health is now its own entity and therefore is becoming more prevalent in the research (see Oberklaid, 2023).

To this end, although due to its infancy, empirical evidence for MHiPS is limited. One review investigating its impact on building teacher

confidence to identify and support children's mental health and well-being in the primary school context is currently being conducted (Darling et al., 2021). Representing a novel approach when compared with existing research, this quasi-experimental cluster study considers the efficacy of introducing an additional resource in the form of a MHWL in building teacher capacity rather than the evaluation of specific programs (Darling et al., 2021).

The above discussion indicates that current programs and initiatives can provide the opportunity to increase teachers' capacity to identify and support children exhibiting mental health problems in mainstream primary school classrooms. However, despite apparent opportunities and the plethora of varying professional development choices, teachers routinely report they lack confidence and professional development opportunities (see Giles-Kaye et al., 2022; State et al., 2010). There is, therefore, a need to address this.

Increasing Capacity Through Pre-service Teacher Training

This review will now consider the literature relating to pre-service training (education provided before entering the profession) (Schonert-Reichl et al., 2015) in preparing teachers to address classroom mental health and well-being issues. There is no doubt that teachers are increasingly expected to possess the necessary skills to support students' mental health and well-being.

The recent crisis in children's mental health reported widely in the media, along with the recognition of protective factors associated with early intervention, has resulted in schools becoming a priority for promoting and preventing mental health problems (Giles-Kaye et al., 2022). To this end, high-quality training in social, emotional, and cognitive development must be prioritised (See Catalina, 2020; Shonert-Reichl et al., 2015).

State and federal policies increasingly recognise the importance of addressing school mental health and well-being. Indeed, social-emotional learning is recognised as fundamental in educational policies

across the globe. According to an analysis conducted by the Organisation for Economic, Cooperation and Development (OCED) (Paris, 2015), all the education systems surveyed acknowledged the importance of fostering social-emotional skills, considering them crucial in preparing students for life (OCED Paris, 2015). However, despite this, instruction in children's social and emotional well-being and competence are a low priority in teacher education programs" (Wajid et al., 2013, p. 31), thus resulting in new practitioners being ill-prepared when entering the profession.

In keeping with the varying definitions and approaches to social-emotional learning, policy directives are similarly defined and translated to educational practice in numerous ways (e.g., via national frameworks and curriculum guidelines). National frameworks provide an overview of cross-curricular priorities outlining educational objectives and comprehensive descriptions of targeted skills, whereas curriculum documents stipulate the content to be taught at each grade level (OCED Paris, 2015).

An examination of the different frameworks and curriculum-wide approaches surveyed revealed that they all included social-emotional skills in varying ways (OCED Paris, 2015). Encouragingly, The Australian Curriculum (Foundation to Year 10) is rated highly in comparison to other curricula frameworks. This was attributed to the inclusion of specific general capabilities addressed across the curriculum supporting the development of social-emotional skills (these being personal and social capability, intercultural understanding, and ethical understanding) (see OCED Paris, 2015).

The National Safe Schools Framework is another example of Australia's recognition of the role schools play in promoting and supporting children's well-being. Recognising the correlation between resilience, child safety, well-being and learning the framework provides a guide for whole school planning and implementation of well-being and safety measures (OCED Paris, 2015).

Clearly, schools' significant role in promoting social-emotional well-being is emphasised in educational policies and documents worldwide (see OCED Paris, 2015). Furthermore, with the ever-growing body of evidence documenting the positive effects of social-emotional education on student academic and well-being outcomes (see Durack et al., 2011; Mackanin et al., 2020 & Schonert-Reichl et al., 2015) along with rising child mental illness, (see The Australian Institute of Health and Welfare, Australia's Children, 2022), the need for adequate teacher training in this field is vital. Current pre-service teacher training in social-emotional learning, mental health and well-being will now be discussed.

Although sufficient training is essential if teachers are to possess the skills required to meet policy requirements and community expectations, sadly, there appears to be “a profound disconnect between what states require teachers to know about SEL and what colleges and universities offer them” (Niemi & Weissberg in Schonert-Reichl et al., 2021, p. 6). Indeed, because pre-service training focuses on “pedagogical knowledge and content skills” (Stipp, 2019, p. 204), comprehensive SEL training is rarely included in core pre-service programs (Stipp, 2019).

To this end, a U.S. report investigating the inclusion of the five core dimensions of SEL identified by CASEL (self-awareness, self-management, social-awareness, relationship skills and responsible decision-making) in pre-service teacher preparation programs found little attention was given, in general, to its promotion. Alarming, of the 49 core state programs investigated, all but one failed to address any of the SEL dimensions in the required course work (Schonert-Reichl et al., 2021).

In the Australian context, evidence concerning the inclusion of core SEL units in pre-service teacher training is sparse. However, institutions and researchers are beginning to recognise this gap and respond accordingly. The University of Southern Queensland has recently introduced a compulsory SEL unit into their pre-service program in recognition of the critical link associated with well-being and learning (Student Well-being Hub, 2023).

In addition, one Australian study aimed at enhancing future teacher's capacity to embed social-emotional learning, albeit focused on early adolescents (Main, 2018), elicited positive results, indicating that when explicitly taught, candidates were able to successfully embed social-emotional skills across and within a range of curriculum areas (see Main, 2018; Durlack et al., 2011). This indicates effective instructional practices for SEL can increase pre-service teachers' capacity to promote and support well-being in the mainstream classroom.

Although evidence of specific social-emotional learning and mental health units is sparse, some relevant content can be found in pre-service behaviour management courses (Klopper et al., 2019). Recent studies based on routinely included behaviour management units offer insight into how these may provide a modest foundation for increasing teachers' capacity to develop student social-emotional competence (Klopper et al., 2019).

