ALL05471

Journeys: Supporting innovation in teacher education throughout Australia

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Abstract

Since the late 1990s, the Response Ability project team has been working to support the inclusion of certain adolescent health and social issues in pre-service secondary education. This is an initiative of the Department of Health and Ageing and began under the National Youth Suicide Prevention Strategy. With subsequent shifts in policy and emerging research about resilience and mental health, the project has evolved considerably in its aims, principles and processes. While implementation has always been collaborative, the project's evolution has been marked by stronger partnerships between health professionals and teacher educators and by a critical shift from a health risk focus to an educational one. Drawing on consultation with teacher educators and reflections of project team members, this paper will explore the process of working within universities on a national level and identify factors that make lasting change difficult in pre-service secondary education. Critical issues include the crowded university curriculum and tertiary cultures that may not be supportive of innovation in teaching and program design. While the project has achieved considerable success—producing award-winning resources and gaining support from many teacher educators throughout Australia— difficulties remain in regard to positioning this issue within teacher education and ensuring sustainability. This paper presents not only the story of the project itself but also the journey of those wrestling with curriculum change.

Introduction

This paper describes the introduction and evolution of an Australian national curriculum initiative designed to enhance the inclusion of mental health promotion within the pre-service education of secondary teachers. It also provides a reflection on the critical issues that have shaped and at times interrupted the emergence of a successful national mental health initiative. The paper also examines the results of extensive consultation with teacher educators and explores some of the factors which may influence uptake and dissemination.

Mental health problems occur in all ages and social groups, but levels are high in adolescence and young adulthood, (Australian Health Ministers, 2003) when most people face a number of psychosocial pressures and transitions. These may include academic pressures, leaving school, increasing independence from family, entering the workforce, early experiences with intimate and sexual relationships, or the use of alcohol and other drugs. Ten to twenty per cent of young people in Australia will experience a mental health problem (Australian Bureau of Statistics, 2001; Commonwealth Department of Health and Aged Care, 2000; Donald et al., 2000; Garton, et al. 1998) while a smaller proportion will experience a mental illness, such as schizophrenia or clinical depression. Many young people do not receive the personal or professional support that could assist them in resolving a personal issue or accessing treatment (Australian Bureau of Statistics, 2001, Donald et al., 2000). While estimates vary, studies also show that a significant number of troubled young people have thoughts about ending their own lives (Donald et al., 2000).

In response to these trends Response Ability was funded as an initiative of the Australian Government Department of Health and Ageing, with the objective of supporting the inclusion of mental health issues in secondary teacher education programs. It commenced in the late 1990s when the national strategy focus was on the prevention of youth suicide, but has evolved considerably during that time in to a national mental health initiative that promotes mentally healthy schools. Initially the aim was to ensure that graduates were knowledgeable about the issue of youth suicide, aware of the roles they might play as teachers in responding to youth suicide and skilled in negotiating these roles. This aim has, however, become much broader as the project now seeks to place youth suicide prevention as only one of many concerns under the umbrella of social and emotional wellbeing of adolescents. The aim has emerged in conversation with context as the many distinctives and concerns that plague the university,

school and mental health contexts have shaped the conception, preconception, inception and reception of the Response Ability project and contested many misconceptions that characterise these stages of development.

The Response Ability Program: conception

The Response Ability Project was initiated in 1997 under the Australian Federal Government's National Suicide Prevention Strategy. Its aim was to influence the pre-employment education of professional groups, so graduates could play a constructive role in addressing youth suicidal behaviour. The project represents an effective collaboration between health professionals and tertiary educators, with the team comprising staff from the Hunter Institute of Mental Health and educators from the University of Newcastle. The project reviewed undergraduate courses in nine professional disciplines before selecting four groups likely to influence the problem of youth suicide in an indirect or structural way (Hazell et al., 1999). The target groups were journalists, doctors, nurses and secondary school teachers. This paper, however, refers specifically to the teacher education arm of the project and some of specific issues that arose when seeking to develop a focus in teachers and teacher educators in the promotion of social and emotional wellbeing in schools.

The Response Ability Program: pre-conceptions & mis-conceptions

The development of the project has been hampered and fostered by educational and mental health discourses that work in an around adolescent social and emotional wellbeing. These discourses circulate around many pre-conceptions about the role of teachers and schools in attending to this issue importance of social and emotional well being of students.

Mental health and educational discourses: the legacies

Many key mental health and educational discourses have emerged in the last decade, over the life of the project during a time, which Bernard (2004) suggests has been a "pivotal period". Whilst, more recently, psychological and behavioural discourses have been central in the construction of adolescent mental health this area has also been an ongoing concern for the social sciences and social philosophy. Durkheim's (1897) early investigations into suicide and Foucault's examination of the construction of "madness" are testament to this interest. Foucault (1965) argued, that constructions of rationality marginalised those who were deemed by society as not rational and linked knowledge to power as exercised in social relations. These disciplines have debated the place of normality and deviance in constructions of the self.

