

## **Primary pre-service teachers' understanding of students' internalising problems of mental health and wellbeing**

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An emerging national agenda for the mental health and wellbeing of young Australians has fostered an expectation that primary teachers can recognise and respond to students with internalising problems. A mixed method survey of fourth-year preservice teachers revealed patchy personal and practicum exposure to internalising problems and scant university preparation. Participants applied broad pedagogical principles from regular teaching practice to help students with these problems. They expressed their willingness to learn from colleagues about how to help these students, and a subsample further elaborated their reflections after practicum and coursework experiences. Graduating teachers will need more capacity than they currently have to support classroom participation of students with internalising problems in school settings.

### **Nature of internalising problems**

The relatively muted ways in which primary school children internalise their distress and anxiety problems as they become older has evoked relatively little concern from teachers. Situational distress at school entry has been noticeable, given few cognitive resources to deal with leaving home for the unfamiliar settings and new social and academic demands of school. A recent survey of experienced primary teachers in NSW schools indicated appreciation of the need for mental health supports in schools but little confidence in capacity to enhance children's wellbeing (Graham et al., 2011).

Researchers have long understood that early signs of behavioural inhibitions, fearful feelings, and cognitive what-if worries (Keogh, 2003) can unfold into later problems in learning engagement in classroom activities and social interactions with peers; in turn, maladaptive acquisition of avoidant behaviour and distorted problem-solving can lead to increasingly negative views of self-competence by middle childhood (Fox & Calkins, 1993). These performance difficulties have fuelled tendencies to a range of internalising problems from social withdrawal, victimisation by other students, sad mood, to general unpreparedness to cope with age-typical expectations (Kingery et al., 2010).

Disordered coping has been expressed in irritable mood and flat affect (Bos & Vaughn, 2006; Gimpel & Holland, 2003). Behavioural indicators of shyness, fearfulness, and inhibited responding to new events have been expressed in passive disengagement (Coleman & Webber, 2002; Northey et al., 2003). Hence, everyday scanning of busy classrooms for normal lesson flow could miss subtle somatic expressions of distress (e.g., facial flushing, stomach pain, and headache). Moreover, longer periods of internalising symptoms from month to month and from year to year could be misinterpreted as personality trait rather than as problem expression.

Recent longitudinal research has confirmed that two-thirds of children with internalising problems have stable symptoms from 2 to 11 years (Sterba et al., 2007). For such children, subclinical vulnerabilities to stress and clinically disordered coping have magnified normal developmental fears and worries and interfered with normal developmental progress (Kertz & Woodruff-Borden, 2011). Such children have developed extreme and intense reactions to the otherwise adaptive purpose of anxiety to deal with age-appropriate fears, protect against danger, and mobilise evasive action. Rumination about what has happened in the past and what might happen in the future has affected the quality of classroom participation and capacity to do well academically through the primary years. A meta-analysis of American and Australian studies has confirmed the interfering effects of anxiety on classroom learning (Schonfeld et al., 2009).

### **Undervaluing of internalising problems in Australian education**

For many years, Australian researchers, policymakers, and community organisations have discussed under-servicing of children's internalising problems. Evidence of increased prevalence, "unmet need" across schools and services, and persistence into adulthood has characterised mental health morbidity in young Australians (Zubrick et al., 2000, p. 572). Murray (2005) observed that school communities are often left to provide mental health support to students. Australian researchers have pointed out continued under-reporting of high incidence internalising problems (Barrett et al., 2006; Bayer, Sanson, & Hemphill, 2006). According to the Australian Institute of Health and Welfare (2007), internalising problems have formed the leading cause of the mental health burden for young Australians, accounting for 17 per cent of the male burden and 32 per cent of the female burden.

Direct and indirect costs for the nation as well as for individuals and their families have been projected (ARACY, 2008; Campbell, 2004; Mental Health Council of Australia, 2008). Australian data on mental health from censuses in the 1990s were limited to adults, minimal, and concerned with feeling nervous and unhappy (AIHW, 1998). In the National Action Plan on Mental Health 2006-2011, the Council of Australian Governments (COAG, 2006) acknowledged that, when identified and treated early, mental health difficulties are less severe, of shorter duration, and less likely to recur. Community media (Lunn, 2008), school administration (Skalski & Smith, 2006), and teachers' national professional body (Australian College of Educators, 2005) shared a broad Australian acceptance of the need to build resources for adolescent resilience. The *beyondblue* initiative and *MindMatters* program (Wyn et al., 2000) were funded.

Primary teacher training has trailed behind community realisation that internalising problems experienced through childhood contribute to complex, chronic, and debilitating adult problems (Gardiner, 1994; Weist & Christodulu, 2000). Some interest in social-emotional learning and wellbeing has filtered into discussion about pedagogical quality in the ongoing current transformation of national curriculum and assessment (Ingvarson & Rowe, 2008). The new national teaching standard for a safe and supportive learning environment has included student wellbeing (Australian Institute for Teaching and School Leadership, 2011). However, Queensland preservice

teachers have shown little confidence about topics related to wellbeing such as cybersafe use of ICTs in classrooms (Jamieson-Proctor & Finger, 2006). They also demonstrated little formal and systematic exposure to the specific topic of mandatory reporting of sexual abuse (Goldman, 2007), showed little capacity to meet behavioural and legal requirements (Goldman & Grimbeek, 2008), obtained little knowledge from coursework (Goldman & Grimbeek, 2009a), and were unfamiliar with the Queensland policy environment (Goldman & Grimbeek, 2009b). Hence, established ideas about what teachers are trained to do as curriculum managers have not caught up with emerging ideas about what extended roles and responsibilities teachers face as relationship managers.

Recommendations to counter adverse consequences of both age-appropriate and atypical fears have included structural supports and resources for building social relationships, reduction of unnecessary stress and other risks to the learning environment, and teaching of students about how to identify and regulate their fears (Masten & Coatsworth, 1998). The professional sense of teacher urgency attached to preventing bullying and overcoming defiant, aggressive, and antisocial interpersonal interactions (Swearer et al., 2010), however, has not generalised naturally to overcoming short- and long-term intrapersonal interference in the cognitive, social, and emotional development of many classroom learners (Greenberg et al., 2001). Kay-Lambkin et al. (2007) suggested that non-specific attention to students' mental health in teaching standards by state registration boards contributed to the variability of Australian preservice training about these matters. While distressed individual children have no doubt been assisted by individual teachers acting as caring professionals, supports for those students experiencing difficulties coping with classroom study and relationships has received little priority in preservice programs for primary teachers.

