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Review to Inform a Better and Fairer Education System

August 2023

Black Dog
Institute

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Areas of strength include suicide prevention, digital mental health, workplace mental health, new treatments, and prevention in young people.

Our unique translational approach allows us to quickly turn our world-class scientific findings into clinical services, educational programs and e-health products that improve the lives of people with mental illness.
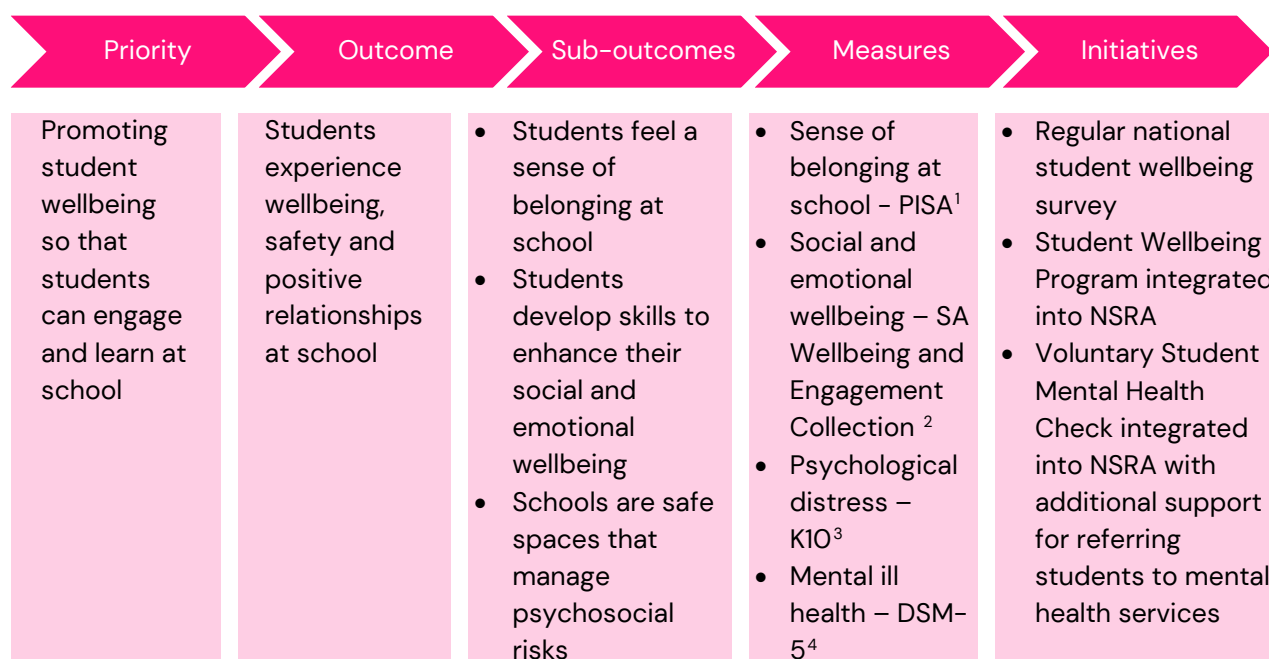
We join the dots, connecting research answers, expert knowledge and the voices of lived experience to deliver solutions that work across the health care system for patients and practitioners alike.

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Executive summary

It is clear that a student's mental health and wellbeing have a direct impact on their ability to engage and learn at school. The new National School Reform Agreement (NSRA) presents an opportunity to move beyond purely academic outcomes to see the student as a whole person and prioritise making schools a safe space to nurture the growth of this young person.

In line with the recommendations of the Productivity Commission, we recommend the following model to operationalise wellbeing as a new priority:

Priority	Outcome	Sub-outcomes	Measures	Initiatives
Promoting student wellbeing so that students can engage and learn at school	Students experience wellbeing, safety and positive relationships at school	• Students feel a sense of belonging at school • Students develop skills to enhance their social and emotional wellbeing • Schools are safe spaces that manage psychosocial risks	• Sense of belonging at school – PISA[1] • Social and emotional wellbeing – SA Wellbeing and Engagement Collection [2] • Psychological distress – K10[3] • Mental ill health – DSM–5[4]	• Regular national student wellbeing survey • Student Wellbeing Program integrated into NSRA • Voluntary Student Mental Health Check integrated into NSRA with additional support for referring students to mental health services

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[1] OECD (2019), PISA 2018 Results (Volume III): What School Life Means for Students' Lives, PISA, OECD Publishing, Paris, https://doi.org/10.1787/acd78851-en.