This debate circulates around thoughts of normality that pathologise difference within explanations of deficit theories that regard mental health as located within discourses of illness and madness. Behavioural psychology has obviously been very influential here. Consequently. social and emotional wellbeing can be located as a concern only of medical practitioners, particularly psychiatry and psychopathology, whereby "popular myths of early adversity (and their link to mental health risk factors)" and "infant determinism" prevail (Bernard, 2004, p.8-9). This paper, and in many ways the development of the Response Ability project, contests this view suggesting that adolescent social and emotional wellbeing is also the purvey of social scientists and educationalists and must come out from under the wings of determinism and deficit theories to embrace difference and adaptation of self as we interact within social realms. Here social and emotional wellbeing emerges as a "dynamic, contextual and culturally expressed phenomenon" that requires "critical survival skills that are "intrinsically motivated or biologically driven, and culturally expressed" (Bernard, 2004, p.39). The marginalisation of much research, during the last century, that discussed the "plasticity of the brain" recognises that deterministic and behavioural discourses have regulated discussions of mental health and "seduced" many with the "allure" of "fallacious assumptions" (Kagan, 1998, p.1). Jungck states that today critical and poststructural theorists, overwhelmingly, emphasise that the language we have available and use greatly influences what we consider as real (Jungck, 1996, p. 167).

Much of the contestation of these discourses has emerged from developmental, critical social and poststructural theories. Developmental theories challenged the conception that mental health was a quality which some possessed while others did not. For some this could be regarded as a reason for inaction as mental health is a biologically predetermined life plan that was beyond change. Developmental theories challenged this premise by contending that individuals have agency over their

development as they interact with the world around them and "apply corrective lenses" and "self-righting tendencies" as they face persistent adverse circumstances (Bernard, 2004, p.9). This can be seen in the move from strategies of postvention to encompass intervention and prevention and to, more recently, the discussion of resilience "training". Critical social theory sought to provide those in subjugation with greater power and freedom through knowledge, action and agency (Calhoun, 1995; Hoy & McCarthy, 1994). This could be applied to mental health discourses within the hope to recognise that the world is a constructed one and thus everyone is a social agent with the possibility of acting to achieve a better world. Outhwaite (1987) notes the tendency within social theory to associate action with freedom and structure with constraint and thus an individual through action can become realise freedom. Poststructuralism adds to the debate the argument that knowledge is inextricably linked to power and individuals are regulated by socially, historically and culturally constructed discourses. Truth becomes bracketed and grand narratives replaced by individual stories. Thus for discussions of mental health postructuralism contends that "truths' and "givens" about normality and difference are linked to power, constructed and thus contestable. Poststructuralism seeks to hear disparate voices opposing a singular narrative and thus seeks to disrupt discourses of mental health that marginalise some and places them as deviant. For poststructuralism this is a construction worthy of challenge.

In the conception of the Response Ability project the debate between behavioural discourses and developmental discourses has been played out on a backdrop of critical social and poststructural theories. The initial years of the project would bring together educationalists (myself included) and psychiatrists who would locate themselves at opposites ends of conference tables trying to understand worldviews plagued with different language that emerged from disparate discourses. I remember these initial meetings as we wrestled with common ground and sought a shared dialect to communicate a shared passion for adolescent mental health, at that stage youth suicide, and discussed different "treatments". As an educator I found the experience daunting and curious as I wondered if the teacher's role could be more than a referral agent. As reflected in the work of Waxman et al. (1999) and Paternite and Johnston (2005) the establishment of "equal standing" consultative groups can be difficult as many mental health professionals (especially psychiatrists, clinical psychologists, and social workers) have been trained within a hierarchical "expert-consultee" model of consultation and can operate with a proprietary attitude toward discipline-specific expertise. To contest this difficulty Paternite and Johnston (2005) suggest that to promote effective collaboration it is incumbent upon mental health professionals to view educators as valued customers and colleagues" whereby "educators are valued colleagues in that they are important and essential members of the "mental health team," particularly in the context of the school community" (p.44).

The importance of shared understandings

Since 1997 however, our journey has tossed behavioural and educational theories across disciplinary waters and joined with alternative discourse to recognise health as much more than simply the absence of an illness (World Health Organisation, 1998). Common language has been an ongoing battle with the importance of shared understandings core to the development of the project. As such the concept of "health" has come to represent, for the team, a positive potential, a capacity to achieve the best possible state of wellbeing. Mental health can be conceptualised in much the same way and describes one aspect of a person's broader wellbeing. A shared definition for mental health has emerged as linked more broadly to social and emotional wellbeing. The project delineates a mental health problem (a phenomenon that occurs when someone's thoughts, feelings or relationships are troubling them) from a mental illness (a specific disorder with defined symptoms, which generally causes greater distress or disruption).

Initial discussions were framed around prevention, intervention, and postvention but predominantly in relation to risk factors and the teacher's awareness of these in identifying mental health concerns in students within a total school approach that promotes mental health. The concept of resilience has emerged over the life of the project as an integral concept also whereby the team recognise this as a universal capacity that can be fostered in students through a total school approach. Thus the key concepts of risk and resilience emerged as foundational concepts that required a shared understanding. The role of the teacher then in observing risk factors in students has broadened to also nurturing resilience in students. Thus the importance of curriculum materials that could equip preservice teachers with the necessary knowledge, skills and attitudes has been an ongoing priority for

the project. Thus the development but also usage of this material in universities has been of prime concern, which in turn has birthed some limitations on the project.

Working within university culture

Whilst there has been research that describes the process of curriculum uptake and dissemination in promoting mental health and social and emotional development at the school level (Greenberg et al., 2003) there are few reports in the literature relating to the dissemination of curriculum resources in this area for tertiary education. The life of the Response Ability project has met many distinctives of university culture, and in particular teacher educator culture , and these have influenced the dissemination of information. These influences are linked to: declining staff numbers; the transient nature of staff, the increasing marketisation of universities in a competitive global context and the location of mental health within the physical education syllabus area within teacher education.