### **Classroom management of internalising problems**

Australian teachers have been urged to contribute to early prevention and intervention in mental health (Dadds et al., 2000). By the end of the 20th century, most child psychopathologies were being grouped in two broad classes of externalising and internalising problems (Achenbach & Edelbrock, 1973; Silverman & DiGuiseppe, 2001; Zahn-Waxler et al., 2000). Externalising problems were observably harmful to the child and peers; overt acting-out manifestations by some students were expressions of an alarming profile of under-controlled and externally directed behaviours, immature problem solving, and associated feelings of rage and anger; and teachers have continued to adopt and explore various philosophies and techniques for managing externalising disruptions of classroom learning (Edwards, 2008). The covert and intrapersonal nature of internalising problems—often manifested in over-controlled and inner-directed behaviour—has been harmful mainly to the individual. Teachers have not readily observed and understood the negative affect characteristic of children's internalising problems (Beaver, 2008).

School-based education for mental health has been targeted as an opportunistic setting to implement federal governmental policy (MCEETYA, 2003) and community programming (Australian Network for Promotion, Prevention, and Early Intervention

for Mental Health, 2008). Schools were positioned as the universal provider to meet child needs, minimise serious impacts in various facets of a child's life, and prevent negative trajectories into adulthood (Greenberg et al., 2003; Patton et al., 2003). Education systems developed basic knowledge-based curricula to inform students about mental health (see, for example, curriculum guidelines for improving student knowledge about physical and mental health published by Education Queensland [DETA, 2005, 2007, 2008] and also, responsibilities of schools for education about health outlined by Queensland Health, 2004). State employers adjusted their expectations for teachers of younger children (Rowling, 2007).

Various Australian process-based programs to teach coping skills to students were developed to mitigate individual risk of internalising problems in schools and classrooms (Slamet, 2006). Programs designed to improve resilience, life skills, and motivation (e.g., *Friends for Life Program*, *Bounce Back*, *Aussie Optimism*, and *You Can Do It*) occupied territorial niches in different states and competed with each other for "market share" across the country. Local availability was often more important than research evidence of their effectiveness. Teachers participating in classroom delivery of these programs often received some professional guidance. Implicit in this revised climate around schools and classrooms were bottom-up assumptions about implementation; that is, individual teachers, within their own resources, would use program experiences and specific training to maintain such initiatives, adapt to specific educational needs in their classrooms, and to disseminate these experiences to colleagues.

With increasing educational acceptance that mental health and wellbeing are essential to children's abilities to learn, teachers were drafted to play an important role in direct and active support for students' mental health. For example, the Hunter Institute of Mental Health (2007), funded by the Commonwealth Department of Health and Ageing, disseminated *An Educator's Guide: Children and Young People's Wellbeing*. Ideas for promoting wellbeing were listed; symptoms relevant to the early, middle, and senior years of schooling were described; and procedures were outlined for teachers who became concerned that students were at risk of emotional, behavioural, or mental health problems. Broadly, individual teachers were encouraged to take ownership of their responsibilities for student wellbeing, develop lesson plans appropriate for their students' needs for social skills and emotional regulation, and enact good practice in classroom observation, child and family counselling, referral, and safe and supportive principles.

Internationally, there has been doubt about the expectation that teachers in classroom settings are ready to observe and address internalising student behaviours (Abidin & Robinson, 2002; Auger, 2004; Lamarine, 1995). In Australia, Campbell (2003) questioned teachers' capacity to recognise students experiencing, or being at risk of experiencing, internalising problems. The hidden nature of many internalising problems in behaviour and learning posed a challenge to teacher identification of students' need for help and teacher willingness to prioritise extra educational support (Marchant et al., 2007). Australian studies have also demonstrated teachers' inconsistent recognition of anxious students (Campbell, 2004; Dadds et al., 1997).

Moreover, several American studies indicated that teachers felt unprepared to help these students (Cramer & Paris, 2001, in Koller & Svoboda, 2002), lacked confidence about engaging in mental health matters (Walter et al., 2006), and were insecure about making an appropriate referral (Green, Clopton, & Pope, 1993). Recent Australian studies of secondary teachers, both inservice (Thornton, 2008) and preservice (Taylor et al., 2008), have maintained these doubts.

More broadly, a review of research on beginning teachers over a 30-year period revealed a common profile (Cherubini, 2009): A “toolbox” of technical skills in planning lessons and assessing curriculum, a survival mentality in the face of complex workplace demands, and idealistic hopes about the kinds of direction and support available from colleagues. Encounters with their first job often left them culture shocked, disappointed, and disinclined to take on new roles. Although some adapted and learned rapidly from experience and mentoring, many have continued to exit teaching (Henry et al., 2011). It seemed inevitable that we would find gaps in preservice preparedness to take on a classroom role in mental health, but the nature of those gaps and their implications for students’ access to appropriate supports were not known.

### **Study aims**

Preservice primary teachers in their final year at a Queensland university were surveyed about their personal and professional experience with internalising problems. Three research questions explored approach to teaching students with internalising problems, awareness of current mental health policy and school-based programming, and preparedness for future practice. These questions fitted into a past-present-future model of reflection (Bain, Ballantyne, Mills, & Lester, 2002), with which the preservice teachers were familiar.

Specifically, it was expected that idiosyncratic rather than formal sources of knowledge and experience would shape the emergent teacher role as a provider of mental health education in the classroom to young students with internalising problems. Moreover, it was expected that preservice teachers would have limited awareness of new expectations for their role outlined in mental health policy and programming. Finally, it was expected that novices’ preconceptions about various aspects of teacher work (e.g., keen, principled in intentions, unprepared for classroom realities) would apply in this area.

### **Method**

Rapid assessment of the range of knowledge and experiences in a cohort of preservice teachers guided the choice of long survey method. Quantitative testing for depth of understanding from teacher training was deemed inappropriate. Survey design was focused qualitatively on general orientation to internalising problems and response to selected scenarios. Of particular interest was how these novice educators organise informal opportunities (e.g., community and practicum experiences) to sample and learn from public coverage of mental health and wellbeing issues in education and extensive literature on internalising problems.

**Participants**

Students on two campuses of a Queensland university ( $n = 42$ ) were surveyed in the first two weeks of their fourth and final year of a Bachelor of Education (Primary) program. Age and gender attributes of participants mirrored those of this cohort, predominantly female ( $n = 38$ ) with a postschool-to-mature-age spread (20 to 46). Some participants ( $n = 16$ ) also volunteered to contribute to a reflective follow-up three months after they completed a course on inclusive practice and a subsequent practicum.