Positive behaviour management (referring to ways in which expectations, routines, transitions, and lesson structures are established and managed) is crucial to the promotion of a safe, supportive, caring, and well-organised classroom environment. When managed effectively, they prevent and reduce incidences of undesirable and disruptive behaviour and increase academic engagement. Sadly however, research suggests classroom management courses often fail to prepare pre-service teachers, and can be sporadic in content, lacking in scientific research and bearing little significance to classroom practice (see Klopper et al., 2019; Schonert-Reichl et al., 2015).

Similar findings are evident regarding pre-service teachers' exposure to child developmental knowledge and understanding, which is critical to supporting social, emotional, and academic competence in the classroom (See Murano et al., 2019; Schonert-Reichl et al., 2015). The review will now consider the extent to which core programs are included in teacher education programs.

In response to a round table discussion (Schonert-Reichl et al., 2015) examining the relevance of child and adolescent development in pre-

service education, a 33-item online survey was sent to 595 accredited institution heads, both private and public. Of the 283 responses, 90% indicated that child-adolescent developmental courses were required as part of the core training (Schonert-Reichl et al., 2015) However, on closer examination it was found that in some cases the courses were either not undertaken or failed to include knowledge that was relevant to child/adolescent development or classroom practice (see; Schonert-Reichl et al., 2015), thus finding these pre-service programs to be inadequate.

Despite the rising awareness of the role of schools in promoting positive well-being and mental health, up to the present time, only a few studies have investigated the effect of including explicit SEL training in pre-service courses (Stipp, 2019). Furthermore, the capacity of such training to increase capability and thus better prepare beginning teachers for “dealing with student stress and managing classrooms has seldom been the subject of rigorous evaluation” (Stipp 2019, p. 204; Murano et al., 2019).

Although evidence suggests teachers who implement effective SEL and behaviour management programs elicit more positive outcomes than those that do not (Schonert-Reichl et al., 2015), pre-service training, in its current form, is failing to prepare candidates sufficiently. Furthermore, while it has been established that teachers are in a unique position to identify and support children exhibiting mental health conditions in the classroom (Oberklaid, 2023), due to insufficient preparation, they may not have the capacity to do so (Schonert-Reichl et al., 2015).

Discussion and Recommendations

The above literature review sought to investigate teachers' capacity to identify and support children with mental health problems (diagnosed and/or undiagnosed) in mainstream primary school classrooms. The findings from the literature suggest that currently, there is considerable variance between what government and state policies require of schools and pre-service training and employed teacher professional development.

Due to inadequate training and preparation, it is therefore concluded that teachers lack the knowledge, skills, and confidence, generally, in meeting the demands and expectations placed on them (Bryer & Signorini, 2011). Given that mental health problems are among the most common disabling health conditions in children and adolescents (Lawrence et al., 2019). The growing recognition of the vital role of schools in the promotion and prevention of well-being and mental health (Oberklaid, 2023; State et al., 2010), a sound knowledge of common childhood disorders, how to recognise them and support students exhibiting associated psychopathologies should be considered essential for all practitioners.

Furthermore, considering the preventative measures associated with whole-school universal SEL models and interventions (Cefai et al, 2021), a broad understanding of effective classroom structure and management, along with child development and curriculum knowledge is undeniably crucial.

With rising expectations placed on schools and child mental health increasingly becoming the responsibility of classroom teachers (National Children's Mental Health and Well-being Strategy, 2023), the need for adequate professional development is clear.

To this end, although evidence supports the positive effects of mental health and well-being interventions in schools, the insurmountable volume of programs and initiatives available, along with varying levels of associated training, elicit inconsistent outcomes. It is therefore strongly recommended that before embarking on a whole school or classroom program, rigorous evaluation of its structure, effectiveness, how it works, its suitability to the school context and opportunities for staff development be conducted. Furthermore, although the literature highlights the positive effect training has on increasing teacher capacity, pre-service education programs rarely include core SEL programs (Stipp, 2019).

The above review clearly shows that the inclusion of compulsory units in mental health, child development and SEL is sparse in university teacher

preparation courses. Accordingly, pre-service candidates receive no significant training in mental health disorders and/or preparation for dealing with extreme behaviour problems.

Further research into pre-service teacher training and the role of well-being coordinators in schools is therefore highly recommended. Additionally, the inclusion of mandatory Mental First Aide certification (specific to primary-aged students) for both pre-service and currently employed teachers is strongly endorsed.

Although the present review has a number of strengths, it also has potential limitations, and these must be acknowledged. First, it is possible that not all the relevant literature has been located and included in this review. Moreover, it is probable that some studies not located might have strengthened or weakened the arguments put forward. In addition, there may be state and/or federal policies relevant to this review that have not been representing government perspectives.

Conclusion

This paper has highlighted the disconnect that seems to exist between policy and government expectations, teacher preparation and capacity to identify and support child mental health problems in primary school classrooms. Ultimately, if teachers are to possess the skills and confidence they need to identify and support children exhibiting mental health problems in schools, then adequate training and professional development are crucial. Currently, this does not appear to be happening. This assertion is supported by the research literature, which suggests pre-service training is inadequate, while professional development and support in schools is often insufficient and inconsistent. Given the significant role classroom teachers and schools (as a system) must play in supporting and preventing child mental health issues, their capacity to do so needs to be increased. To achieve this, adequate training, and support for pre-service and currently employed practitioners is critical.

Brief Author Biography

Kim Luk is an experienced classroom practitioner and social emotional education coordinator. She is passionate about student mental health and wellbeing. Kim has also held additional leadership roles in curriculum and has worked with pre-service teachers as a lecturer in curriculum studies.

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