Marginson and Considine (2000) note many of these distinctives as problematic within contemporary university culture. They note that over the life of the project (1997 until now) student-staff ratios in Australian universities have increased with consequences for pressures upon teaching and research. The "new style of executive management" has created an academic management divide whereby "academics lack weapons" (Marginson and Considine, 2000, p. 65). Thus "tactics dictate that academic values must be side-stepped rather than confronted directly" and Australia is following the American model whereby "increasingly non-tenure part-time labour are replacing tenured faculty" (Marginson and Considine, 2000, p. 67). This creates a context where academics are feeling increasingly uncomfortable with a "weakening of authority and independence" (Marginson and Considine, 2000, p. 67). Furthermore incessant change and reform magnifies their sense of dislocation with no time to "accumulate expertise in relation to one set of demands before another is in place" as they are "stretched by the day-to-day demands of teaching, research and professional service" (Marginson and Considine, 2000, p. 235). The new "enterprise university" strengthens a management steering core at the "expense of the dynamism of academic cultures…where academic resistance is low there is a tendency to suppress grass-roots initiatives" (Marginson and Considine, 2000, p. 242).

Of interest here also is the work of Finley and Hartman (2004) who note two factors that influence resistance to change that occur at the cultural or institutional level, including a lack of opportunities to collaborate and a lack of support, either administratively or collegially. These aspects constrain change. Nevertheless, Silver (1998) suggests that universities as large, decentralized organizations do provide "opportunity for random innovations that are not generalized because academic administrators do not have the power to insist that faculties adopt new techniques, new courses, or new curricula" (p. 4). This is encouraging, in part, but the Response Ability project seeks an ongoing generalised change.

With this context in mind it is not surprising that the Response Ability initiative has had difficulty at times in contacting the appropriate lecturers and decision makers and that at times decision and uptake has been slow and intermittent. The transient nature of staff, including sabbatical arrangements, has made it difficult to maintain links with staff. It is encouraging then, that forty-four campuses (68%) are currently using the Response ability resources and there are an average of 834 visits and 2788 hits per week on the website. This is testament not only to the continual and proactive contact and support of the project team with universities but also to the desire of teacher educators to recognise the importance of this area.

Usage is also encouraging in relation to the fact that 64% of courses that use the material are core subjects rather than a health or elective unit. I mention this here specifically because of the continual dilemma of mental health being regarded as owned by health disciplines or the physical health syllabus rather than as core concern for all secondary teachers. There has been an ongoing struggle in recognising that mental health concerns do not rest only within the physical education (or equivalent) syllabus area. This struggle is evident in both schools and teacher education faculties.

Working within teacher education and school culture

Many of the initial meetings with universities assumed that the physical education (or equivalent) syllabus area was where the resource was best placed and the project team had to remain continually proactive in this regard. This is heightened by a historical context of an uneasy alliance between

schools and mental health services (Sedlak,1997). The recent push in teacher education and schools for "supportive classroom environments" has however been helpful in recognising that the social and emotional wellbeing of students is a core concern of all teachers (Gore, 2001). Furthermore a growth in research that links adolescent health and wellbeing, personal and social development and academic performance has encouraged a concern for the social and emotional wellbeing of students (Zins et al., 2004; Haynes, et al., 2003; Pasi & Elias, 2001; Goleman, 1997).

Within this context, there is a growing emphasis on school-based mental health promotion programs in Australia, at both a national and state level. The concept of the Health Promoting School has emerged as a useful framework for schools wishing to safeguard the wellbeing of their school community, as well as the academic and developmental needs of students (National Strategy for Health Promoting Schools 1998-2001, Commonwealth Department of Health & Family Services; National Mental Health Plan 2003-2008 Australian Health Ministers; A National framework for Health Promoting schools 2000-2003, Australian Health Promoting Schools Association, 2000). Furthermore, there is growing recognition of the need for a comprehensive model of mental health promotion in schools, which reaches beyond curriculum-specific approaches to consider school ethos, professional development and partnerships with the community and with other services.

The pressure from schools for preservice teachers to be trained appropriately in relation to social and emotional well being is growing. In an audit of Mental Health Education in Australian Secondary Schools, the year before the Response Ability project began, many teachers reported that they were uncomfortable with topics relating to mental health and illness (Youth Research Centre and Centre for Social Health**,** 1996). In the United States, while there are a number of studies considering teachers' attitudes to school-based mental health services (Evans, 2005; Weist et al., 2005; Paternite & Chiara Johnston, 2005), there have been few considering teachers' own understanding of mental health. Nieminen (1984) well before the outset of the Response Ability project reported variation in teachers' attitudes and social adaptation to the topic of mental health. More experienced teachers had greater understanding of mental health issues, while trainee teachers had relatively little understanding. Evans et al, (2005) reported that teachers are not trained to teach students about mental illness, including responding to student reports of suicidal thoughts, or discussions about loss and grief and that a lack of training is a critical obstacle to teachers being able to implement a mental health program. In this context, introducing the issue of mental health in pre-service education may help graduates to be better prepared for the roles of schools in mental health promotion.

The Response Ability Project: inception

The program is implemented by the Hunter Institute of Mental Health, a mental health promotion and education organisation, in collaboration with the University of Newcastle. Using strategies based on extensive consultation, the project team provides free resources and support for teacher educators, as well as advocating for the more systematic inclusion of wellbeing in teacher education. The project team also works with a group of academic advisors drawn from six different Australian universities.

In light of the earlier discussion in this paper about influential contexts and discourses Figure One summarises the transition of the project.

