Teacher Experience Evidence Summary

Prepared by: UTS research team, lead author Monique Potts
Prepared for: iyarn research partner
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Purpose: This document provides a literature review and summary focusing on *how teachers currently support students' wellbeing and what might support this*.

This literature summary provide;
1. a summary of the key evidence;
2. highlight key implications for iyarn in tool design and implementation;
3. point towards lessons for future evaluation work.

iyarn Desktop Research – Overview

The following sample of desktop research approach aims to provide an indicative document for discussion, feedback and dialogue to inform the further research. It focuses on one of the key questions identified through the mapping of key drivers and outlined below and presented previously. A list of the key questions and themes for the desktop research are also outlined below.
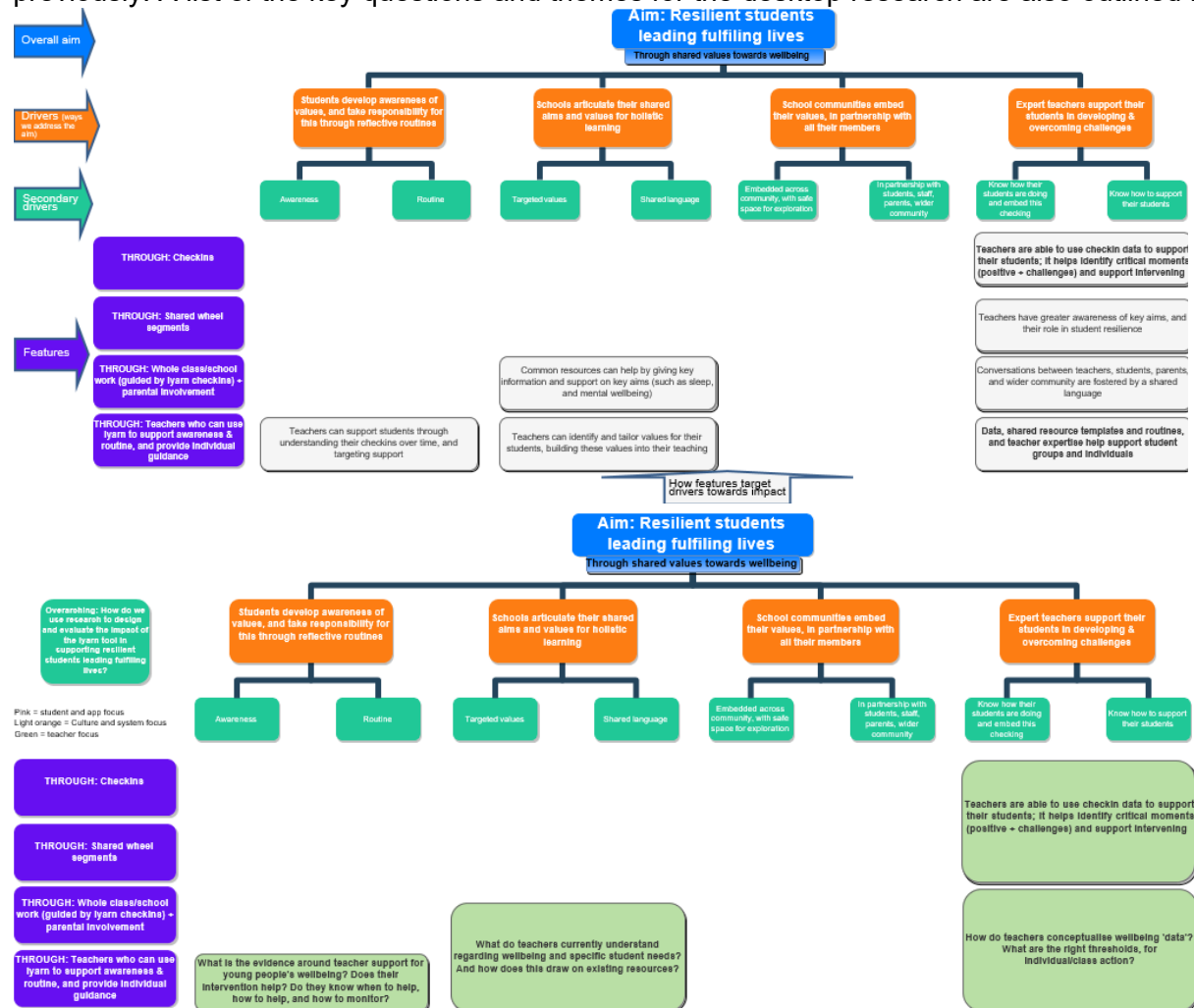

