Inquiry into the State Education System in Victoria
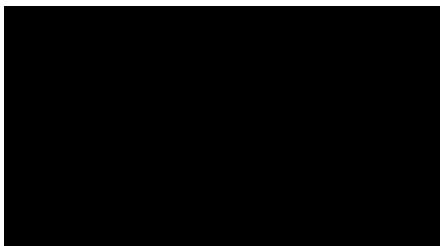
Submission from the Centre for Adolescent Health

October 2023

Jennifer Dam PhD[1,2], Ruth Aston PhD[1,2,3], Sue Williams PhD[1,2], Janet Clinton PhD[3], Laura Smith MSci[3], Susan M Sawyer AM MBBS MD FRACP [1,2,4]

1. Centre for Adolescent Health, Royal Children's Hospital, Parkville Australia
2. Murdoch Children's Research Institute, Parkville Australia
3. Assessment and Evaluation Research Centre, Faculty of Education, The University of Melbourne, Parkville Australia
4. Department of Paediatrics, The University of Melbourne, Parkville Australia

Contact: Professor Susan M Sawyer, AM MBBS MD FRACP

Geoff and Helen Handbury Chair of Adolescent Health

Department of Paediatrics, The University of Melbourne

Director, Centre for Adolescent Health, Royal Children's Hospital

Murdoch Children's Research Institute

About us

Centre for Adolescent Health (CAH)

The Centre for Adolescent Health (CAH) sits as part of the Melbourne Children's campus in Parkville, Australia, which brings together three key partners for research and education: The Royal Children's Hospital (RCH), the Murdoch Children's Research Institute (MCRI) and the University of Melbourne (UoM), Department of Paediatrics. The Centre for Adolescent Health generates knowledge and provides training for practitioners and policymakers about the best investments for healthy development during the adolescent years.

CAH is a World Health Organization (WHO) collaborating centre for adolescent health with strong links to the key United Nations (UN) agencies responsible for child and adolescent health and education (e.g., WHO, UNICEF, UNESCO, UNFPA). While our primary focus is the period of adolescence (10-24 years), we are active across the developmental years of 0-24 years with technical expertise across many health topics (e.g., mental health, sexual and reproductive health, substance use). We also have experience in different settings for interventions (e.g., health services, schools, and the community), including a strong focus on prevention and health promotion. We appreciate the many complex social contexts that affect health and wellbeing (e.g., homelessness, Indigenous children and adolescents).

We have particular expertise in longitudinal cohort studies that have tracked the state of mental health and wellbeing over time in Victorian students. We also have expertise in whole-of-school interventions; having led the first trial of a school-based intervention to improve student mental health over 30 years ago (known as the Gatehouse Project), that has since been widely replicated in different countries. This work led to an invitation from the WHO and UNESCO to lead the development of the first Global Standards for Health-Promoting Schools (WHO & UNESCO, 2021a) that aim to enhance both health and education outcomes for children and adolescents.

Assessment and Evaluation Research Centre (AERC)

Researchers from the Assessment and Evaluation Research Centre at the Faculty of Education, University of Melbourne have also provided input for this submission. The centre is a lead provider of evaluation, assessment and measure for expertise and practice for the Education and Health sector. Professor Janet Clinton from the AERC is leading several research projects in pre-service teacher preparedness as well as selection into Initial Teacher Education; specifically, the Australian Assessment of Graduate Teacher (AfGT) and the Teaching Capability Assessment Tool (TCAT). The AfGT is an approved Teaching Performance Assessment (TPA) instrument developed and implemented by a consortium of Australian higher education institutions. The Consortium is chaired by Professor Janet Clinton. The Management Team is also located in the AERC within the Faculty of Education, which also houses the program selection tool. The AERC conducts research and evaluations on school-based and health interventions which include, but are not limited to, teacher practice development.