The first problem-based exercises and supporting readings were made available free to universities in 1999 via a website and a video. Prior to the release of the resources, a draft version was evaluated at a number of universities across Australia. After the use of the materials, pre-service teachers reported that they were (a) *more* likely to report that they had enough knowledge to work effectively with young people who were having problems and (b) *less* likely to report that they would not know what to do if a young person told them that they sometimes felt like ending their own life.

In 2000, the Commonwealth Department of Health and Ageing provided additional support for the project, in order to redevelop the materials to place the issue of suicidal behaviour within the broader framework of mental health promotion. The project team continued to represent an active collaboration between teacher educators and health professionals. To ensure the relevance of the new resources, an extensive consultation process was undertaken with representatives from all institutions which offer an entry-level qualification in secondary education.

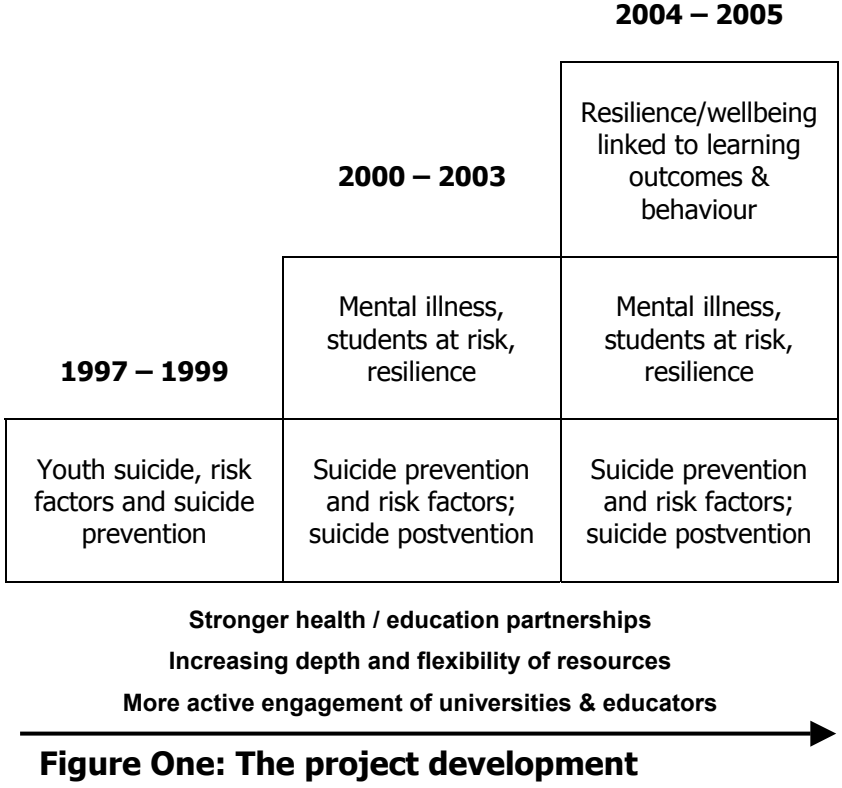

Figure One: The project development

Consultation Methodology: Key actions

1. *Meeting with Deans of Education* (December 2000):

   Aims: inform the Deans about the project; assess support for the principles of the project and to seek input into planning and future directions. 18 universities represented including institutions from all the states of Australia and from the Northern Territory.

Delegates were supportive of the aims of the project, while being realistic about the barriers which might be encountered. In discussion, they characterised the teacher's role as including many elements relating to mental health promotion, broadly grouped into:

- caring and connecting;
- teaching and learning;
- monitoring and referring; and
- creating a supportive environment.

The mental health promotion roles of schools were seen to include:

- promoting a positive school culture;
- supporting staff and students;
- developing and enforcing policies and procedures;
- maintaining a community focus; and
- using the curriculum to support social and emotional wellbeing.

2. Identification of campuses providing Secondary Education programs

Universities Admissions Centre NSW 2000 guide (UAC, 2000) the Postgraduate Coursework Guide (UAC, 2000) and university and college websites were used to identify campuses. Program coordinators of secondary teaching programs were the primary contact. Alternate or additional contacts included lecturers and other academic staff, such as Heads of School, who could provide an overview of relevant courses and resource needs. Universities were contacted to clarify which campuses offered relevant courses and whether these had a central program coordinator or were administered independently.

3. Consultation Interviews

Project officers visited almost every university campus in Australia, which offered a relevant program to conduct interviews with university staff, with a small number of interviews being conducted by telephone. The interviews were semi-structured and based on an interview schedule, which included key topics to be covered but allowed the interviewer some discretion to prompt discussion within a subject area. Interviews were conducted with ninety-nine academic staff representing forty-six campuses throughout Australia.

Interview data comprised field notes and transcripts of interviews. Qualitative and quantitative methods were used to analyse the data. When all interviews were completed, information was collated using discourse analysis and key words and themes that emerged from the data. As far as possible, the key words and phrases used reflected the original language used by interviewees. The number of interviews in which a theme was raised was also recorded.

4. Questionnaires from Teacher Educators and preservice teachers

Teacher educators were also given a short questionnaire, with a reply-paid envelope, to be completed and returned anonymously. The questionnaire used a series of scales to assess lecturers' perceptions about inclusion of mental health issues in pre-service education. Preservice teachers were also given a short questionnaire,

The Response Ability Program: reception

Feedback from Teacher Educators

Teacher educators throughout Australia have welcomed the multi-media resources, and the support offered by the project team. Throughout the project, formal and informal feedback has been collected from teacher educators using the material, yielding considerable positive feedback regarding the content, presentation and flexibility of the resources. In a survey of 28 teacher educators using the resource, conducted at the end of 2003, 96% indicated that the material was easy to use. Ninety-six percent of the sample considered that their students were receptive to the material. Eighty-two percent felt that the availability of the materials had increased their level of confidence in teaching about mental health issues, while 79% reported that the project had led to an increase in the coverage of mental health related issues in their university's teacher education program.