Figure 1: iyarn primary and secondary drivers research mapping

Topic: How do teachers currently support students' wellbeing and mental health and what might support this?

Background assumptions and context

It is important to better understand Australian school teachers' perspectives and understanding regarding mental health as approximately one in four Australian young people experience mental health issues each year (headspace & Colmar Brunton, 2018).The role of teachers is evolving, and expectations are changing over time in part due to the higher prevalence of mental health concerns amongst students (Mazzer & Rickwood, 2015).

Overall research shows that teachers see supporting the mental health and wellbeing of their students as a fundamental part of their role, however there are a range of issues which may impact a teacher's ability to provide the support required including a lack of training and support, a lack of clarity around roles and responsibilities and lack of skills and knowledge (survey, Askell-Williams & Cefai, 2014; interview, Mazzer & Rickwood, 2015).

This review of literature and summary focuses primarily on Australian research literature as well informed by relevant research from Canada, UK and USA.

Key questions:
- What is the evidence around teachers understanding of, and support for, young people's mental health, and barriers and enables for this support?
- Do teachers' interventions at an individual and class level help?
- How do teachers conceptualise mental health data? What are the right thresholds for individual/class action? How are teachers able to use check-ins to support their students? Does it help to identify critical moments (both positive and challenging) that support intervening?

What do teachers currently understand regarding mental health and specific needs?
Competing demands

One of the greatest challenges reported by teachers is a lack of time to integrate wellbeing and mental health programs, particularly in secondary schools where teachers usually spend only short periods of time with classes of students. Teachers report experiencing a tension between student wellbeing concerns and the demands of academic performance and improvement agendas (surveys: Graham et al., 2011; Willis, 2022). Most teachers will prioritise student social and emotional needs over covering curriculum content and show a strong tendency of care towards their students (Willis, 2022), while also not wanting to fall into the role of 'therapist' (interview, Shelemy et al., 2019).With a strong link between teacher and student mental health more focus is needed on teacher mental health and wellbeing (pre/post intervention survey, Pandori-Chuckal, 2020).

Teachers have been found to have a better understanding of and ability to identify externalised mental health issues for example bullying or aggressive behaviour (often regarded as problematic behaviour requiring disciplinary action) over internalised behaviours such as anxiety and depression (case study, Armstrong et al., 2015; survey, Dods, 2016). Internalised behaviours often result in student withdrawal and may be overlooked as this does not interrupt learning in the same way, however these are generally better understood by teachers in terms of mental health understanding (Dods, 2016; interview, Trudgen & Lawn, 2011).

Mental health literacy

In some studies teachers' report a mismatch between feeling responsible for students' wellbeing and mental health and feeling equipped to deal with students' concerns resulting in significant stress for teachers (Askell-Williams & Cefai, 2014; interview+survey, Ekornes, 2017; survey, Willis et al., 2019). A lack of knowledge, a sense of being unprepared, and a lack of necessary skills to appropriately support students' mental health has been shown to contribute to low self-efficacy and inaction on the part of teachers (Dods, 2016). The assumptions, values, beliefs and attitudes of teachers in relation to young people's mental health are integral to their level of confidence and skill in supporting their students' mental health (survey, Graham et al., 2011).