**Procedure**

At the start of fourth year, the survey was distributed to all students in the first practicum lecture. An information sheet about the study and a consent process were compliant with the university's ethical clearance. Prospective participants could draw on three years of university studies and practicum experiences, and their semester workload was ahead. Advance notice comprised a briefing in a lecture at the end of third year and a "call for volunteers" posted on the practicum website before the first teaching week of fourth year. Returning a survey to a "drop off" campus box implied consent. A reminder about the survey during the Week 2 practicum lecture boosted participation.

Some participants ( $n = 24$ ) also accepted an end-of-survey invitation to provide an email contact to receive a follow-up survey. Emails to off-campus participants after practicum contained a second consent form and the follow-up survey, to be completed within three weeks. An email reminder was sent two days prior to the due date, with attached copies of the follow-up and consent form. An ethics variation was obtained to allow a final appeal and extension to the timeline. Four more follow-up responses contributed to a total of 16 responses (66% response rate). Data were de-identified before analysis to ensure anonymity and confidentiality.

**Survey materials**

To maintain interest, survey design alternated quantitative closed-ended Likert based item ratings of participants' specific knowledge with open-ended qualitative questions about their understanding (Denscombe, 2007). A fourth year student piloted the survey in an hour without difficulty. Section 1 provided general information about internalising problems (viz., web-based Education Queensland advice on the variety of these problems and how they might present within the classroom). Section 2 requested information about demographics, previous work history, and relevant educational experiences.

Research Question 1 was addressed in Sections 3-5. Section 3 on past exposure addressed prior knowledge, experience, and classroom application. Participants estimated frequency of internalising difficulties within a primary school class and distributed 25 students into a three-tier triangle representing low, medium, and high levels of risk for internalising problems in the class (see, for example, Merrell &

Gueldner, 2010, p. 16, for an overview of this prevention science model); they then rated their confidence in this allocation and their awareness of additional students at risk. Participants also wrote about prior knowledge, shared where they acquired their knowledge, and gave examples of experiences. Finally, provided with a published Australian classroom estimate of 3-12 per cent high difficulty requiring psychological intervention and 20-30 per cent moderate difficulty needing a little extra support (Rickwood, 2005), they were asked to comment on similarities and differences to their own earlier estimates and to rate their overall knowledge of internalising problems and mental health.

Section 4 canvassed practicum experiences. Topics included encounters with internalising, checklists of behaviour, explanation about how they knew students were experiencing problems, identification of their worst experience, and a statement about the difference that good teaching can make to the success of students experiencing internalising problems. In Section 5, participants were asked to comment on two of six scenarios describing student internalising problems in primary school years from early separation anxiety to depression in late childhood. Each gender-neutral scenario described a student at risk but not yet diagnosed.

For Research Question 2, Sections 6 and 7 canvassed awareness of current policy and programs. Section 6 addressed participants' knowledge of Australian and Queensland policy and involved a recognition activity (tick familiar policies), a deeper knowledge activity (match federal and state policies to specific statements in those policies), and a practical comment about practice implications. Section 7 addressed their familiarity with programs in circulation in Queensland schools and involved a recognition activity (tick familiar prevention programs) and a recall activity (tick observed implementation of a program in specific locations such as a practicum school or their child's school). Participants were also asked to rate their comfortableness with a list of program activities (*viz.*, trained in activities, liked doing them, and thought an identified activity might be helpful). They were invited to comment on factors that might influence their decision to implement a program in a classroom.

For Research Question 3, Section 8 involved an open-ended written 5Rs reflection about their future practice (i.e., report "teacher role in promoting wellbeing, react about feelings about taking on this role", relate to "what...will assist you to work better with these students", reason about "factors ensuring [your practice] caters to the needs of these students", and reconstruct "how [given nondisruptive problems with negative consequences] do you see yourself adapting your future practice"; based on Bain et al., 2002). The 4-page follow-up survey inquired briefly about changes to knowledge and experience and more exposure to policy and prevention programs and then adapted the 5Rs questions to final reflections on direction of teaching practice with students with internalising problems.

### **Content analysis**

Quantitative data were collated for frequency counting. Content analysis of written text used *Leximancer* software (Smith & Humphries, 2006) to establish the main ideas and

their comparative strengths and interrelationships. This Australian tool has been shown to be fast and technically free of subjective interpretation. Although recent versions of *Leximancer* have been focused on commercial applications in business organisations for data mining of large bodies of text, it has been applied to relatively small amounts of text from both oral interviews and short written survey responses. It has provided a successful alternative to manual coding for phenomenological analysis (Penn-Edwards, 2010). Researchers exploring practice in several professions have used it to analyse text for themes of psychological supervision (Scott et al., 2011), early childhood services (Weaven & Grace, 2010), and home economics curriculum (Pendergast et al., 2011).

All connections among text were counted automatically by parallel distributed processing of all occurrences and co-occurrences of small amounts of text (three-word default) in this powerful quantitatively based method of analysing content. Concept seeds underlying surface words were then “learned”, and concepts were identified, ranked, and located within a two-dimensional space. The organisation of this mapping indicated the centrality of concepts, their frequency (shown as larger dots), and their proximity to each other. The software contained an option to check the reliability of analysis by repeatedly reprocessing original text data. Generation of different concepts and configurations after multiple relearnings would indicate problems in conceptual connectivity and fluctuation in surface text meanings contributing to seeding and learning of different underlying concepts. Relearning produced stable mappings of concepts and interrelationship in the set of maps used in this paper.

Transcripts of each participant’s written responses to each question were formatted as *Word* files and entered into *Leximancer* for content analysis. Alterations during transcription concerned expansions of short-hand language (e.g., changing “stn” to “student”) and correction of spelling mistakes. All changes were checked for consistency across responses and survey items and recorded by hand in a notebook. Italicisation has been used to distinguish concepts from other words in text.

## **Results**

This overview of qualitative findings on the three research questions has been accompanied by brief quantitative data. Approximately 20 per cent (42 of 199) returned a completed survey. Participants claimed some prior experience (employment experience with children, some with internalising problems), and half were enrolled in specialist programs (early or middle years, music, physical education).

### **Research question 1 on past knowledge and experience**

Estimated distributions of internalising problems on the three-tier classroom triangle were consistent with those of Rickwood (2005). Some participants commented that their practicum experiences guided their estimates; others conceded that they guesstimated. Many accepted that they might miss internalising symptoms in busy classrooms; they mentioned masking problems (e.g., “I’d imagine these students would be really good at hiding their problems”) and basic knowledge (e.g., “I have little or no



awareness of how to identify internalising difficulties”) A few participants either grossly underestimated or overestimated the risk for internalising problems in a class.