The Faculty of Education is ranked number one in Australia and is a leading initial teacher education provider nationally. Furthermore, the design and delivery of all training of Mental Health in Primary Schools Program (MHIPS) (Victorian Department of Education, 2023a) is also hosted at the Faculty of Education, which also offers a dedicated Master's degree for teachers and school leaders in inclusive education.

Response to the Terms of Reference

Our submission to the Legislative Council and Social Issues Committee Inquiry into the State Education System in Victoria responds to items two and three of the Terms of Reference including:

(2) the state of the teaching profession in Victoria and;

(3) the current state of student wellbeing in Victoria, including but not limited to the impact of State Government interventions, following the onset of the COVID-19 pandemic, to address poor mental health in students, school refusal, and broader student disengagement.

We seek to provide evidence that demonstrates: (a) the prevalence of mental health concerns among teachers in Australia and the relationship between teacher's knowledge and skills and attitudes to mental health and wellbeing and student mental health and wellbeing and; (b) the current state of student mental health and wellbeing in Victoria and the relationship between student wellbeing, learning and engagement. We submit five recommendations (summarised in Table 1), based on our expertise and research.

Table 1. Summary of recommendations

Recommendations	Rationale
1. The adoption of a Health-Promoting Schools Approach by the Department of Education in Victoria.	To encourage a coordinated and comprehensive approach across all state secondary schools and drive multi-sectoral collaboration between schools, families and local communities, including the health sector and all levels of government to foster the development of school systems that promote and support positive health and educational outcomes.
2. The appointment of a Mental Health and Wellbeing Coordinator (MHWC) in every State Secondary School.	To work with schools to build the capacity to address the mental health and wellbeing needs of students and provide the necessary resources to support an increased focus on health promotion in schools.
3. Clear access pathways from schools to mental health services.	To make it easier for students and educators to identify and access mental health care.
4. Health promotion education for pre-service teachers.	To provide opportunities for teachers to develop health promotion literacy, attitudes and beliefs and build workforce capacity for health promotion in schools.
5. Enabling education and school leadership and increased ownership over health promotion.	To foster leadership in schools and empower mental health coordinators to have input into health promotion activities and defining learning needs.

murdoch children's research institute

THE UNIVERSITY OF MELBOURNE

Submission

Adolescent health and wellbeing

In defining adolescence, this submission uses the definition increasingly applied in framing social policies and service systems that conceptualise adolescence as spanning from 10 to 24 years (Sawyer et al., 2018). Adolescence is a time of unique growth and opportunity. Good health and wellbeing in adolescence brings benefits across the life-course and into the next generation (Sawyer et al., 2018; Patton et al., 2016). Indeed, evidence shows that investment in the developmental years of childhood and adolescence can address early-life deficits and support healthier trajectories across the life-course, and beneficial outcomes into the next generation (Patton et al., 2018). In Victoria, there has rightfully been a focus on getting a healthy start to life. This is critical, but without continued investments beyond the first 1000 days, the risk is that any gains will be undone. Importantly, investments in adolescent health provide a benefit cost ratio of 10, that is, for every dollar spent, there is a 10-fold return on that investment (Sheehen et al., 2017).

The health and wellbeing of young people is shaped by the social determinants of health including the bio-psychosocial, cultural, environmental and economic environments that shape a young person's daily life (Viner et al., 2012). As settings where adolescents spend a substantial part of their day, schools have been recognised as having a considerable impact on adolescent health (Jourdan, 2021). Schools are commonly viewed by students and parents as safe places to seek advice and support, including for health concerns (Sawyer et al., 2001), and are an important resource for the health and wellbeing of the wider community, including parents and teachers (St Leger, 2010).

Healthy students who regularly engage in healthy lifestyle behaviours (e.g., physical activity, healthy eating) have better educational outcomes such as increased school attendance, engagement, and academic performance (Basch, 2011; Owen et al., 2018). This association is bi-directional; positive socioemotional skills can enhance a student's academic performance (Durlack et al., 2011), while poor health and exposure to adverse experiences (e.g., interpersonal violence) can prevent students from attending school and reaching their learning potential (Fry et al., 2018).