Mental health literacy is defined by Jorm as the 'knowledge, attitudes, beliefs, and skills related to mental health that emerge from experience, education and existing belief systems' (Jorm et al., 1997). Mental health literacy is an area of increasing focus for teachers and schools across Australia and internationally including in Canada, US and UK (Dods, 2016; Mazzer & Rickwood, 2015). Higher mental health literacy on the part of teachers has been found to enable prevention, early recognition and intervention as well as a reduction of stigma associated with mental illness and disorders in classrooms (Dods, 2016). There is currently little consistency in measuring or understanding the level of mental health literacy of teachers across Australian schools.

Teachers tend to describe mental health with a pathology-oriented perspective (in terms of seeking to identify mental illness) rather than as a continuum or using strength-based approach (Graham et al., 2011). In a study of Australia pre-service teachers using a series of vignettes that described students experiencing mental health challenges more than 80% of the participants wanted to diagnose the students in the vignette (Armstrong et al., 2015). A greater focus of education for pre-service and in-service teachers is recommended with a focus on 'positive supports mentoring and using relationships to improve emotional and behavioural health' (Dods, 2016).

Training

Teacher self-efficacy and capacity building have been identified as key factors that contribute to the sustainability of mental health and wellbeing interventions in schools (RCT, Holmes et al., 2022; Mazzer & Rickwood, 2015). A study by Mazzer & Rickwood (2015) of teachers in secondary schools in Canberra in 2015 found most teachers were moderately confident in their ability to deal with mental health issues, however many expressed a lack of experience and training for supporting students' mental health.

Similarly, the level of support and training for teachers in mental health literacy may vary widely between education sectors (independent, catholic or public) and individual schools with some providing teachers with comprehensive support and training and others little or no support and/or training (Willis, 2022). There is a lack of consistency and focus in pre-service teachers training for mental health literacy and wellbeing. Many teachers report relying on their own life experiences of mental health and illness as the main influence in the development of their perceived knowledge (Dods, 2016).

Teacher-student relationships, teacher wellbeing, and school culture and systems

Whole school 'climate' interventions in secondary schools that promote teacher-student relationships can improve mental health help-seeking behaviour (Halladay et al., 2020). Evidence from student and teacher survey and interviews indicates that student views of wellbeing include considerations around being involved and listened to (Anderson & Graham, 2016). Evidence has shown that teacher-student relationships can play a critical role in supporting wellbeing, preventing mental illness, reducing stigma associated with this and promoting help-seeking behaviour and early intervention (Allen & McKenzie, 2015;

Anderson & Graham, 2016; Dods, 2016; Halladay et al., 2020). Class-based mental health literacy reduces stigma and promotes help-seeking behaviour (Dods, 2016; Kutcher et al., 2013; Pandori-Chuckal, 2020).

Teachers' mental health and wellbeing has been found to impact the quality of teacher-student relationships as well as the overall culture and climate of wellbeing in schools (Graham et al., 2011; Harding et al., 2019; Willis et al., 2019). Many recent studies report that teachers feel overwhelmed with the workload, crowded curriculum and levels of change taking place particularly in states effected by COVID lockdowns (Trudgen & Lawn, 2011; Willis, 2022). The benefits of improved mental health literacy of teachers have been found to impact children, families and communities (Kelly et al., 2007).

Across a range of studies, systems and responsibilities are flagged as crucial. These include, the importance of systems that support teachers and students with clear approaches and responsibilities for referral and intervention (Mazzer & Rickwood, 2015), consultation in the design of programs (Shelemy et al., 2019), training (Shelemy et al., 2019), and implementation approaches that work flexibly with time restrictions and other competing demands (Shelemy et al., 2019; Taylor, 2018).

Do teachers' interventions at an individual and class level help?