[2] South Australian Department of Education (2018) Wellbeing and Engagement Collection. https://www.education.sa.gov.au/docs/ce-office/ce-and-minister-expenditure/2017-wellbeing-engagement-survey-report.pdf

[3] Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J et al. (2015). The mental health of young people and adolescents- external site opens in new window. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra: Department of Health.

[4] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Additionally, we recommend:

- Developing **evidence-based guidelines** for school-based mental health and wellbeing interventions, to improve the effectiveness and cost-efficiency of the Student Wellbeing Program including flexible recommendations on:
  - o **Universally-delivered programs** to school students which enhance protective factors for wellbeing, including belonging, sleep, exercise and nutrition
  - o **Targeted prevention and early intervention** for students at-risk of mental ill health, to help them manage common mental health conditions including psychological distress, depression, anxiety and suicidal ideation.

- Integrating **Social Emotional Learning (SEL)** into the national curriculum.

- Including **gender and sexuality diverse (LGBTQIA+)** students as a new priority equity cohort, due to their increased risk of mental ill-health.

- Improving **early detection of mental ill-health** in students, through the safe use of the Voluntary Student Mental Health Check and upskilling teachers and school staff in mental health literacy and referral pathways.

- Developing a **national schools mental health hub** for teachers and school staff to easily find trustworthy and relevant information, resources and services to support students experiencing mental ill-health.

- Increasing **support and early intervention** for students with mental health concerns by better utilising in school counsellors, wellbeing officers and trusted digital mental health tools.

- Including the **mental health of teachers** as a measure in the National Teacher Workforce Strategy.

- Developing a **NSRA initiative to improve teacher wellbeing** to address increased psychological stress and burnout in the education workforce.

- Improving **consistency and interoperability of datasets** on student outcomes, including academic and wellbeing data, to be collected by schools and aggregated at state and national levels.

- Improving **transparency of school funding** arrangements to ensure funds intended to support priority equity cohorts are used for those students.

Response to discussion paper

Lifting student outcomes

1. What are the most important student outcomes for Australian school students that should be measured in the next NSRA? Should these go beyond academic performance (for example, attendance and engagement)?

    There is an opportunity for the next NSRA to move beyond academic outcomes (like achievement, attainment and engagement) and also include student wellbeing as a key outcome, as recommended by the Productivity Commission and endorsed by the Minister of Education.

    We recommend that wellbeing, and specifically mental health, be included as an outcome in the next NSRA.

    It is clear that a student's overall wellbeing has a significant impact on their ability to engage with their education and that mental ill-health has a strong detrimental effect on all other academic outcomes.

    In terms of attendance, a child in primary school struggling with mental health issues misses on average between 2–3 weeks of school a year. When they reach Years 11–12, students with mental health issues will miss an average of 26 days of school a year.

    This has a cumulative effect as the student grows, impacting their ability to achieve. By the time they reach Year 3, students with mental health concerns are, on average, three terms behind. By the time they are in Year 9, they are, on average, 1.5 years behind their peers in basic literary and numeracy and even further behind in writing and grammar.

    If we accept that wellbeing is an important outcome for Australian students, the question becomes how we should wellbeing measure safely and accurately, the role of mental health in overall wellbeing and how this measure could inform the allocation of funding and the development of national initiatives.