Attitudes toward the inclusion of Mental Health Promotion

Based on data from the consultation interviews, the project team concluded that there was general acceptance of the principle that it would be worthwhile to include mental health promotion in pre-service teacher education. The anonymous questionnaires from academics provided an additional opportunity to assess levels of support for the inclusion of mental health promotion in pre-service teacher education.

Forty-four questionnaires were returned (a response rate of approximately 44 percent) and results were analysed by calculating a mean score for the level of agreement with a given statement. On a scale, where ten indicated that it is important for student teachers to learn about mental health and suicide prevention, the mean score was 9.1.

Teacher educators suggested that some lecturers may not feel confident dealing with mental health related topics, or the issues these might raise for students and the knowledge, experience and values of lecturers will influence whether new materials are adopted. This was consistent with results from the questionnaire, which asked: *Do you think academic staff who teach in secondary education courses would be confident about including the issue of mental health and suicide prevention?* On a scale of one to ten, with ten indicating that teacher educators would be very confident, the mean score was 5.3, the lowest response of all questions (see Table One).

However, from both the questionnaire and the interviews, there was reasonable support for the provision of Australian resources and professional development. Comments from the interviews included:

> *I would like to see some more Australian resources. We tend to get bits from America and England.*
>
> *This work won't happen with the pre-service students if the staff don't 'own it'….. The only way it will be pushed forward is if it comes with some kind of staff development …..*

On a scale of one to ten, with ten indicating that teacher educators would strongly welcome new resources, the mean score from the questionnaires was 8.6. In regard to teacher educators welcoming professional development in this area, the mean score was 7.9 (see Table One).

Table One: Results from the Questionnaire for Teacher Educators, N= 44

Question	**N**	**Mean**
Do you believe that schools and teachers can influence the mental health of students and contribute toward the prevention of suicide? *[1= No, not at all ; 10 = yes, they can influence it greatly]*	44	8.4
Do you think it is important that student teachers learn about how they and their schools can influence the mental health of students and possibly prevent suicide? *[1= No, not at all ; 10 = yes, extremely important]*	44	9.1
Do you think student teachers are interested in learning about how teachers can help to enhance the mental health of their students, and contribute towards the prevention of suicide? *[1= Not at all interested ; 10 = yes, extremely interested]*	43	8.2
Do you think academic staff who teach in secondary education course(s) would be confident about including the issue of mental health and suicide prevention? *[1= No, not at all confident ; 10 = yes, extremely confident]*	44	5.3
Do you think that relevant academic staff in the faculty or department would welcome curriculum resources about adolescent mental health and suicide prevention? *[1= No, staff would not welcome resources at all ; 10 = yes, staff would very readily welcome curriculum resources]*	44	8.6
Do you think relevant academic staff in your faculty or department would welcome some form of training on the issue of adolescent mental health and suicide prevention? *[1= No, not at all ; 10 = yes, very readily]*	41	7.9
How easy do you think it would be to arrange a trial of the revised 'Response…Ability' resources in your university, when they are available next year? *[1= very difficult ; 10 = very easy]*	36	7.0
EXISTING RESOURCES		
Are the existing resources too complex to use in their existing form? *[1= Yes, I feel strongly that they are too complex ; 10 = no, they are not too complex]*	14	7.8
Are the existing resources compatible with the current curriculum of the education course(s) at this university? *[1= No, I feel strongly that the resources are not compatible ; 10 = yes, I feel strongly that the resources are very compatible]*	14	7.6

Awareness and use of Resources from Phase One of the Project

Academics from fourteen campuses (30.4%) reported that they had used the first resources; ten campuses (21.7%) reported that they were aware of but had not used them; and twenty-two campuses (47.8%) were not previously aware of the materials. Given the size of education faculties and the probability of staff changes between 1999 and 2001, the resources may have been utilised at a university without the knowledge of the interviewee. However, the results suggested that many teacher education programs were not making use of the earlier materials and that more active dissemination and promotion may be required.

In discussion, those who had used the materials from the first phase of the project reported that students embraced the topic and engaged in vigorous in-class discussions. Educators and students favoured the use of scenarios set in schools to raise a range of issues. However, some who had used the materials noted that they required the reading of large amounts of information and requested that summaries and suggested answers to exercises could be included in the new resources. In the words of one lecturer:

> *We just got a bit daunted when we saw a lot of material, a lot of facts. This is probably my only criticism (of the resources from the first phase of the project).*

Interestingly, results from the questionnaires (see Table One) suggested that many lecturers felt that the resources were not too complex and that they were compatible with the curriculum. These results were interpreted to mean that the content was appropriate but that the format for delivery and the considerable amounts of printed information could be improved.

Coverage of mental health and suicide in teacher education programs

Sixteen campuses (34.8%) reported that they did not address mental health or illness *per se* but that they touched on many related issues in core subjects, electives and in some discipline-specific subjects such as health. Other programs included coverage of selected issues, often in the context of adolescent development or professional issues in teaching.

When educators were asked to specify their mental health related content, there were thirty-eight response categories, several with sub-themes. The ten most common themes, in order of decreasing frequency, were: social and sociological issues; classroom management; adolescent health and development; child protection; students with special needs; personal development; behaviour management; drugs and alcohol; educational psychology; and communication and relationships.