Schools and teachers are well place to support mental health and wellbeing interventions due to their regular contact with young people and connections with family and community. Both individual and class-based interventions have been shown to be effective for mental health promotion for students. Class-based interventions may take place during roll call or home room, as part of the PDHPE curriculum and/or during specific wellbeing and mental health programs. Class-based mental health literacy has been found to reduce stigma and promote help-seeking behaviours in students (Dods, 2016; Kutcher et al., 2013; Pandori-Chuckal, 2020). One of promising outcomes of these school and class-based interventions is an increased sense of social connectedness and belonging for students, which has been found to have a role in prevention of mental health issues (acting to buffer the effects of anxiety and depression) and fostering greater wellbeing (Allen & McKenzie, 2015). Australian teachers trained in a positive education wellbeing model, reported that student wellbeing literacy grew with greater ability to identify features of wellbeing and key language around this (Waters & Higgins, 2022). A review of 12 school-based positive psychology interventions to foster wellbeing similarly indicates the potential of school-wide approaches (Waters, 2011).

Individual identification and intervention (tier 2): Early detection and referral to early intervention services by teachers has been found to effective and vital in enabling improved long-term health outcomes for young people (McGorry et al., 2007; Pandori-Chuckal, 2020). Australian schools will generally have their own individualised student at-risk referral programs (Trudgen & Lawn, 2011). If teachers are concerned about a student's mental health they will generally refer this to a year coordinator, pastoral care staff, school counsellor or psychologist (Mazzer & Rickwood, 2015). Teachers will rarely make a direct referral to an external agency for mental health support for students, except however this is more likely in rural and regional schools where there is no school counsellor or pastoral care available (Graham et al., 2011).

Tensions in tier 2 referral thresholds: Some studies have found that the threshold when teachers report their concerns about a student's mental health and wellbeing is subjective and largely reliant on the individual teacher's intuitive sense of the need to take action rather than based on training, skills and knowledge in identifying mental health concerns (Trudgen

& Lawn, 2011). Teachers often rely on other colleagues or peers to consult with and check-in with if they are concerned about a student's mental health before referring to specialist staff. Time pressures and lack of resources in student wellbeing teams and school counsellors have been found to be barriers to teachers reporting their concerns about students as they do not want to put more pressure on overworked staff (Trudgen & Lawn, 2011). There are also concerns around confidentiality and balancing privacy of information verses communicating necessary information to other such as school counsellors, parents and mental health professionals (Mazzer & Rickwood, 2015).

Whole school mental health promotion (tier 1): Whole of school approaches that focus on at promoting mental health (as opposed to prevention of mental illness) can be effective in supporting student mental health and wellbeing, where they are implemented alongside ongoing training and support for teachers (Graham et al., 2011; Mazzer & Rickwood, 2015). These approaches provide 'well-articulated networks of care and effective referral pathways, both within and beyond the school'(Mazzer & Rickwood, 2015). Many schools and school systems in Australia have embraced evidence based prevention programs such as Mindmatters, Kidsmatter, Act-Belong-Commit and the National Safe Schools Framework (Allen & McKenzie, 2015).

Tensions in whole school mental health promotion: The success and longevity of these programs is often contingent on sufficient resources being allocated to training and supporting teachers to implement these programs (Allen & McKenzie, 2015; Holmes et al., 2022). Without appropriate training and resources allocated to deliver program implementation loses integrity and quality falls. If teachers lack the knowledge and confidence to deliver programs this can also affect the implementation quality and outcomes (Askell-Williams & Cefai, 2014; Holmes et al., 2022). Studies have shown if teachers are consulted on the design and implementation of programs they are more likely to be successfully and consistently implemented (Shelemy et al., 2019). There is little evidence available on how teachers monitor the outcomes of individual interventions or track ongoing student mental health.

How do teachers think about data for mental health? What are the right thresholds for individual/class action?

Data literacy can be described as 'the ability to examine multiple measure and multiple levels of data, to consider the research and to draw sound inferences' (Jacobs et al., 2009; Love, 2004). Research proposes that many secondary school educators may lack training and capacity in the areas of data literacy (Jacobs et al., 2009). In the absence of adequate training in data literacy, educators may rely instead on 'role-based, intuitive and often ad-hoc approaches' to decision making (Mandinach & Honey, 2008).