    Education Services Australia has developed a Student Wellbeing Framework, which covers a very broad range of measures for wellbeing, including leadership, inclusion, student voice, partnerships and support. However, we recommend developing more specific metrics on
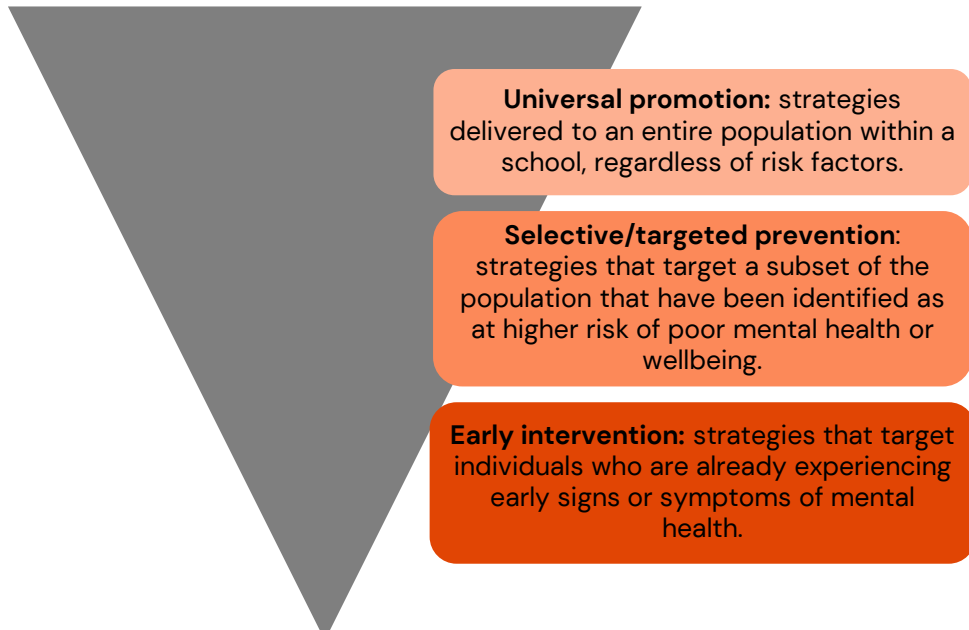
mental health and wellbeing, given its importance in overall wellbeing. More specific metrics would mean more measurable targets to attach to the wellbeing outcome.

We would recommend the next NSRA incorporate measures of wellbeing that capture both social and emotional wellbeing (i.e., the protective factors contributing to wellbeing), as well as the presence and risk of mental illness (e.g., measures of depression, anxiety, psychological distress and suicidal ideation).

2. What are evidence-based practices that teachers, schools, systems and sectors can put in place to improve student outcomes, particularly for those most at risk of falling behind? Are different approaches required for different at-risk cohorts?

When it comes to improving the wellbeing and mental health of students, the evidence suggests a two-prong approach to be most effective:

- o **Universally-delivered promotion programs** to school students which enhance protective factors for wellbeing, including belonging, sleep, exercise and nutrition
- o **Targeted prevention and early intervention** for students at-risk of mental ill health, including depression, anxiety and psychological distress.

Universal promotion: strategies delivered to an entire population within a school, regardless of risk factors.

Selective/targeted prevention: strategies that target a subset of the population that have been identified as at higher risk of poor mental health or wellbeing.

Early intervention: strategies that target individuals who are already experiencing early signs or symptoms of mental health.

Systematic reviews consistently show that school-based wellbeing promotion interventions can have positive impacts on the mental health and wellbeing of children and adolescents[5].

Social Emotional Learning (SEL) programs have been shown to have moderate positive effects on social and emotional skills (e.g., identifying emotions from social cues, interpersonal problem solving), and small-to-moderate effects on prosocial behaviours (e.g., getting along with others) and emotional distress reduction (e.g., internalized mental health issues such as depression or anxiety). These effects, however, typically reduce over time (>19 months later), suggesting these programs need to be sustained and reinforced across a student's schooling life, which could include integrating SEL in the curriculum[6].

Universal prevention programs for the most common mental disorders (anxiety and depression) have shown small but significant effects, that tend to reduce over time[7].

Evidence suggests that, for prevention of mental ill health, a more targeted approach may be more effective than universal school-based prevention.

Prevention programs containing content based on psychological therapy are typically effective and this holds true across most evidence-based psychological approaches (e.g. cognitive behavioural therapy vs acceptance and commitment therapy)[8].

Interventions that address a student's physical health (e.g., nutrition and sleep) can also have significant effects on the student's wellbeing and academic outcomes[9].

[5] O'Reilly M, Svirydzenka N, Adams S, Dogra N. (2018) Review of mental health promotion interventions in schools. Soc Psychiatry Psychiatr Epidemiol; 53(7): 647-62.

[6] Soulakova B, Kasal A, Butzer B, Winkler P. (2019) Meta-Review on the Effectiveness of Classroom-Based Psychological Interventions Aimed at Improving Student Mental Health and Well-Being, and Preventing Mental Illness. J Prim Prev; 40(3): 255-78.