The current state of mental health and wellbeing among Victorian students

██
██
██
██
██
██
██
██
███
███
██

Also drawing on data from the _Child to Adult Transition Study (CATS)_, Mundy and colleagues (2022) highlight the impact of COVID-19 on Victorian student's mental health and wellbeing. Drawing on data from 2020 and 2021, when Victorian schools and students were impacted by extended periods of lockdown and school closures, Mundy et al., examined mental health

outcomes including anxiety symptoms, depressive symptoms, self-harm and subjective wellbeing among students in years 11 and 12. This study found that overall, prevalence of poor mental health was high during the pandemic, with more than half reporting depressive symptoms and one quarter reporting anxiety symptoms, as well as a widespread decline in subjective wellbeing (Mundy et al., 2022). Additionally, students with a previous history of mental health problems were found to be at a higher risk of poor outcomes in years 11 and 12; this association was stronger when prior problems occurred in secondary school than primary school. Those who experienced greater levels of socio-economic disadvantage and adolescents with a history of poor school engagement or frequent peer victimisation were also at a higher risk of experiencing poor wellbeing during the pandemic.

Collectively this research highlights concerns about the chronic and persistent nature of anxiety and depression among Victoria students, in addition to the impact of COVID-19 on student mental health and wellbeing. Addressing these impacts is important because "adolescent mental health problems can often persist into adult life (Rutter et al., 2006) with consequences for physical health, employment, social and family relationships, and capacity to parent (Fergusson & Woodward, 002)" (Mundy et al., 2022, p. 71). Mundy and colleagues also found that students who had previously experienced peer victimisation were at a greater risk of poor mental health outcomes; highlighting that while popular opinion at the time suggested that school closures due to public health restrictions may have provided a break for students experiencing peer victimisation, contributing to improvements in mental health and wellbeing, evidence suggests otherwise. This further emphasises the important role of school engagement in fostering positive mental health and wellbeing outcomes for adolescents. Poor mental health is a driver of other issues including school refusal (e.g., anxiety and depression can lead to feelings of overwhelm due to the demands of school) and can lead to patterns of school avoidance, student disengagement and school refusal. Mundy et al., (2022) argue that policy responses *"should consider the need for schools to build a strong sense of social connectedness both within and beyond the school community"* (p. 84), stressing the importance of opportunities for both positive peer engagement and positive relationships between students and teachers.

A Health-Promoting Schools Approach

The Centre for Adolescent Health led the development of the new Global Standards for Health-Promoting Schools that were recently published by the WHO and UNESCO (WHO & UNESCO, 2021a; WHO & UNESCO, 2021b). The WHO defines a health-Promoting School as a *"school that is constantly strengthening its capacity as a healthy setting for living, learning, and working"* through a whole-school systems approach. This approach brings together healthy school policies, curriculum, physical and social environments, the community, and health services to support health and wellbeing. While many of the concepts underpinning Health-Promoting Schools underpin the ethos of Victorian schools, this is by chance rather than being explicitly linked to the Health-Promoting Schools framework.

Based on evidence (Raniti et al., 2020), we suggest that approaches to support student mental health and wellbeing in Victorian schools would be strengthened by using a Health-Promoting Schools approach. Such an approach calls for leadership from the education sector, where schools champion mental health and wellbeing and teachers are the voice of health promotion. A system that encompasses a spectrum of responses that range from promotion and prevention, to acute responses, and then ongoing needs including behavioural and welfare support, changes to classroom practices and access to health services. This approach recognises that schools are systems that can amplify opportunities if multiple levers (e.g., policies, teaching practices,

curriculum, and health services) can be aligned. This includes behavioural and welfare support, assessment and responses to learning difficulties and access to health services. A Health-Promoting Schools approach explicitly encourages multi-sectoral collaboration between schools, families and local communities, and invites the health sector and all levels of government to support school systems to promote and support positive health and educational outcomes.