Specific topics or conditions were addressed by some campuses. In order of decreasing frequency, these were: suicide, eating disorders, depression, ADHD, Asperger's Syndrome, anxiety and schizophrenia.

Suggested content for the new resources

Teacher educators identified a broad range of issues for inclusion in the new materials. Over fifty themes were identified, with several educators emphasising the need for student teachers to recognise and respond to mental health issues in themselves and others.

> *Some of our students are really themselves just out of adolescence … personal mental health at the pre-service level is probably very important.*
>
> *As a teacher … being able to recognise signs and then being given some clues about how to respond.*
>
> *Principles to follow … to say 'What would you do in this situation?' … It's about teaching students about process.*

Themes which were mentioned most frequently were: mental health of self and others (as university students and school teachers); communication and relationships; personal development; community partnerships and referral; recognition of mental health problems in school students; responding to students with mental health problems; school roles and related issues; bullying and violence; suicidal behaviour; and drug and alcohol issues.

Further to these themes, several social issues were raised in the context of their impact upon mental health, such as: family issues and breakdown; child abuse; indigenous and cultural perspectives; tolerance and diversity; sexuality, including same-sex attraction; rural perspectives; and domestic violence. Some interviewees suggested the inclusion of information about specific conditions including depression, eating disorders, ADHD, schizophrenia and anxiety.

The Response Ability Program: exceptions

Barriers to uptake of the new materials

A number of issues were identified which could influence the uptake of curriculum resources about mental health and suicide. Issues could be broadly grouped into: constraints regarding universities and programs; the knowledge, experience and existing commitments of teacher educators; the crowded teacher education curriculum; and aspects of the new resources, such as flexibility and content. Delegates suggested that the project team should consult in person with teacher educators and program coordinators from as many universities and colleges as possible.

The most commonly mentioned barrier to use of new material was the lack of time and space in the teacher education curriculum and this was raised in some form in almost every interview. Teacher educators noted that many important issues compete for inclusion in the university curriculum and some are mandated. Consequently, a number of issues may be raised within a teacher education program without being explored in depth. This was seen as a particular pressure in postgraduate programs in which student teachers who already have a degree in their discipline area are required to learn about the practice of teaching, within a short program. Lecturers commented that:

> *We are already under a lot of pressure to deliver in core areas.*
>
> *The basic problem with all pre-service programs is that there are more things that people want in there, than can be done in the training program.*
>
> *Space will always be your challenge - in both teacher education and in schools. There are so many initiatives…*

The size and complexity of many faculties and schools of education is a barrier to the ideal pattern of cross-disciplinary integration, but not an insurmountable one. There is a perception among academics of a changing climate in Australian tertiary education as reflected in the findings of Marginson and Considine (2000). Many felt that there had been reductions in financial resources and infrastructure support, creating a climate of greater staff turnover, more casual staff, an increasingly crowded curriculum and reduction in contact hours. Participants felt that many lecturers have less time and inclination to champion issues, which might be seen as extraneous to their core educational and research goals. This is also reflected in the findings by Evans et al.,(2005) whereby time pressures on lecturers and the requirement of another demands may alienate them.

Secondary education was also regarded as being strongly focussed upon learning outcomes within specific disciplines, both in schools and universities. This creates a barrier to the inclusion of cross-curricular issues such as health and wellbeing. Several participants felt that the contrast in structure between primary and secondary schooling can have a significant impact upon the mental health and wellbeing of young people and also on the practice of primary and secondary teachers.

> *[Student isolation] is related to the structure and organisation of high schools. [High school] teachers see six times as many kids as a primary school teacher does and they just don't get to know them.*

> *Secondary school … is discipline-based. In terms of the health promoting schools concept, it's much more successful in a primary school than a secondary school, it has real problems when you try to transfer that to [the secondary school] setting.*
>
> *Primary teachers teach children and secondary teachers teach subjects … You ask the people in the secondary program … why they're coming into teaching … and probably eight out of ten say 'I love the subject'.*

In the context of the focus on subject areas, many educators felt strongly that the issue of mental health should not be relegated solely to the specific curriculum area of Health or Personal Development. Several suggested that it is important for all secondary school teachers to be aware of issues relevant to young people's mental health and to support broader health promotion initiatives in the school.

> *Every teacher has to be reached, from physical education to maths.*
>
> *It would need to be a core course …. Young people don't stop having mental [health] problems … just because it's an English lesson. So it needs to go to everyone.*
>
> *Part of their role as a teacher [is] to be aware of all adolescent health issues and to … support what is done in health education classes and .. in a health promoting school. It's not just the curriculum, it's everything else that goes on in the school and then the connection with the community.*

A number of educators recommended that the planned resources should be constructed and promoted in such a way as to encourage their integration into core subject areas such as sociology, educational psychology or teaching practice.

The attitudes and values of some teacher educators were identified as possible barriers to resource uptake, particularly in regard to the previously-described issue of confidence with the topic of mental health. Participants also suggested that some lecturers may not consider this topic relevant to their own teaching area, or may be resistant to change and not feel inclined to integrate new materials.

> *Sometimes people get in the habit of doing things the way they like doing it … I guess something's worked for them for a long time.*
>
> *People don't think they have to do this in an education course … we're not on about mental health.*

Furthermore, individual lecturers may favour certain teaching styles or philosophies which run counter to those suggested in the new resources. For this reason, it was recommended that the revised materials be inclusive of both sociological and psychological models of mental health and avoid too strong a focus on an illness model.