[7] Werner-Seidler A, Spanos S, Calear AL, et al. (2021) School-based depression and anxiety prevention programs: An updated systematic review and meta-analysis. Clin Psychol Rev; 89: 102079.

[8] Ibid.

[9] Ibid.

3. How can all students at risk of falling behind be identified early on to enable swift learning interventions?

International evidence shows onset of mental ill-health often precedes and predicts for lower academic performance[10]. That is, symptoms of mental ill-health can often be identified before it affects academic outcomes, and early intervention to prevent or manage these symptoms can reduce their impacts on a student's learning and stop them from falling behind.

Our researchers were one of the first groups in Australia to design, deliver and evaluate a universal screening tool and follow-up mental health service for delivery in Australian secondary schools. We showed that this approach could effectively identify students at risk of mental ill-health and improve help-seeking behaviours, without increasing stigma[11]. Notably, universal screening procedures using validated, psychometric scales have identified students in need of care who were unknown to school staff. We argue that universal screening may be the only effective way to identify the students who are not already seeking help or known to school staff, thus the most vulnerable group of students. Further to this, our researchers have validated the use of a brief general measure of psychological distress in secondary school students, called the DQ5, which may be used for the purposes of identifying students currently experiencing high levels of distress, or at risk of developing mental illness.

The Voluntary Student Mental Health Check, commissioned by the Department of Education, is currently under development, to be launched in Term 1, 2024 and may present an effective mental health screening tool for Australian students, if it is designed correctly and implemented safely.

We recommend aligning the measures used in the Voluntary Student Mental Health Check with the aims of the next NSRA to provide consistent national data collection on student mental health and wellbeing.

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[10] Agnafors, S., Barmark, M., & Sydsjö, G. (2021). Mental health and academic performance: a study on selection and causation effects from childhood to early adulthood. Social psychiatry and psychiatric epidemiology, 56(5), 857–866. https://doi.org/10.1007/s00127-020-01934-5

[11] O'Dea, B et al. (2021) A cluster randomised controlled trial of a web-based youth mental health service in Australian schools The Lancet Regional Health – Western Pacific, Volume 12, 100178 https://doi.org/10.1016/j.lanwpc.2021.100178

4. Should the next NSRA add additional priority equity cohorts? For example, should it add children and young people living in out-of-home care and students who speak English as an additional language or dialect? What are the risks and benefits of identifying additional cohorts?

Yes, the current priority equity cohorts (Aboriginal and Torres Strait Islander students, students living in regional, rural and remote locations, students with a disability and students from educationally disadvantaged backgrounds) should all be retained.

We recommend including gender and sexuality diverse students as a new priority equity cohort, in addition to existing cohorts.
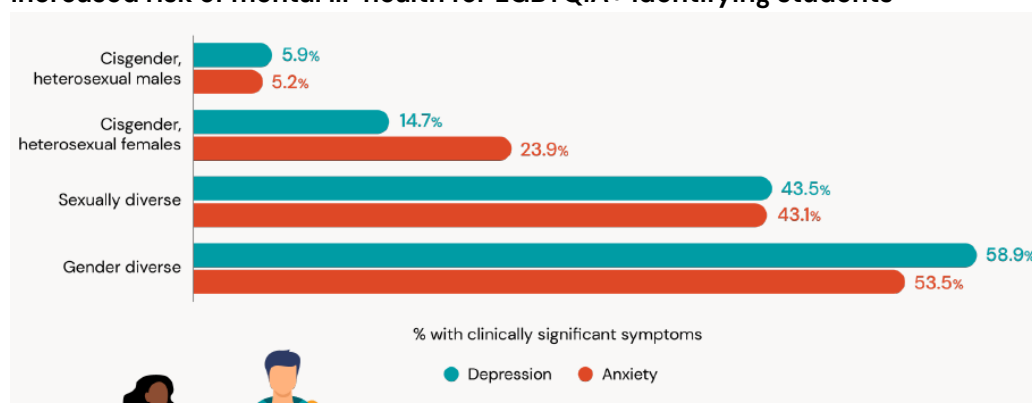
There is strong evidence of significant mental health inequities for young people who identify as LGBTQIA+.
The following data comes from our Future Proofing Study, one of Australia's largest and most recent longitudinal studies into the mental health of school-aged young people, with a sample size of 6388 Year 8 students, surveyed across 2019-2022[12].