Figure 1 shows the organisation of sources of knowledge inside and outside university, found to be stable across five separate relearnings. Removal of 30 per cent of concepts to unclutter the centre of the map revealed a basic set of family-to-friends and uni-to-prac concepts. Hand drawn lines displayed two simple dimensions. The most frequent concept was family (e.g., “family suffers from both anxiety and depression”), which, together with related media (e.g., “talk shows, e.g., Oprah, Kerrie-Anne” and “news reports and current affairs”), contrasted with information from friends. The second dimension of sources comprised uni (related to second and third-year pedagogical course studies in middle years and management of behaviour) and prac (related to discussing students’ anxiety with teachers). Some participants again referred to their limited general knowledge.

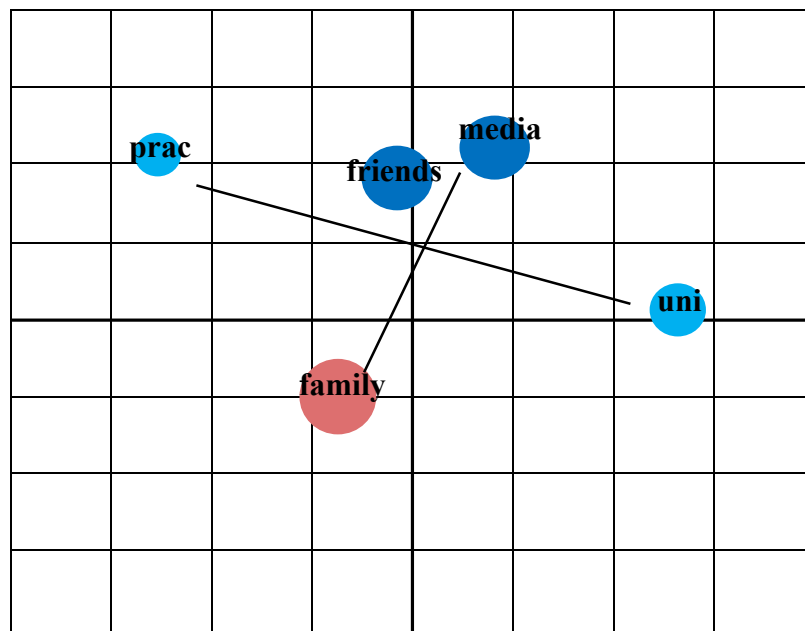


Figure 1: Preservice teachers’ sources of knowledge about internalising problems

Practicum was the most widely cited setting for participants’ direct experience with these problems. Discussions with a supervising teacher and observations of student behaviour brought children’s problems to their attention. Most participants reported witnessing each problem behaviour related to internalising, including low self-esteem ( $n = 39$ ), socially withdrawn ( $n = 38$ ), anxious and stressed ( $n = 37$ ), bullied ( $n = 36$ ), and sad, gloomy and depressed ( $n = 29$ ). Participants recalled specific incidents (e.g., students who cried, bit nails, appeared anxious and stressed, exhibited low self-esteem, and withdrew from peers). The “worst” problem behaviour included suicidal talk, selective mutism, and episodes of throwing chairs and hiding under desks. Some preservice teachers ( $n = 15$ ) recalled limited exposure, and a few participants ( $n = 4$ )

doubted their capacity to recognise internalising problems (e.g., “Hard to say, I am sure I’ve had experiences with it but just may not have known”). Moreover, it was evident that participant awareness of internalising problems was highly varied across different practicum settings.

Figure 2 presents the map of all concepts about the difference made by good teaching for students with internalising problems. This question generated much more text than previous open-ended questions. Map space was well populated, with question concepts of difference and behaviour anchoring the vertical axis. A diagonally aligned organisation of concepts comprised two main clusters of fluent and sophisticated position statements, each with a hedging argument expressed in two smaller satellite clusters of companion concepts. Preservice teachers testified to the principles and values guiding their practice (top left quadrant). First, the best interests of the child should guide learning, and, second, a positive environment for learning and taking time to make students feel safe should make an important difference. The high ranking concept, support from professionals, indicated that outside help affects the difference in using these principles. Lower ranking satellite concepts identified occasions when participants doubted their supervisory teacher’s handling of a situation relative to this principled approach to practice (top left quadrant). For their second main statement, they strongly affirmed teaching’s huge effect (bottom right quadrant) and also considered working with parents important to intervention (bottom left quadrant).

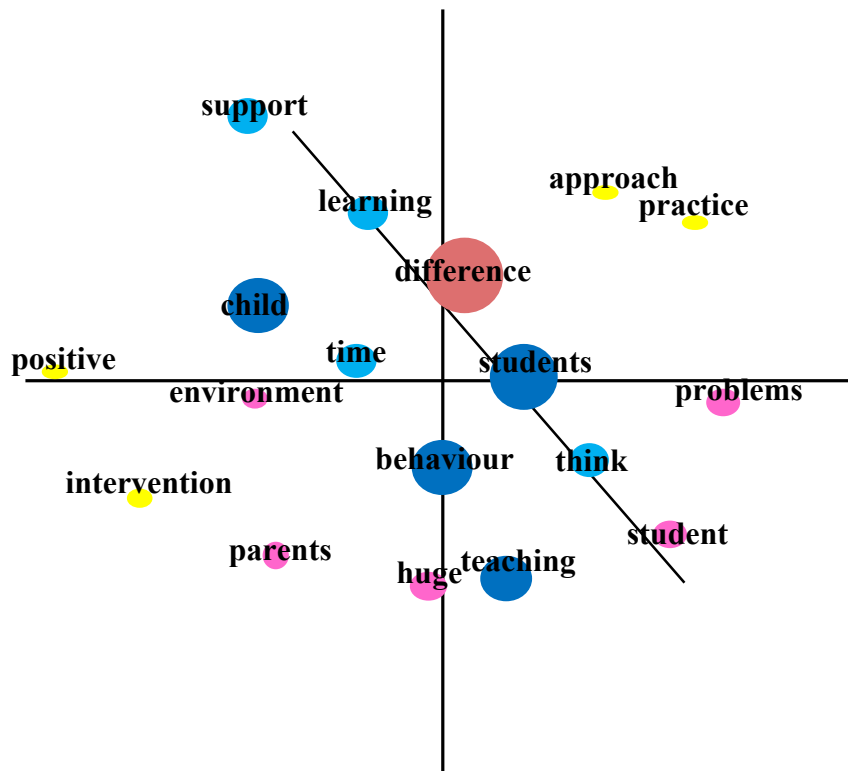


Figure 2: Map of concepts about “the difference that good teaching can make”

Participants usually responded to all six classroom-based scenarios (i.e., separation, self-esteem, withdrawal, bullied, anxious, and sad). They correctly placed the target child in the middle tier of risk, justified that decision from the description of the student's behaviour, and reported encounters with internalising problems similar to those depicted by the scenarios. They offered one-to-one, group, and whole class elements of practice to respond to a question about a child's personal, academic, and social needs and adapted them to different scenarios.