Building on exemplar programs

A strength in Victoria is the recent development of a new role in secondary schools, that of Mental Health Practitioners. The role description for these staff includes direct clinical care as well as mental health promotion and wellbeing (Victorian Department of Education, 2023a). Given the extent of behavioural and mental disorders within individual schools, the feedback we have from staff in these roles is that they are largely swamped by direct clinical demands such that they are unable to engage in the less acute – but equally important aspect – of mental health promotion. In the current climate of such high demand for direct clinical care, there is great concern that their mental health promotion role cannot be fulfilled. We would suggest that consideration be given to reducing the clinical care responsibilities within these roles in order to better orient them to mental health promotion, with the appointment of school counsellors to take on the direct clinical care roles.

Two valuable programs that demonstrate collaboration between the education and health sectors in Victorian schools that are relevant for mental health but that engage in a wider scope of health topics, are the Doctors in Secondary Schools (DiSS) program and the Secondary School Nursing Program (SSNP). We suggest that embedding a primary healthcare resource in the most disadvantaged schools can be considered best practice, especially as the medical staff who are employed within the DiSS program also work in the community which ensures their expertise remains current. They play an important role in all aspects of health including mental health. In contrast to primary healthcare, the role of the Secondary School Nurses is primarily health promotion.

These three programs are complementary yet are run distinctly by the Department of Education. Across sectors and schools, greater communication and integration at both a government and a school level could enhance the impact and sustainability of each of these programs. It is argued that within individual schools, increased coordination and support of all staff who have health and wellbeing responsibilities is needed. Furthermore, health and wellbeing being needs to be seen as a whole of schools responsibility supported by health professionals who are active members of the school community, as well as ensuring that these staff are actively engaged in the routine activities of schools. The latest reform agenda within the Department of Education, Framework for Improving Student Outcomes (FISO 2.0) (Victorian Department of Education, 2023b), suggests that wellbeing and mental health are now at the core of education outcomes and hence all education staff including pre-service teachers must be supported by an increased amount and targeted professional development. This is unlikely to occur unless education professionals perceive that their role extends to one of promoting student wellbeing rather than simply academic outcomes.

Teacher and teaching quality, workforce and expectations

The quality of teachers and teaching are key to the future positive development of our students. We know that wellbeing programs have a positive d=0.27 effect size on student achievement, similarly, we also know that anxiety and depression have a negative d=0.39 effect size on achievement and learning outcomes (https://www.visiblelearningmetax.com). It is also clear

that poor school attendance and engagement significantly impacts immediate and longer-term learning outcomes (Hattie, 2022). Recently education policies have also changed such that teachers and schools are becoming increasingly responsible for their students' wellbeing and mental health while at school (Victorian Department of Education, 2023b).

Accordingly, teachers face a growing expectation to enact mental health and wellbeing support in their role. In Victoria, wellbeing is explicitly referred to in the Framework for Improving Student Outcomes in response to the Royal Commission into Victoria's Mental Health System (Victorian Department of Education, 2023b). This also has implications for initial teacher education, as the emphasis on mental health and wellbeing in schools has changed what it means to be classroom-ready (White, 2021). Research suggests teachers feel unprepared to support the mental health of their students effectively; they have many competing demands and are not always confident in being able to provide adequate support (Giles-Kaye et al., 2022; Graham et al., 2011; Reinke et al., 2011). Indeed, across Australia, studies of perceptions of teaching have found that the impact of stress, balancing work and life, and the emotional cost of teaching on teacher wellbeing are highly salient concerns (Hefernan et al., 2019; McCallum et al., 2017). Additionally, teachers have indicated that concerns about their wellbeing directly contribute to their long-term commitment to the profession (Hefernan et al., 2019).