Proportion of Australian students who identify as LGBTQIA+
- 12.5% of surveyed students identified as **sexuality diverse** (gay, lesbian, bisexual, pansexual or asexual).
- 3.2% of surveyed students identified as **gender diverse** (trans* and non-binary).

Increased risk of mental ill-health for LGBTQIA+ identifying students

	Depression	Anxiety
Cisgender, heterosexual males	5.9%	5.2%
Cisgender, heterosexual females	14.7%	23.9%
Sexually diverse	43.5%	43.1%
Gender diverse	58.9%	53.5%

% with clinically significant symptoms

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[12] Werner-Seidler, et al. (2022). The Future Proofing Study: Design, methods and baseline characteristics of a prospective cohort study of the mental health of Australian adolescents. International Journal of Methods in Psychiatric Research, e1954. https://doi.org/10.1002/mpr.1954

- Sexuality and gender diverse students have **significantly higher rates of depression, anxiety, self–harm and suicidal ideation**, compared to the student average.
- **Depression**: 43.5% of sexuality diverse students and 58.9% of gender diverse students report clinically significant symptoms of depression, compared with the student average of 15.1%.
- **Anxiety**: 43.1% of sexuality diverse students and 53.5% of gender diverse students report clinically significant symptoms of anxiety, compared with the average of 18.6%.
- **Self–harm**: 50.8% of LGBTQIA+ identifying students have engaged in self–harm, compared to 16.7% of non– LGBTQIA+ identifying students.
- **Suicidal ideation**: 25.7% of LGBTQIA+ identifying students have considered suicide in the last 12 months, compared to 6.4% of non– LGBTQIA+ identifying students.

Bullying and safety in schools for LGBTQIA+ identifying students
- LGBTQIA+ identifying students, on average, report feeling **less safe in their school environment** and report **higher levels of bullying.**
- **Bullying**: LGBTQIA+ identifying students reported being twice as likely to experience regular bullying compared to non–LGBTQIA+ identifying students (22.9%, compared with 10.1%).
- **School safety**: Only 34.7% of LGBTQIA+ identifying students reported feeling 'always safe' in their schools, compared with 54.9% in non–LGBTQIA+ identifying students.

The data shows a significant disparity of mental health outcomes between LGBTIQ+ students and non–LGBTIQ+ students, which warrants attention in the next NSRA.

5. What should the specific targets in the next NSRA be? Should the targets be different for primary and secondary schools? If so, how? What changes are required to current measurement frameworks, and what new measures might be required?

Targets in the next NSRA should be framed as improvements from baseline, nationally, by jurisdiction and by school.

On the new priority of promoting student wellbeing, targets could look like the following:

- Increase students' sense of belonging in their school X% year on year, based on the school belonging measure in the PISA.
- Increase students' social and emotional wellbeing by X% year on year, based on the South Australian Wellbeing and Engagement collection measures of:
  - happiness
  - optimism
  - satisfaction with life
  - perseverance
  - emotion regulation
  - sadness
  - worries
- Increase proportion of students who need help with mental health concerns receiving the care they need by X% year on year, measured by students rating clinically significant scores on the K10 and DSM-5, compared to number who report accessing care.

There are other concepts that could be relevant, however, we chose those three (belonging, social and emotional wellbeing, and help-seeking behaviours) because they are measurable and actionable by individual schools.

The PISA measure on school connectedness is a widely validated measure, developed by the OECD, that can give Australian educators international benchmarks to work towards.

The South Australian Wellbeing and Engagement collection measure, although less widely used as the Strengths and Difficulties Questionnaire (SDQ), is more strengths-based and provides a more easily interpreted result for schools and individuals.

The K10 is a widely-used measure for psychological distress. It's clinically validated and can be used to get a referral for a mental health service, lowering the barrier to accessing care.

Improving student mental health and wellbeing

6. What does it look like when a school is supporting student mental health and wellbeing effectively? What is needed from schools, systems, government and the community to deliver this?

Our vision is to have all Australian children and young people to have the skills and capabilities to manage their own social and emotional wellbeing, with access to early detection, intervention and developmentally-relevant, evidence-based treatment for common mental health issues.