Figure 3 shows all concepts about these preservice teachers' feelings about these students. They expressed concern for four of the six children, with the most complex feelings expressed in the first two scenarios. Later scenarios with older students contained fewer concepts with large unpopulated spaces. This order effect could indicate fatigue in writing about their concern or limited capacity to engage with the withdrawn Cameron or overanxious Brooklyn, but they wrote about their concern for sad Alex. Participants' worried feelings involved awareness of barriers to learning (e.g., Cameron's problem is impacting his/her learning; Tyler's work needs behaviour of other children changed). Participants considered who they might ask for help (e.g., guidance officer, administrator, other teachers, and parents) or where they could seek help (e.g., websites, books dealing with bullying, and organisations or programs dealing with self-esteem).

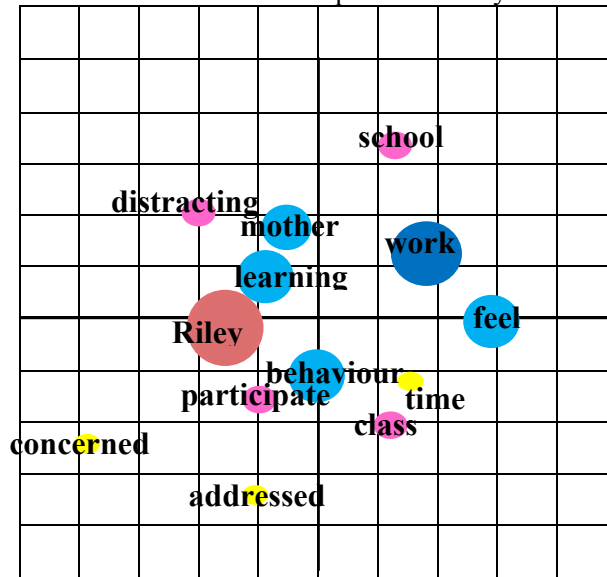
### Research question 2 on current policy and programs

Table 1 shows that, after three years of coursework and 11 weeks of practicum, encounters with policy were specific, occasional, and focused on state curriculum. Half the participants tried to match verbal clues in 12 policy statements to four policies, with seven out of 12 accurate matches the best outcome. Most reported intending to improve their knowledge of these policies (e.g., "[I] need to read up on these policies. [I've] never heard of these"). One participant outlined a traditional parent-teacher separation between responsibility (i.e., "I think that parents need to have some responsibility in looking after the health and wellbeing of their child—we are educators"). Despite widespread acceptance of the importance of classroom implementation of these policies and curriculum frameworks, they clearly deferred this idea to some future time. Moreover, they viewed school administration as responsible for considering policy and its practical implications.

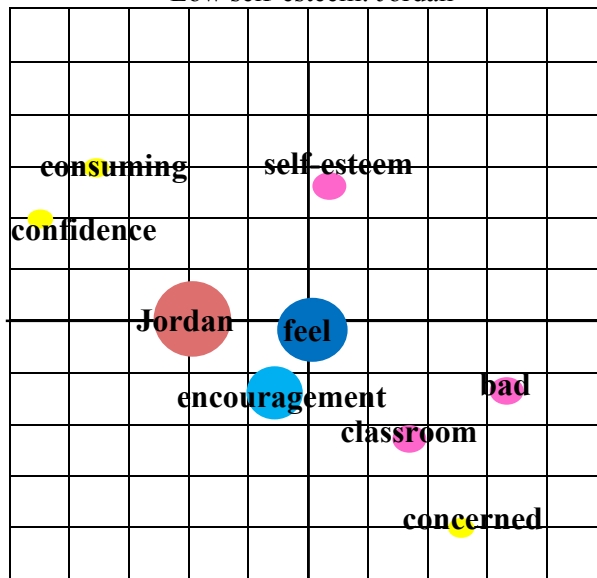
Table 1: Participant familiarity with national and Queensland policy

Policy/Curriculum Framework	Familiar	Unfamiliar
National Action Plan on Mental Health	4	38
Working Together for Healthy Schools (Qld)	11	31
Student Health and Wellbeing Curriculum Framework (Qld)	9	33
Student Protection (Qld)	5	37