Poor mental wellbeing among teachers and strengthening teacher preparation

The prevalence of teacher mental wellbeing concerns is significant. A study of Australian teachers in 2020 found that approximately 18% of respondents were moderately or severely depressed, and over 60% recorded moderate to severe anxiety problems (Stapleton, et al. 2020). Further, teachers' mental health and wellbeing impacts on that of their students. Research into the relationship between teacher and student wellbeing has found that teacher wellbeing was positively associated with student's wellbeing (Harding et al., 2019).

We know a predictive relationship exists between pre-service teachers' self-reflection, resilience and self-efficacy and their intentional behaviour as teachers. A recent study found that resilience, self-regulation and self-reflection both mediated and predicted pre-service teacher candidates' intended teacher behaviour relating to cultural sensitivity, responsiveness to context, fairness, values and ethics (Clinton & Smith, 2023).

Thus, we argue that teachers' knowledge, skill and attitudes towards wellbeing and mental health activities are essential to support our student's future development. Furthermore, as the pressures of teaching increase with a tremendous global teacher shortage and rising stress of teachers, it is important that teachers' self-reflection of their wellbeing and mental health is not only supported but enhanced. Subsequently, initial teacher education programs must support all potential teachers to ensure that they can engage in a positive way with knowledge development and attitudes toward wellbeing and mental health. Generally, initial teacher education programs support increased health literacy knowledge; however, few support our pre-service teachers' development of personal capabilities to engage in self-reflective exercises related to wellbeing and mental health. Consequently, teacher confidence in relation to engaging in students' wellbeing and mental health activities is often called into question.

It is recognised that not all teachers are confident engaging in mental health and wellbeing activities as well as interacting with health professionals in relation to mental health of their students. Therefore, supporting the development of teacher capability to engage in their students' wellbeing and mental health activities must commence as soon as they begin their professional journey.

Recommendations

Drawing on the insights shared above regarding the value of a Health Promoting Schools approach underpinned by leadership from the education sector to respond to the growing and urgent challenges Victorian secondary schools face in student mental health and wellbeing as well as teacher shortages and stress, we propose five recommendations.

Recommendation 1: The adoption of a Health-Promoting Schools approach by the Department of Education in Victoria.

Rationale: To encourage a coordinated approach across all state secondary schools and drive multi-sectoral collaboration between schools, families and local communities, the health sector and all levels of government to foster the development of school systems that promote and support positive health and educational outcomes.

Schools play an important role in shaping the lives of students and teachers, with considerable opportunity to promote the health and wellbeing of all those who attend schools to learn, work and play. Evidence provided in this submission highlights persistent negative trends in mental health and wellbeing among both students and teachers, which were further exacerbated by the COVID-19 pandemic. A greater focus on health promotion, including education and prevention efforts are needed to help reverse this trend. By adopting a Health-Promoting Schools approach the Department of Education can drive a coordinated and comprehensive approach to planning and delivery of school policies, programs, activities and create environments across all state secondary schools that promote overall health and wellbeing.

Recommendation 2: The appointment of a Mental Health and Wellbeing Coordinator (MHWC) in every state secondary school.

Rationale: To work with schools to build the capacity to address the mental health and wellbeing needs of students and provide the necessary resources to support an increased focus on health promotion in schools.

This recommendation builds on the Departments MHIPS program, currently being rolled out in primary schools. The initiative has reached scale, and the implementation of training, ongoing support and evaluation has occurred through a collaboration between health (MCRI) and education sectors (UoM Faculty of Education and the Department of Education). Appointing a MHWC in all secondary schools will support alignment in approaches by facilitating coordination between MHIPS and MHWCs which can additionally support young people in their transition from primary to secondary school (a high-risk window for the onset of mental illness). This calls for specific and targeted support for implementation of MHWCs and broader health promoting school activities with attention to the particular differences between primary and secondary school and associated needs, with reference to school size and structures.