Currently, evidence suggests that only half of students with a mental health disorder have received mental health support[13], with one-third receiving that help at school; the majority receiving informal support from their teachers. It reflects on the mental health system fragmentation and workforce shortages. It also points to schools as an ideal setting to support students' mental health and wellbeing. To bridge this gap, the following is required:

*   social and emotional learning is integrated and prioritised in the curriculum throughout a students' school-life;
*   schools provide a safe environment where students feel connected and supported;
*   teachers and students have a basic level of mental health literacy and access to evidence-based resources to understand their own mental health and the mental health of those around them;
*   teachers have the tools and training to identify students at risk of mental ill-health;
*   schools have established partnerships with trusted mental health services to confidently refer students;
*   schools are adequately resourced for teachers to have enough time to attend to individual students' needs, supported by school counsellors, wellbeing officers and students support staff.

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*We recommend increasing **support and early intervention** for students with mental health concerns by better utilising in school counsellors, wellbeing officers and trusted digital mental health tools.*

We outline an example of how this can be achieved through a centralised digital hub in Section 11.

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[13] Lawrence, D., et al., (2015) The mental health of children and adolescents. Report on the second Australian child and adolescent survey of mental health and wellbeing.. Canberra.

7. What evidence-based wellbeing approaches currently being implemented by schools and communities should be considered as part of a national reform agenda?

The Federal Government has recently invested substantial funds into school-based wellbeing programs. The National School Wellbeing Program and Student Wellbeing Boost, together totalling more than half a billion dollars of new funding, present an opportunity to make substantive impact on student mental health.

However, unless this funding is spent on evidence-based programs there is a possibility that these funds could be used inappropriately or inefficiently.

One recent study of Australian primary school leaders found that while most schools reported implementing promotion or prevention programs, many selected programs with little to no evidence of effectiveness[14].

There is inconsistency between jurisdictions on what constitutes evidence-based practice. Different states have different lists of approved programs (eg, the List in NSW or the Menu in Victoria). Nationally, Beyond Blue's BeYou program hosts an online directory of prevention and promotion programs for schools to select from.

However, programs listed in both the state and national directories are not restricted to those with demonstrated effectiveness, many of which have little to no evidence-base.

In our view, there needs to be a stronger standard put into the NSRA to define what evidence-based wellbeing programs look like and to make funding conditional on the evidence base of the program.

We recommend developing national guidelines on evidence-based practice for the selection and implementation of wellbeing and mental health programs in schools.

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[14] Laurens KR, Graham LJ, Dix KL, et al. (2022). School-Based Mental Health Promotion and Early Intervention Programs in New South Wales, Australia: Mapping Practice to Policy and Evidence. School Mental Health; 14(3): 582-97.

This would include:

- co-creation with stakeholders/users or adaption from evidence-based international programs;
- trials in the Australian context to compare the interventions against a control to establish effectiveness for mental health and wellbeing outcomes;
- ongoing evaluation once implemented to assess scalability and cost-effectiveness.

Based on the evidence from both national and international contexts, there are broad principles to guide effective school-based programs to improve mental health and wellbeing[15]:

- Multidimensional, integrated whole-school approach (wherein school personnel, wider communities and external agencies are involved in the development and delivery of the program. It is also most effective when the programs are sustained for more than a year).
- Staff are equipped with necessary skills to create a beneficial environment for wellbeing and prevention programs to be implemented and sustained.
- Schools which lack resources for the whole-school approach is suggested to prioritise targeted small-scale programs.
- Balancing program guidelines and flexibility to adapt to student and school needs, without compromising program fidelity.
- Implementing culturally sensitive practices (e.g., facilitating group sessions of same-race participants), may be particularly important for school-based programs that serve minority, low-income, and/or rural populations.

However, despite this guidance, approaches to school mental health and wellbeing in Australia remain piecemeal. There needs to be significant Federal investment in providing schools with the scientific advice, implementation and evaluation support to select and customise school mental health and wellbeing programs to suit the local contexts of schools across Australia. Without this, schools will continue to struggle to identify which programs and initiatives to implement and will not be able to appropriately measure the impacts of their selections on student outcomes.

[15] Werner-Seidler A, Spanos S, Calear AL, et al. (2021) School-based depression and anxiety prevention programs: An updated systematic review and meta-analysis. Clin Psychol Rev; 89: 102079.

8. Should a wellbeing target be included in the next NSRA? Could this use existing data collections, or is additional data required?