> *Sociologists tend to look for explanations within the social context … whereas psychologists look for explanations within the … individual. … You need some sort of marriage of the two.*

Some lecturers felt that pre-service teachers themselves may not be interested in mental health, not appreciating the value of the topic against more immediate concerns such as learning to teach in their chosen curriculum area and developing specific survival strategies for the classroom.

> *The student teachers' focus is on surviving and getting out there and getting a job … Students who are trying to learn how to be teachers … so much of their effort is on that survival … How do I prepare a lesson, how do I manage a classroom?*

> *[Student teachers] really do think that to be a better teacher you have to know more about your subject … you don't have to know more about the process of teaching, you don't have to know more about the students …*

However, it does seem that some pre-service teachers may be interested in mental health issues, based on feedback from lecturers using the first round of materials and on results from the student questionnaire. On a scale of one to ten (with ten indicating that it is extremely important for student teachers to learn about these issues at university) the mean response from pre-service teachers was 8.5. During consultation, one lecturer commented:

> *I think our students are actually more receptive to [health issues] than we might think.*

Many academics expressed uncertainty about whether some pre-service teachers had the maturity and self-knowledge needed to meaningfully discuss issues like mental health and suicidal behaviour. Others raised concerns about the possible negative impact upon students whose lives had been touched, personally or less directly, by some experience of mental health problems or suicidal behaviour.

> *It's a bit close to home for some students who have had a friend … well, you may get some emotional situations.*

> *We have a lot of students who are [depressed] … Whether the stress of university triggers what's been an underlying problem anyway, but then they go out and … [try] to cope with the depression as well as teaching.*

The term "mental health" was considered problematic by some interviewees, who felt that it may have negative connotations for some lecturers or students. While health is a positive capacity, mental health is often interpreted as mental illness. In addition, the use of the term might increase the possibility of the resources being directed solely to the health curriculum area. There was a concern that some may view health and mental health primarily as concerns for other professionals, such as school counsellors or youth health workers.

> *I think some people find [mental health] a scary topic.*

> *Most of the people here at [this] faculty would see mental health as mental illness, and they see that as some … thing that someone else does.*

The project team was advised by the participants to emphasise the fact that mental health problems impact negatively upon other concerns, which are more traditionally the domain of teachers, such as academic performance, behaviour and personal and social development. Some participants suggested either avoiding the term mental health, or balancing it with other terms, such as social and emotional health or wellbeing. When discussing barriers, many participants suggested other relevant considerations which should be taken into account in developing the materials themselves, such as cost, availability, quality and presentation.

While published guides and university websites can be used to identify most target programs, it can be difficult to ensure full coverage over all campuses. The structure and culture of teacher education varies considerably between institutions, as does the delivery of teacher education programs. Difficulties may arise in identifying and contacting the appropriate person within a university or college and it may be some time before busy educators find an opportunity to return messages. When establishing such a project, an appropriate timeline is required to allow for this groundwork to be completed.

Looking forward

The Response Ability project has provided an excellent case study of a change initiative that has used the provision of free resource material as the initial step in engendering teacher educators interest. The concern and interest of teacher educators has been encouraging but the impetus to change in the current university context provides many challenges. However, the desire to educate preservice

teachers in the promotion of student social and emotional wellbeing has not been a key problem in most universities. The key difficulty has been the realising of this interest in changed practices.

The universities that have maintained interest and incorporated this focus into their curriculum have had one or two key people who have driven the initiative within the university context. In the main these lecturers are those who teach the material and remain responsible for the courses in which it is integrated. These have been staff who are prepared to work in partnership with the project staff. Whilst the intention can be more grandiose, in practice, the inclusion of the issue of social and emotional wellbeing (whether in health units or foundation subjects) is often dependent upon the commitment of one or two staff members who value this area or have a research interest in the area.

The size and complexity of many faculties and schools of education is a barrier to the ideal pattern of cross-disciplinary integration, but not an insurmountable one. Difficulties do arise within university culture in relation declining staff numbers; the transient nature of staff and increasing number of sessional staff ; the pressures of a crowded university curriculum; the increasing marketisation of universities in a competitive global context and the location of mental health within the physical education syllabus area within teacher education. In concert these factors contribute to academic staff who feel constrained to influence broader program-planning decisions.

The hope for the future is that more universities will move toward a more systematic approach that will locate a focus on the promotion of mental health in schools and the fostering of social and emotional wellbeing within program structures rather than isolated courses. In the early stages of the project it was imperative that health and educational professionals develop shared understandings but also recognise the impact of social, cultural and historical discourses that define and construct understandings of mental health.

Schoem (2002) identifies five challenges that are very relevant to the future of this project and require attention and systematic planning. First, the project should include continuous collaboration.

> *Collaboration is an ongoing commitment and process, never an isolated event, and it is required both to start projects and to sustain them. It involves a kind of work most faculty have experienced only occasionally and in a limited way. In every case, as the work expands from a single individual to collaboration with students, faculty, multiple university offices, and community partners, the effort becomes more complex and demanding. (Schoem, 2002, p. 51)*

Thus any systematic approach will need to recognise the importance of ongoing partnerships in promoting mental health in schools. As noted by Weist, et al. (2005) the school mental health field is undergoing progressive growth and improvement and "needs to promote close collaboration between families, schools, and community agencies (e.g., mental health centres and health departments) to develop a full array of effective mental health promotion and intervention to youth in both special and general education in schools" (p. 12). Ideally as suggested by Adelman and Taylor (1999, 2000) this should move beyond program cooperation, whereby the mental health and education systems should strive for program integration with mental health staff and educators working together, identifying shared values, goals, and strategies. Fortunately, although Response Ability began as a health initiative, it has been characterised by increasingly stronger partnerships between health professionals and educators and a shift from an almost exclusive focus on health outcomes to a shared focus on promoting positive development of young people. This focus includes educational, health and social outcomes.