Recommendation 3: Clear access pathways from schools to mental health services.

Rational: To make it easier for students and educators to identify and access mental health care.

More accessible health services including a greater awareness of where and how to seek help can lead to more positive experiences for young people and improve continuity of care. This is consistent with both the National Mental Health Commission (Vision 2030) and the National Mental Health Workforce Strategy 2022-2032 (Department of Health and Aged Care, 2023) which emphasise the importance of clear pathways for care, and the importance of easily accessible local and community care; noting that better access to and more positive service experiences can empower people to care for their wellbeing.

Recommendation 4: Health promotion education for pre-service teachers.

Rationale: To provide opportunities for teachers to develop health promotion literacy, attitudes and beliefs and build workforce capacity for health promotion in schools.

Developing Health-Promoting Schools requires workforce development and provision for building greater knowledge and capacity for health promotion among educators. Education should also focus on developing appropriate attitudes and beliefs, along with skills and knowledge of health promotion. This includes capacity for identifying and addressing health related issues. Pre-service teachers must be provided with support to develop personal capabilities relating to self-reflective wellbeing and mental health behaviour. Additionally, the Australian Professional Standards for Teaching must be refined to include support for teachers and pre-service teachers' development of health promotion literacy and attitudes and beliefs that align with a whole-school approach ethos.

Recommendation 5: Enabling education and school leadership increased ownership over health promotion.

Rationale: To foster leadership in schools and empower MHWCs to have input into health promotion activities and defining learning needs.

Schools need to be empowered to take leadership of health promotion within their own school settings. All schools must identify wellbeing and mental health champions within their school alongside MHWCs, and both MHWCs and Mental Health Practitioners need to be encouraged and provided with opportunities to engage with health sector professionals. These responsibilities should be clearly reflected in position descriptions.

References

Basch, C. E. (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Journal of School Health*, 81(10), 593-598.

Clinton, J. & Smith, L. (Accepted 9/2/2023). The Role of Wellbeing and Self-awareness of Preservice Teachers and Predicting Future Teacher Behaviour. In M. White., F. McCallum & C. Boyle, C. (Eds.). *New Research and Possibilities in Wellbeing Education* (1st ed., pp. XX-XX). Springer Nature Singapore Pte Ltd.

Corwin Visible Learning Plus, (2023). *Visible Learning Meta^x.* Retrieved from: https://www.visiblelearningmetax.com/

Department of Health and Aged Care (2023). *National Mental Health Workforce Strategy 2022-2032*. Australian Government Department of Health and Aged Care. Retrieved from: https://www.health.gov.au/resources/collections/national-mental-health-workforce-strategy-2022-2032

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, *82*(1), 405-432.

Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., ... & McCluskey, G. (2018). The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis. *Child Abuse & Neglect*, 75, 6-28.

Giles-Kaye, A., Quach, J., Oberklaid, F., O'Connor, M., Darling, S., Dawson, G., & Connolly, A.-S. (2022). Supporting children's mental health in primary schools: A qualitative exploration of educator perspectives. *The Australian Educational Researcher*. https://doi.org/10.1007/s13384-022-00558-9

Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching*, *17*(4), 479–496. https://doi.org/10.1080/13540602.2011.580525

Harding, S., Morris, R., Gunnell, D., Ford, T., Hollingworth, W., Tilling, K., Evans, R., Bell, S., Grey, J., Brockman, R., Campbell, R., Araya, R., Murphy, S., & Kidger, J. (2019). Is teachers' mental health and wellbeing associated with students' mental health and wellbeing? *Journal of Affective Disorders, 253*, 460–466. https://doi.org/10.1016/j.jad.2019.03.046

Hefernan, A., Longmuir, F., Bright, D., & Kim, M. (2019). *Perceptions of teachers and teaching in Australia*. Monash University.

Jourdan, D., Gray, N., Barry, M. M., Caffe, S., Cornu, C., & Diagne, F (2021). Supporting every school to become a foundation for healthy lives. *Lancet Child Adolesc Health*, 5 (4), 295-303.