Yes. As stated above, there is a clear relationship between wellbeing on educational outcomes and a need to prioritise wellbeing, and particularly mental health, in the next NSRA. This will require additional data collection.

We recommend two mechanisms to measure mental health outcomes in the next NSRA:

A regular national survey of student mental health and wellbeing, *similar to the Young Minds Matter survey, conducted in 2013-14, to be run in conjunction with NAPLAN.*

A privacy-preserving aggregation of the Voluntary Student Mental Health Check, *to provide more timely data on current mental health trends at a school or jurisdiction level.*

The combination of these two methods of data collection would give educators, policy makers, researchers, parents and students a more comprehensive and timely picture of student wellbeing, at national, jurisdictional and school levels, to inform better decision-making. Consideration should also be given to the data privacy of schools holding students' individual mental health data. We suggest this should be deidentified and aggregated so that only students have access to their individual results, and schools have grade or school aggregates and averages.

9. Would there be benefit in surveying students to help understand student perceptions of safety and belonging at school, subjective state of wellbeing, school climate and classroom disruption? Would there be value in incorporating this into existing National Assessment Program surveys such as NAPLAN?

Yes. Incorporating a national survey with NAPLAN would provide a reliable and representative dataset to better inform policy making and provide benchmarks for schools and jurisdictions to improve.

It should be noted that these scores be aggregated at the school level and not the individual level. The scores should be framed in a strengths-based approach, looking at how schools are faring over time and comparing them with schools of similar size and socio-economic status. This should not be used to rank schools without the context, or to put pressure on school leaders to artificially inflate scores.

10. To what extent do school leaders and teachers have the skills and training to support students struggling with mental health?

Our research has shown that teachers and school leaders, generally, do not have the confidence, skills, or training to adequately support students struggling with mental health in the school setting[16].

However, our research has also shown that teacher confidence, knowledge and awareness in recognising and responding to student mental health issues can be significantly improved through our evidence-based program 'BEAM'[17]. Co-designed with teachers, the Building Educators' skills in Adolescent Mental health (BEAM) program provides secondary school educators with an evidence-based training program that improves their confidence in supporting student mental health.

The BEAM program incorporates a combination of self-directed, web-based learning modules with school-based peer-coaching activities to enhance teachers' knowledge and skills in supporting student mental health. The BEAM program has been formally evaluated in two clinical trials, with over 350 teachers taking part.

These clinical trials demonstrated that the program was effective for improving teachers' confidence, mental health literacy, mental health awareness and knowledge[18]. The BEAM program has received professional development accreditation from the NSW Education Standards Authority (NESA) and is now available for delivery in schools across Australia.

We recommend that the Federal Government should make evidence-based programs, like BEAM, available to all schools in Australia to upskill teachers in student mental health.

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[16] Anderson, M, et al (2019) Mental Health Training Programs for Secondary School Teachers: A Systematic Review. School Mental Health 11, 489–508.

[17] O'Dea, B., et al. (2021). Secondary school Year Advisors' perspectives on their role, responsibilities and training needs for student mental health: Insights from a co-design workshop (Version 1) [Preprint]. Research Square. https://doi.org/10.21203/rs.3.rs-294624/v1

[18] Parker, B. L. et al., (2021). Examining the preliminary effectiveness and acceptability of a web-based training program for Australian secondary school teachers: Pilot study of the BEAM (Building Educators' Skills in Adolescent Mental Health) Program. JMIR Mental Health, 8(10), e29989. JMIR Mental Health;

11. What can be done to establish stronger partnerships between schools, Local Health Networks and Primary Health Networks?

We envision a centralised online hub that offers opt-in mental health screening and triage, with pathways to evidence-based resources, self-help, school counsellors, and telehealth consultations tailored to the student's and family's individual needs.

It will be offered as a whole school universal program complemented with targeted digital interventions. The model of care will allow access to information about symptoms and provide linkage to mental health services for low and high intensity needs.

Our proposed model of care will wrap around the Head to Health Kids wellbeing centres and headspaces, and connect into face-to-face multidisciplinary care provided by these hubs. This program will address pre-existing service gaps in mental health provision in primary schools by:

1. Identifying children with mental Health needs early
2. Connecting families to evidence-based information through personalised triaging to matched services
3. Providing immediate support and evidence-based resources without long waiting times due to workforce shortages in school counsellors and psychologists.