This project has developed shared understandings and shown that the concept of social and emotional wellbeing can bridge the constructed divisions between these disciplines. According to Vincent et al., (2005) "the question is no longer whether we should actively address social and emotional wellbeing, but rather how we can best apply these principles in our schools, services and communities" (p.6).

Second, Schoem (2002) notes that most of the work of change initiatives in universities takes place at the margins of the traditional business of the university.

> *This means that much of the integrative work must be done from scratch, with little or no institutional infrastructure in place to support such efforts. Human and material resources are typically limited. Furthermore, in the absence of a tradition of integrating distinct undergraduate initiatives, some campus units may feel threatened by collaboration efforts, become territorial, and resist any change (p. 51)*

A key factor in the success of the project is not only that this initiative is funded but that the project team and advisory group, which comprises academics from six different universities, are committed to the promotions of social and emotional wellbeing in schools. The project team has been professional and insistent in their follow-up of universities in both maintenance of those using the material and in their constant search for interest in those not using the material. It is imperative that the focus however transitions from health educators to a concern more broadly for best practice in relation to supportive classroom environments. The Response Ability project is regarded as a conduit to foster the education of preservice teachers in promoting social and emotional wellbeing. "An ongoing challenge for the project team is to transfer ownership of this issue more fully to the community of teacher educators in Australia, without conceptualising it as belonging to any particular domain, such as health or sociology or special education" (Vincent et al., 2005, p. 6). This project requires greater advocacy by key stakeholders in teacher education. This could use more formal mechanisms, such as teacher competencies and accreditation. "This is perhaps a timely if controversial proposition, given developments in recent years relating to teacher competencies or standards in various states and territories, and the more recent formation of the National Institute for Quality Teaching and School Leadership (NIQTSL)" (Vincent et al., 2005, p.6).

Third, Schoem (2002) recognises that

> *leaders are needed who are boundary-crossers, people who possess the skill and the necessary will—in spite of institutional barriers—to work in tandem with people and programs representing fields, initiatives, and perspectives that differ from their own. These boundary-crossers, who often are not prominent in the institutional hierarchy, nevertheless are the very people who are trusted by colleagues to make institutional connections. (p. 51)*

The project will need to continually seek out these boundary crossers but recognises the ongoing challenge when they are often not prominent. The project has sought to engender greater interest through the launch of an occasional papers series entitled *Education Connect*, in the hope that the publication will" build connections between educators who see this as an important area of practice and inquiry" (Vincent et al., 2005, p.6). Macdonald (2004) in recognsing the nuances of curriculum change in a postmodern world recommends that reforms cannot only be thought of in terms of altering classrooms and schools or in terms of a "production line of schooling" but should "subvert through initiatives such as cross-subject teams" (p.80).

Fourth, Schoem (2002) suggests any change initiative takes time and is rarely rewarded and thus "must be driven by a deep commitment because the time demands are overwhelming, and material and professional rewards are not forthcoming" (p.51). The project is continually exploring ways to help "reward" academics for involvement but recognises that identifying those with a deep concern and commitment to this field is necessary.

Finally, Schoem (2002) warns, in the face of these challenges, that "project leaders can quickly become over-extended and frustrated because their effectiveness can be limited by having to work without an institutional infrastructure" (p.51). Schoem provides this as a "cautionary note" and the Response Ability team has been continually aware of this difficulty. The project staff have been vital in supporting and monitoring academic staff, within the limits of the project. The constant collaboration and consultation has been a strength of the project that has validated academic staff and their key role in the project. Extensive consultation necessitates a considerable commitment in terms of time and resources, but is deemed crucial to longer-term success. In this project, the team's approach of personally visiting each campus and speaking in depth about educators' needs was well received. This was considered by educators to be far preferable to written or telephone surveys, or engaging with a sample of educators at conferences or meetings.

The research arm of the project has been an important aspect to its ongoing success. It has been particularly beneficial to explore educators' perceptions about priorities, pressures and the relative value of mental health in teacher education programs and to thus tailor appropriate strategies. The research of the preservice teachers participating in the project has also developed credibility with teacher educators. Furthermore, it has assisted the project team in developing and promoting a resource, which would be responsive to educators' and preservice teachers' needs. The Response Ability project has identified some of the challenges involved in developing and disseminating a health-related curriculum resource, designed for use in pre-service teacher education. The barriers identified in this case study may also be relevant to other initiatives which aim to influence tertiary education practices in Australia.

It is apparent that a national project of this type requires considerable financial support. With subsequent shifts in policy and emerging research about resilience and mental health in schools it is hoped that this may be a social and political priority for some time yet the project has evolved considerably in its aims, principles and processes. While the project has achieved considerable success—producing award-winning resources and gaining support from many teacher educators throughout Australia—difficulties remain in regard to positioning this issue within teacher education and ensuring sustainability. It is hoped with the increasing interest in research which links social and emotional wellbeing to academic achievement and the push for supportive classroom environments that interest in this area will intensify. This paper has told not only the story of the project itself but also the journey of those wrestling with curriculum change in the hope that schools will proactively support the social and emotional wellbeing of their students.

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