Response to Intervention (RtI) frameworks seek to embed data collection and analysis into the daily role of teachers using universal screening and ongoing monitoring. This approach is currently used primarily for monitoring student academic performance, however it may be useful for adapting to other purposes such as wellbeing data tracking and interventions (Jacobs et al., 2009). There is limited evidence around specific thresholds for individual or class-based action or intervention for mental health, however anecdotal evidence suggests schools are more likely to set up interventions following a critical incident such as a student suicide or serious behavioural incident at school. Similarly, many individual referrals follow critical incidents within the school classroom or premises.

Research has found that teachers rely on multiple data sources when considering wellbeing and mental health of students. These might include observing a student's appearance, behaviour and interactions in class, direct and indirect communication, work and written work

submissions, intuition and information from other teachers, year advisors or pastoral care staff (Graham et al., 2016; Halladay et al., 2020). Regular digital check-ins may provide an additional source of data for teachers to validate their existing observations and intuition.

Teachers describe the use of data as creating a sense of 'urgency' and a catalyst for making interventions (Jacobs et al., 2009). These actions might involve finding a time to check-in with a student, consulting with other colleagues who have specialised knowledge and/or reflecting on their own teaching practices. In the context of a crowded curriculum and managing classroom behavioural issues the process of gathering and interpreting data creates a space for teachers to focus on understanding an individual student's needs (Jacobs et al., 2009).

A range of measures exists for understanding wellbeing factors, and their antecedents (or enablers/barriers) (for an excellent resource, see Bates & Boren, n.d., in addition to our other resources.). It is not clear how widely these are used by schools to understand and monitor their needs, however recent systematic review of measures of social emotional and behavioural screening instruments indicates that 'useability' (i.e., how feasible it is for a stakeholder to use the tool to achieve the intended goal) is under-reported, with a focus on technical validity, likely limiting use of these measures in multitiered support systems (Brann et al., 2022).

What are the potential implications of this research for iyarn?

The literature has a number of potential implications for iyarn development in terms of how to best support teachers' experience. *However* it is important to remember that any recommendations from literature may be influenced by the particular context of the study or research (school, country, pastoral care systems) and therefore some recommendations might not be directly transferable.

Teacher experience support	Iyarn status	Comment
Teacher input into the design and implementation of program	✓	Through consultation and research
Training for staff in using the platform with sample data, case studies, and AV resources, reflecting real world school scenarios	⧗	Some case studies & video training available on website. Develop 'what if' scenarios for what to/not to do.
Support from colleagues, school administration and community	⧗	Unclear status, likely to vary by school.
Evidence of efficacy of program and interventions	🚫	Priority area
Adaptability of program or intervention to accommodate time restrictions and shifting priorities	✓	Check-ins can be done quickly and at different time intervals
Training resources that can be adapted to own content	⧗	Some interface adaptation available (naming segments, scale). Support resource customization a priority
Training that is expert-led, evidence-based and accredited	🚫	Additional research and quantitative studies required
Training on working with parents and well as students	⧗	Not current priority?

(Recommendations drawn from reviewed literature, and particularly summaries available in Shelemy et al., 2019)

What do teachers want to support them to promote wellbeing and mental health?

A resource that may be particularly useful, and which iyarn is just one part of, is the checklist developed by Shelemy, Harvey, and Waite (2019) (note due to copyright restriction I can't include it here but it's a tickbox yes/no 17 question survey asking "Does your school staff mental health training include…"). The paper is freely available at the link below, and the table can be viewed on the final page of the PDF.

Checklist from: Shelemy, L., Harvey, K., & Waite, P. (2019). Supporting students' mental health in schools: What do teachers want and need? Emotional and Behavioural Difficulties, 24(1), 100–116. https://doi.org/10.1080/13632752.2019.1582742 - available open access at https://centaur.reading.ac.uk/82380/1/Supporting%20students%27%20mental%20health%20in %20schools-%20what%20do%20teachers%20want%20and%20need_%20%20Revised %20manuscript.pdf

What are potential implications of these findings for iyarn?