*Developing a **national schools mental health hub** for teachers and school staff to easily find trustworthy and relevant information, resources and services to support students experiencing mental ill-health.*

12. What can be done to ensure schools can easily refer students to services outside the school gate that they need to support their wellbeing? How can this be done without adding to teacher and leader workload?

The above is an example of an evidence-based program to support the referral of students to mental health services outside the school gate, without adding to teacher and leader workload.

Continued professional development and training of the school wellbeing, counsellor and psychology workforce is required to ensure that students can be referred externally as needed.

Attracting and retaining teachers

13. What change(s) would support teachers to remain in the profession?

It is important to note that increasing mental ill-health in schools does not just affect students. It is also affecting teachers[19].

Teachers were already an at-risk group for mental health problems and experience mental illness at higher rates than the general population. However, the COVID-19 pandemic put extreme pressure on teacher workforce.

Teachers reported increased stress and anxiety during the pandemic, with pre-existing mental health conditions increasing vulnerability to poor mental health[20].

A 2023 study of almost 5,000 Australian teachers found that[21].:

- 59% of surveyed teachers were experiencing elevated levels stress;
- 46% clinically-significant symptoms of anxiety;
- 52% clinically-significant symptoms of depression;
- Nearly half (46%) were considering leaving the profession in the next 12 months.

We cannot have a mentally healthy school environment without a healthy and supported teacher workforce. Although there are suggested action to address the structural issues around teacher stress and burnout in the National Teacher Workforce Action Plan in Priority Area 3 – Keeping the Teachers We Have, there is no mention of mental health.

*We recommend including **mental health of teachers** as a measure in the National Teacher Workforce Strategy and in the new NSRA*

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[19] Kern ML, Waters L, Adler A, White M. Assessing employee wellbeing in schools using a multifaceted approach: Associations with physical health, life satisfaction, and professional thriving. 2014 p. 500-513 doi: 10.4236/psych.2014.56060

[20] García-Carmona, M., M.D. Marín, and R. Aguayo, Burnout syndrome in secondary school teachers: A systematic review and meta-analysis. Social Psychology of Education, 2019. 22(1): p. 189-208. DOI: 10.1007/s11218-018-9471-9.

[21] Black Dog Institute (2023) Teacher Wellbeing Survey

14. **What additional reforms are needed to ensure that the schools most in need can support and retain highly effective teachers?**

Workforce retention is a major concern for Australia's schooling system, with experiences of work stress, burnout, and mental illness being known risks for absenteeism and workforce exodus[22].

Alongside systemic changes to address teacher workload, staff shortages and pay, teachers need mental health and wellbeing support to address existing symptoms and to prevent further deterioration.

We have co-designed a teacher wellbeing program with teachers around Australia, including with stakeholders like the NSW Teachers Federation.

Our analysis of existing research into teacher wellbeing programs found that they were overly demanding and intensive[23]. We have developed a program that is based on the most up to date science on workplace mental health, and is tailored to the specific needs of teachers, particularly being mindful not to add to their workload. Importantly, for successful implementation, we recommend this program be rolled out during staff development days and that school leaders invest in making time during the term for teachers to participate.

Our proposed program is run over four in-person group sessions during one school term (see section below for further detail of training content). These sessions bring together groups of teachers from the same school to foster staff relationships and connections. It involves a needs-based digital skills program to improve mental health knowledge, wellbeing and workplace functioning (e.g., boundary setting, expectation management, effective communication).

In conjunction with structural reforms, we predict that this program will have significant benefits for teachers, including but not limited to lower levels of burnout and stress as well as improved staff relationships and collegiality, which we predict will lead to increased teacher retention.

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*We recommend developing a **NSRA initiative to improve teacher wellbeing** to address increased psychological stress and burnout in the education workforce, similar to BDI's teacher wellbeing program.*

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[22] Scanlan, J.N. and M. Still, (2019) Relationships between burnout, turnover intention, job satisfaction, job demands and job resources for mental health personnel in an Australian mental health service. BMC Health Services Research. 19(1): p. 62. DOI: 10.1186/s12913-018-3841-z.
[23] Beams et al (2022) Intervention programs targeting the mental health, professional burnout, and/or wellbeing of school teachers: A systematic review and meta-analyses. under review.

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