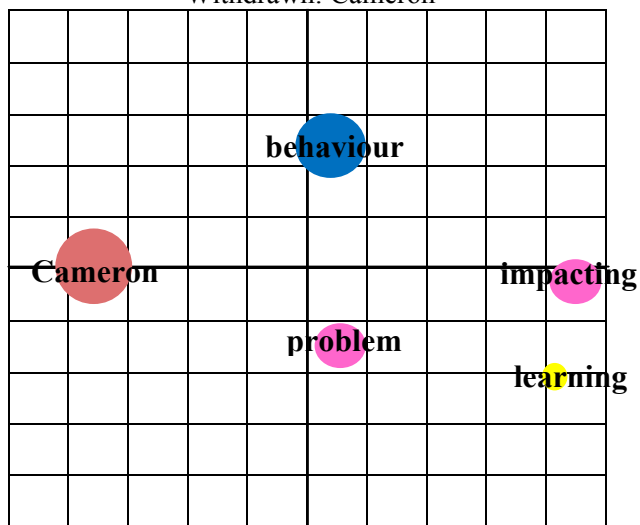
Anxious about separation: Riley



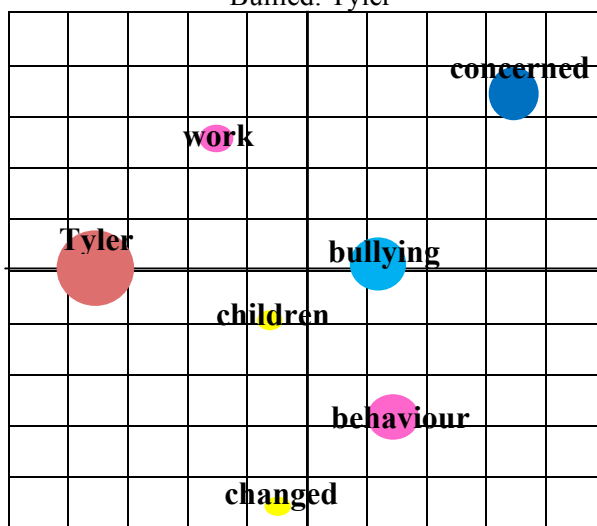
Low self-esteem: Jordan



Withdrawn: Cameron



Bullied: Tyler



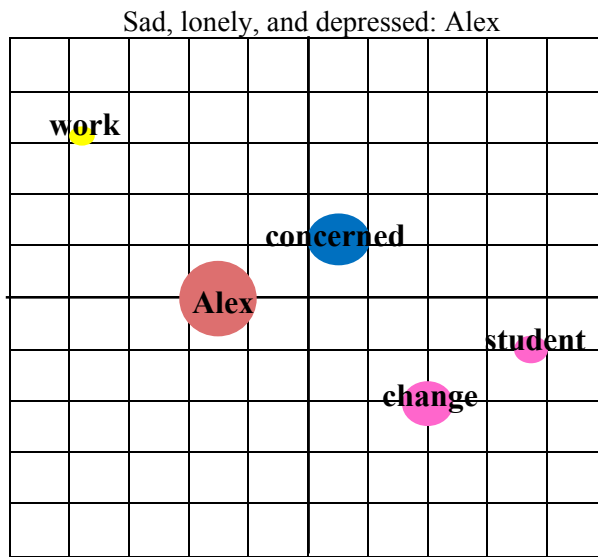
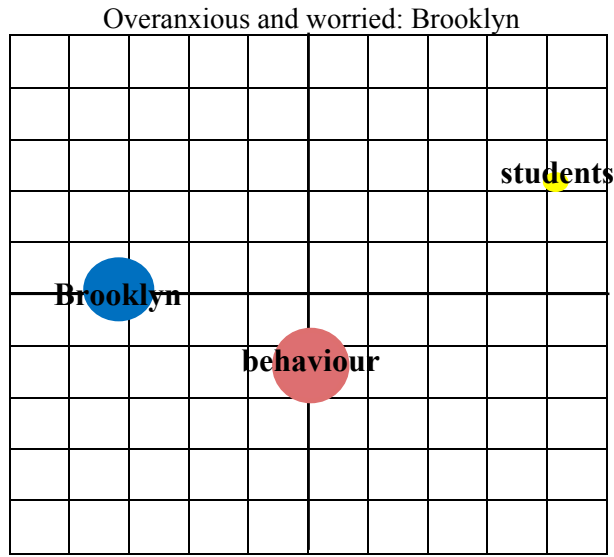


Figure 3: Preservice teachers' feelings about each scenario child

Table 2 shows that at least one participant could identify each nominated prevention program. One Queenslanders could identify the West Australian *Aussie Optimism* program. However, most of the 42 participants were unfamiliar with these programs, and even fewer had seen them in use. Several practicum schools were using the *You Can Do It* package, but otherwise local and national resilience building approaches were virtually unknown to these preservice teachers. Contacts with these programs were scattered among media, university, prac, school, and work places. Media coverage seemed to account for the greater recognition of the adolescent-focused *MindMatters* and *beyondblue*. However, many participants reported that they had trained in, liked, or considered helpful, the range of instructional activities (e.g., role-play, small group exercises, discussions, and assisting students in developing positive thinking) present in many prevention programs, indicating confidence in component skills.

Table 2: Familiarity with programs, ordered from most to least familiar

Prevention program	Familiar	Unfamiliar
<i>MindMatters</i>	17	25
<i>You Can Do It</i>	16	26
<i>beyondblue Schools Intervention</i>	12	30
<i>Bounce Back</i>	6	36
<i>Friends for Life</i>	6	36
<i>KidsMatter</i>	5	37
<i>Resourceful Adolescent Program (RAP)</i>	4	38
<i>Aussie Optimism</i>	1	41

Figure 4 presents three basic clusters of concepts about what would encourage or discourage a decision to use a program in a classroom. Participants commented on support from the school to meet the needs of these students (top half), comfort level with a program (centre left), and time to acquire skills, with a vague call for help from parents (bottom left quadrant). Although time (bottom right quadrant) to implement these programs was the most important constraint, some participants valued these programs (e.g., “Time is always an issue, but the benefits of these types of programs outweigh this” and “I feel it [time] is justifiably used in this way”).

### Research question 3 on future practice

Participants’ knowledge of policy and prevention programs showed little change after a 9-week course on inclusive practice and 4-week practicum. However, large amounts of text in initial reflections and even more in follow-up final reflections on their practice generated many concepts for all maps. Inspection of maps of initial and final reflections by that subset of 16 who contributed to both phrases indicated more crowded follow-up maps and apparent changes in concepts and their organisation. Participants added to their descriptions of role and identified many more personal and pedagogical understandings, experiences, and beliefs, suggesting an experience effect. As they came to terms with the limitations of beginning practitioners, they were

emphasising a greater need for external support beyond personal experience and individual capacity to gain knowledge.

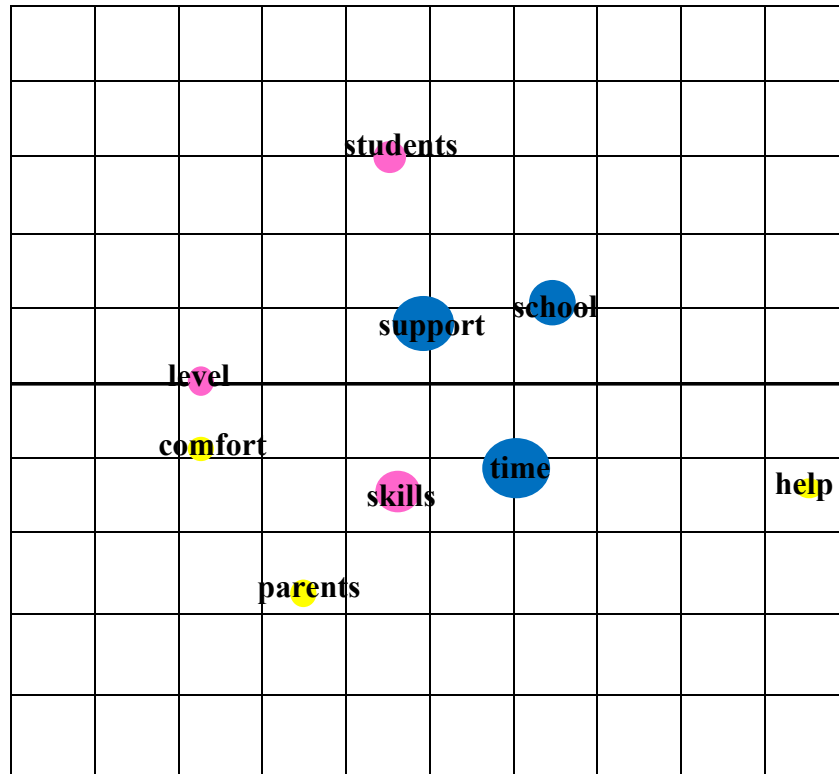
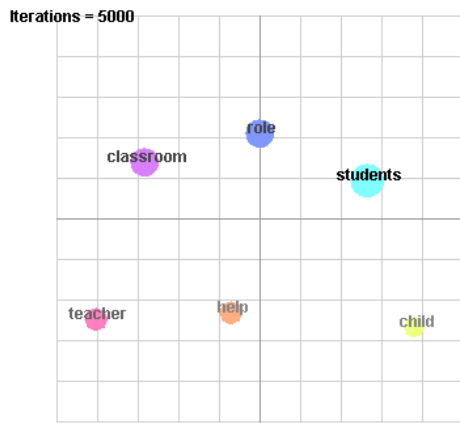