This table is intended to provide an overview summary of the evidence synthesis, mapping the key takeaways to the driving questions.

Explanatory note.

🔍 = strength of evidence, with 3* 🔍 indicating very strong evidence (e.g. from systematic reviews, meta-analyses, and multiple robust randomised control trials); 2* indicating multiple experimental or quasi experimental designs; and 1 * other studies such as observational or correlational work.

⊕🔍 is used to indicate a positive effect found, or supportive evidence.

⊖🔍 is used to indicate a negative effect found, or non-supportive evidence.

⏳ is used to indicate the evidence is unclear or/and underexplored or/and cannot be addressed using quantitative research.

This approach is informed by van der Bles et al.'s discussion (2019)

Driver	Evidence	Comment
What do teachers understand regarding mental health and specific needs?	⊕🔍 ⊖🔍	-Research around teacher mental health literacy and self-efficacy has increased in recent years with increased incidence of student mental health challenges in schools. -Studies in the UK, US, Canada and Australia show an inconsistent approach to pre-teacher and in-service teacher training and support with a general lack of mental health literacy confidence and skills.
What is the evidence around teacher support for young people's mental health?	⊕🔍	Reasonable evidence suggest teachers increasingly see support for young people's mental health as part of their role; however many lack the confidence, knowledge and skills to provide this support.
Do teachers know when to help and how to monitor outcomes?	⊕🔍 ⏳	A range of constraints effect teachers' ability and confidence to intervene in students wellbeing and mental health. These may include time constraints, lack of training and skills, lack of support and clarity of roles, poor data literacy. Teachers' mental health literacy has not been a priority and training has been ad-hoc. There is very limited evidence on how they monitor outcomes.
Do teacher interventions help?	⊕🔍 ⊕🔍	Teacher interventions at class and individual level have been found to be effective in promoting help-seeking behaviour, early intervention and referral for students
What is the evidence around the impact of individual vs class interventions for wellbeing?	⊕🔍 ⊕🔍 ⏳	Whole-school positive education supports wellbeing. Class-based interventions can reduce stigma and promote help-seeking behaviour. Individual intervention supported for early-intervention and referral. Little evidence on comparison of relative impact, class-based tend to be preventative and individual in response to a student perceived to be struggling with mental health

How do teachers conceptualise mental health data?		Teacher data literacy in general has not been a priority for teacher education or professional development. With more data-driven reporting and assessments this is becoming increasingly important. There is little evidence around mental health data literacy or experience for teachers.
What are the right thresholds for individual/class action		Area for ongoing exploration. There is little evidence or research on current thresholds for referrals or intervention for individual or class action and which from anecdotal evidence are often in response to a crisis. See resources in our segment mapping for approaches to evaluation, which may inform this.

* Most research on teacher experience is based on survey and interview methods.

Area of exploration and future evaluation for iyarn:

Issue	Implication
There is a large degree of inconsistency in teacher training and capability around student wellbeing and mental health literacy. Teachers recognise the increase in mental health challenges for their students but often feel unprepared or lack confidence in supporting students. Data may not be used effectively to support wellbeing or wellbeing literacy.	While iyarn is a 'stand alone', it is used in wider systems; training should support effective practice, while being flexible to the particular contexts. Opportunities may exist to integrate resources to improve mental health and data literacy for teachers using an experiential learning approach.
Teachers' report experiencing increasing pressures and stress leading to mental health challenges. Teachers require additional support and resources in order to care for their own mental health before they can care for their students.	An extension of the teacher check-in tool might provide resources and suggestions to support teachers' mental health and wellbeing
Teachers' experience challenges in implementing wellbeing and mental health programs due to a lack of training, time constraints and the need to have flexibility to adapt to changes in the school environment and timetable Programs and resources that involve teachers in the design and implementation plan tend to have more consistent and higher quality implementation	Iyarn has strength in the ability to use it flexibly inside or outside of the classroom with little time commitment required from teachers. Involving teachers in planning how they might want to use the platform and planning implementations collaboratively may improve consistency and commitment of teachers. Input into design and feature development by teachers is likely to increase usability and improve implementation.