Leger, L. S., Buijs, G., Mohammadi, N. K., & Lee, A. (2022). Health-Promoting Schools. *Handbook of Settings-Based Health Promotion*, 105.

Mental Health Commission (2030). *Vision 2030: for Mental Health and Suicide Prevention in Australia*. National Mental Health Commission. Retrieved from: https://www.mentalhealthcommission.gov.au/projects/vision-2030

McCallum, F., Price, D., Graham, A., & Morrison, A. (2017). *Teacher wellbeing: A review of the literature*. Association of Independent Schools of NSW.

Mundy, L. K., Canterford, L., Dashti, S. G., Husin, H. M., Beatson, R., Edwards, B., & Patton, G. C. (2022). Adolescents at risk of mental health problems in the COVID-19 pandemic: A prospective population-based study of the effects of government mandates and school closures. *Australian Journal of Social Issues*, 58(1), 70-89.

Owen, K. B., Parker, P. D., Astell-Burt, T., & Lonsdale, C. (2018). Regular physical activity and educational outcomes in youth: a longitudinal study. *Journal of Adolescent Health*, *62*(3), 334-340.

Patton, G. C., Olsson, C. A., Skirbekk, V., Saffery, R., Wlodek, M. E., Azzopardi, P. S., ... & **Sawyer, S. M.** (2018). Adolescence and the next generation. *Nature*, *554*(7693), 458-466. https://doi:10.1038/nature25759

Patton, G. C., **Sawyer, S. M.**, Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., ... & Viner, R. M. (2016). Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, *387*(10036), 2423-2478.

Raniti, M., Fridgant, M., Ross, A., de Nicolas, C., Bennett, K., Cehun, E., Reavley, N., **Sawyer, S.M.,** (2020). *A systematic review of the enablers and barriers of Health Promoting Schools*. Melbourne: Centre for Adolescent Health, Murdoch Children's Research Institute. https://doi.org/10.6084/m9.figshare.23659158.v1

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1), 1–13. https://doi.org/10.1037/a0022714

Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., ... & Zubrick, S. R. (2001). The mental health of young people in Australia: key findings from the child and adolescent component of the national survey of mental health and well-being. Australian & New Zealand Journal of Psychiatry, 35(6), 806-814.

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, *2*(3), 223-228.

Sheehan, P., Sweeny, K., Rasmussen, B., Wils, A., Friedman, H. S., Mahon, J., ... & Laski, L. (2017). Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. *The Lancet*, *390*(10104), 1792-1806.

Stapleton, P., Garby, S., & Sabot, D. (2020). Psychological distress and coping styles in teachers: A preliminary study. *Australian Journal of Education*, *64*(2), 127–146. https://doi.org/10.1177/0004944120908960

St Leger, L., Young, I. M., Blanchard, C., & Perry M. (2010). *Promoting health in schools: from evidence to action*. France: IUHPE

Victorian Department of Education (2023a). *Mental health practitioners in secondary and specialist schools*. Retrieved from: https://www.vic.gov.au/mental-health-practitioners-secondary-and-specialist-schools?Redirect=1

Victorian Department of Education (2023b). *Framework for Improving Student Outcomes (FISO 2.0)*. Retrieved from https://www2.education.vic.gov.au/Pal/Fiso/Policy

Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet*, *379*(9826), 1641-1652.

White, M. A. (2021). Enhancing school – university pre-service teacher professional experience with online wellbeing masterclasses during COVID-19. In *Wellbeing and Resilience Education* (pp. 161–182). Routledge. https://doi.org/10.4324/9781003134190- 9

WHO and UNESCO (2021a). Making every school a health-promoting school: Global standards and indicators. Geneva: World Health Organization.

WHO (2021b). Making every school a health-promoting school: Implementation guidance. Geneva: World Health Organization.