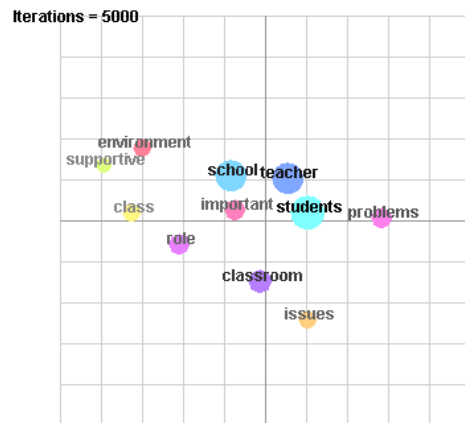
Figure 4: Map of what encourages or discourages program use

Figure 5 shows their initial and final maps for the five reflective questions. Initial R1 descriptions of helping students became calls for proactive support for the whole class. Participants reframed immediate R2 feelings from worry into optimism. Their initial minimalist R3 information about students from prac became a richer understanding of classroom presence and needs. Their R4 analysis of critical issues changed from generic reference to professional information to more active targeting of knowing how to provide support and understanding strategies. For their R5 reconstruction of their practice for future use, they elaborated on their initial focus on creating safe environments to address problems to include intentions to consult school policy, seek wider support, differentiate curriculum, and approach individuals' problems as a whole class.