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Appendix

Diagram 1: Driver Diagram

Overall aim → **Aim: Resilient students leading fulfilling lives** — Values based education

Drivers (ways we address the aim):
- Students develop awareness of values, and take responsibility for this through reflective routines
- Schools articulate their shared aims and values for holistic learning
- School communities embed their values, in partnership with all their members
- Expert teachers support their students in developing & overcoming challenges

Secondary drivers:
- Awareness
- Routine
- Targeted values
- Shared language
- Embedded across community, with safe space for exploration
- In partnership with students, staff, parents, wider community
- Know how their students are doing and embed this checking
- Know how to support their students

Features:

THROUGH	Students develop awareness	Schools articulate shared aims	School communities embed values	Expert teachers support students
THROUGH: Checkins	Checking in, via apps, can support self-awareness and positive routines; through routines and awareness we build resilience	There are key aims and values we should address together to support students in building resilience and leading fulfilling lives	Checkins provide a resource for embedding values and fostering safe discussions across community, through a shared language	Teachers are able to use checkin data to support their students; it helps identify critical moments (positive + challenges) and support intervening
THROUGH: Shared wheel segments	Shared values are built through common materials (wheel segments, email templates) & class discussion repeated across settings, to foster shared support	By identifying, articulating, and sharing language around our values we foster values based education	Across the school community shared language around values is adopted and used	Teachers have greater awareness of key aims, and their role in student resilience
THROUGH: Whole class/school work (guided by lyarn checkins) + parental involvement	Common materials (wheel segments, email templates) and class discussion repeated across contexts gives a shared vocabulary to 'checkin' on values across the community	Common resources can help by giving key information and support on key aims (such as sleep, and mental wellbeing)	School communities have increased awareness of shared values, and their importance	Conversations between teachers, students, parents, and wider community are fostered by a shared language
THROUGH: Teachers who can use lyarn to support awareness & routine, and provide individual guidance	Teachers can support students through understanding their checkins over time, and targeting support	Teachers can identify and tailor values for their students, building these values into their teaching	Classrooms foster and act as sites for conversations about values, led by teachers	Data, shared resource templates and routines, and teacher expertise help support student groups and individuals

How features target drivers towards impact

Diagram 2: Research Questions

Overarching: How do we use research to design and evaluate the impact of the lyarn tool in supporting resilient students leading fulfilling lives?

Pink = student and app focus
Light orange = Culture and system focus
Green = teacher focus

Aim: Resilient students leading fulfilling lives — Values based education

Same drivers and secondary drivers as above.

THROUGH	Students develop awareness	Schools articulate shared aims	School communities embed values	Expert teachers support students
THROUGH: Checkins	What is the evidence for checkin apps with young people (1) providing accurate information (2) supporting awareness and reflection, (3) building routine, and (4) contributing to positive outcomes?	What are the most important factors in identifying and fostering value based living and supporting student wellbeing and resilience?	What are key concerns for 14-19 age group, including around privacy issues?	Teachers are able to use checkin data to support their students; it helps identify critical moments (positive + challenges) and support intervening
THROUGH: Shared wheel segments	What is the role of individual targeted, vs group targeted, vs general support for mental health in schools?		What are the enablers and barriers for embedding holistic values based education approach?	
THROUGH: Whole class/school work (guided by lyarn checkins) + parental involvement	What is the evidence around teacher support for young people's wellbeing? Does their intervention help? Do they know when to help, how to help, and how to monitor?	What do teachers currently understand regarding wellbeing and specific student needs? And how does this draw on existing resources?	How can shared resources, including email templates, support knowledge about values? Including between teachers and parents.	How do teachers conceptualise wellbeing 'data'? What are the right thresholds, for individual/class action?
THROUGH: Teachers who can use lyarn to support awareness & routine, and provide individual guidance				

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