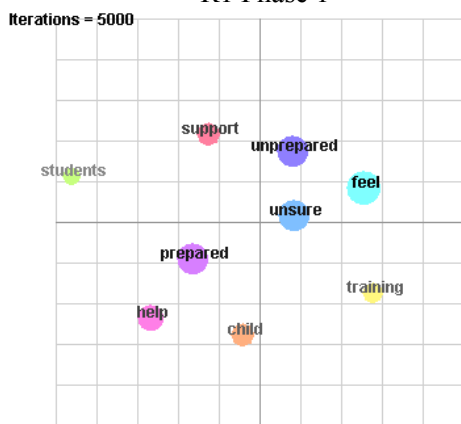




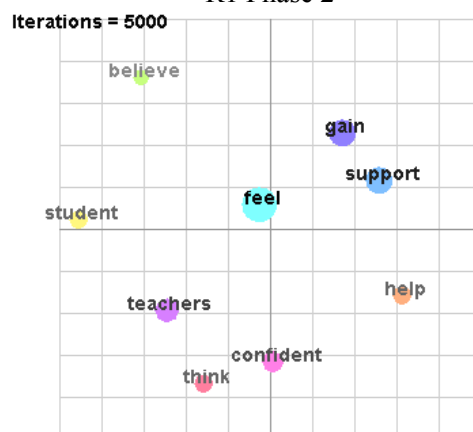
R1 Phase 1



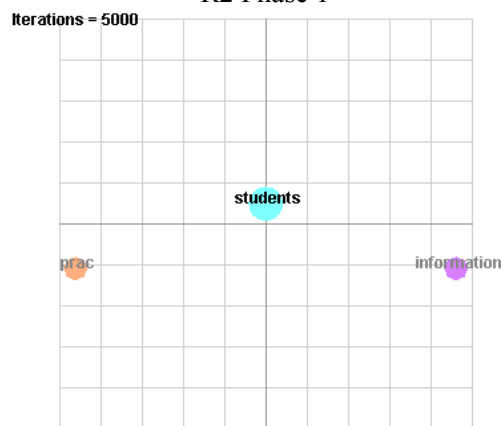
R1 Phase 2



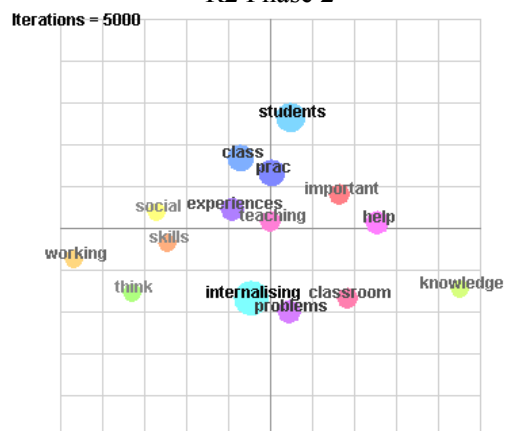
R2 Phase 1



R2 Phase 2



R3 Phase 1



R3 Phase 2

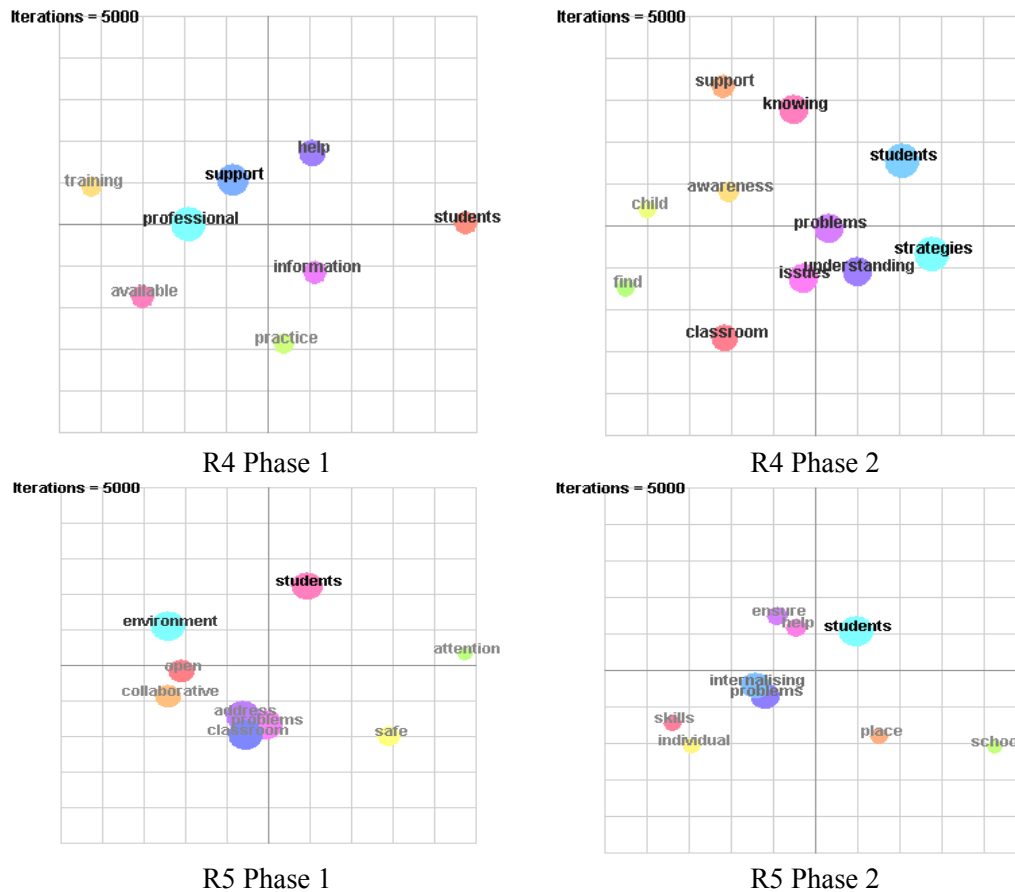


Figure 5: Maps of 5Rs reflections of subset participants ( $n = 16$ ) for initial and final phases

## Discussion

Incidental exposure is how these preservice teachers learn about internalising problems. Personal and idiosyncratic experiences of family and friends, community media, and school-based practicum contribute to their “commonsense” estimates of internalising problems in primary classrooms. The next generation of teachers actively apply traditional skills and principles to specific scenarios, with suggestions about face-to-face meetings, placing at risk students with a friendly group, and teaching the whole class about desirable ways to interact. Moreover, elaborated follow-up reflections indicate capacity to learn from experience when alerted to the issue, as did beginning teachers when mentored effectively (Henry et al., 2011). Although they access general principles of positive classroom support to help distressed at risk students to cope better with their study, relationships, and personal wellbeing, they needed explicit skill training to strengthen positive affect in the classroom (Beaver, 2008) and to improve thinking and behavioural strategies (Sburlati et al., 2011).

The volunteers willing to return a lengthy, comprehensive, and demanding survey comprise 20% of this preservice cohort. Participants from this graduating class of primary teachers value a safe and supportive environment for all students. They may be treating the survey as an activity that might prepare them for wider roles and responsibilities. They are honest about their limited knowledge and need for outside assistance and open to reshaping their future roles to foster the wellbeing of students with internalising problems. Yet, it seems that this “new” aspect of teaching expectations may leave new teachers even more vulnerable to culture shock (Cherubini, 2009). Volunteers make frequent statements about waiting until their final short six-week semester and six-week internship to come to grips with mental health issues and aspects of teacher work beyond acquisition of technical competence. Given that 80 per cent did not volunteer to learn more about internalising problems via the survey, the comparably low return rate from a state survey of experienced teachers (Graham et al., 2011) suggests that mental health service issues remain widespread.

### **Ethical issues**

This small study joins other Queensland studies disputing the reasonableness of various new expectations about professional support for student wellbeing. For students with internalising problems, the specific contribution of this study is to show that these preservice teachers will do what they can (i.e., try their best to use their traditional teaching skills to organise a response to specific student needs). However, recognising these covert needs and providing appropriate help are problematic. Their hope that other teachers have relevant expertise readily at their disposal may be disappointed and may add to the burdens of experienced staff.

Regular classrooms in primary school remain an appropriate place to support the wellbeing for students with social, emotional, and behavioural difficulties. Yet, educational servicing of mental health generally and internalising problems specifically appears heir to the difficulties of much planned reform in education. That is, teachers are left to find ways to implement a social curriculum reform with general but fragmented support. The specific value of studies showing what beginning teachers don't know or can't do (e.g., Goldman & Grimbeek, 2009a) is to challenge reformist advocacy for new roles that is complacent about unforeseen consequences for students and their teachers. Reform requires more institutional commitment than the goodwill of another generation of teachers “to give it a go.”

These studies challenge policymakers and educational authorities to prepare for and resource the effective delivery of new roles. The *KidsMatter* package (Graetz et al., 2008) and the Westmead *School-Link* Initiative ([www.schoollink.chw.edu.au](http://www.schoollink.chw.edu.au)), among others, are reaching into primary schools. Methodical and formal instruction in doable practices seems to be the only way to shrink the real gap in teachers' capacity to deliver an effective classroom approach to support wellbeing (Knight, 2009). Teacher collaboration about the pedagogy for a resilience-building curriculum of wellbeing needs undergraduate training in local school-based programs such as *Cool Kids* and *Friends* (Nehmy, 2010; Neil & Christensen, 2009). A low-end estimate of the time needed to teach a social skill curriculum effectively has been 1.5 per cent of total

curriculum (Elliott & Gresham, 2010). Early screening to detect psychological distress by school psychological services is needed not only to treat clinical distress but also to mobilise and coordinate teacher-delivered prevention and early intervention programs to reduce preventable distress (Walker, 2010).

Another ethical issue arises from the recurrent thread throughout participants' survey responses that calls for more professional knowledge, practice guidelines, and support services. The concern is whether and how studies of limits to effective teacher practice cross the boundary between raising professional consciousness and undermining natural confidence. Follow-up participants seem to become more sensitive to students' distress. Nonparticipating graduating teachers, however, may become entrenched in avoidance strategies to deal with their own stress about being unprepared. For example, they may argue that responsibility lies with parents to refer their child, ignore signs of distress, and tell students to "buck up and get on with it." They may fear becoming depressed. Although ethical consent procedures precluded a demand for reasons for nonparticipation, requesting return of nil response surveys may clarify different reasons for choosing not to respond (e.g., nothing to contribute, little interest and perceived relevance, survey too long).

### Implications and conclusion

Preservice primary teachers bring idiosyncratic experiences to help students with internalising problems cope with their academic difficulties and to strengthen their personal resilience to classroom stressors. Wellbeing has been endorsed in the dramatic events to improve student knowledge and benchmark pedagogical practice in national teacher standards (AITSL, expected 2011), school accountability for student outcomes (National Assessment Program—Literacy and Numeracy, conducted 2008-2011), and core curriculum for the nation (Australian Curriculum, Assessment, and Reporting Authority, expected 2013). However, teacher educators and school administrators need to embed supports for the wellbeing of all students in a primary classroom systematically into the reform of the existing system and its traditional teaching roles. Prosocial and strength-building approaches to deal with disruption of learning (Bear, 2010) need to be applied as energetically to internalising problems as to externalising problems. Graduating teachers will need more preservice instruction and more inservice mentoring about relational management and prosocial interactions (Dadds et al., 1997; Campbell, 2004).

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