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University lecturers' perspectives about initial teacher education for mental health promotion in schools

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A whole school approach to mental health promotion in schools takes a broad based systemic perspective, ranging from universal promotion of health and wellbeing to indicated and targeted interventions. This range encompasses staff education, curricula, classroom and school climates, , and collaboration with parents, professionals and the community (Adelman & Taylor 2009; Bywater & Sharples 2012; Catalano et al., 2006; Cefai & Cavioni, 2015; Weare & Nind 2011). Within such an approach school teachers are expected to be able to appreciate the importance of, developing and maintaining positive mental health as a key goal of education; establishing healthy relationships with students; fostering students' social and emotional learning and resilience through explicit teaching and program implementation; recognizing and responding in time to early signs of mental health difficulties; and working collaboratively with parents, support staff and professionals (Askill-Williams & Lawson, 2013; Humphrey, Lendrum, & Wigelsworth, 2010). Such competencies require that school teachers are provided with professional learning opportunities to enable them to exercise their role effectively. Inadequate in-service and pre-service teacher education in mental health promotion is related to lack of teacher engagement and commitment as well as poor quality teaching and programme implementation (Askill-Williams et al., 2012; Lendrum, Humphrey & Wigelsworth, 2013).

While many school staff believe that they have a key role in mental health promotion, they sometimes argue that they have not been provided with adequate professional learning opportunities (Askill-Williams & Cefai, 2014; Reinke et al., 2011). Studies indicate that classroom teachers' sense of competence in mental health promotion is relatively poor compared to their subject matter expertise, particularly if initial teacher education was inadequate (Askill-Williams & Cefai, 2014; Reinke et al., 2011; Vostanis et al., 2013). In a recent study with school teachers in South Australia, the authors (see Cefai & Askill Williams in this edition) found that while some teachers mentioned that they did receive professional learning opportunities about mental health promotion at their own schools, in most instances such education was either lacking or not useful in their initial teacher education programme, particularly in areas such as building healthy relationships and responding to mental health difficulties. This apparent need for better education

in the field of mental health promotion in schools reflects the relatively recent emergence of positive mental health and social and emotional learning as key goals in education, with many schools and initial teacher education programmes only relatively recently introducing mental health promotion at curricular and whole school levels.

Professional education in school-based mental health promotion in Australia, such as offered by KidsMatter and MindMatters (www.beyondblue.org.au) has been largely organized around four key components, namely building a positive school climate, universal teaching of social and emotional learning, working in close collaboration with parents or carers, and providing early intervention for students deemed to be at risk of developing mental health difficulties (Askell-Williams & Murray-Harvey, 2016). Desimone (2009) suggested that quality teacher professional learning in mental health must include content knowledge, active learning, coherence with other content areas of the curriculum, sufficient duration and collective participation of staff. Desimone's model was recently revised Askell-Williams and Murray-Harvey (2015), who suggested a framework consisting of two interconnected components, namely structural (content and delivery) and functional (collaboration, active learning and professional practices, such as professional identity and attitudes and beliefs).

Whilst a number of studies have argued for the need for in-service teacher professional education in mental health promotion (Askell Williams et al., 2010, Askell Williams et al., 2012 Jennings & Greenberg, 2009, Reinke et al., 2011, Vostanis et al., 2013), few studies have explored university lecturers' views on the needs and challenges of preparing pre-service teachers as caring school practitioners equipped with the key competencies required for mental health promotion in schools. Thus, the study reported in this chapter sought to address this gap by exploring university lecturers' perspectives about initial teacher education about school-based mental health promotion. The objective of the study was to examine the views of academic staff about issues such content areas, approaches and frameworks, pedagogy and assessment, university students' wellbeing, and university staff's own wellbeing. Furthermore, the study investigated staff's views about their Faculty's strengths and weaknesses in initial teacher education about mental health promotion in schools, and recommendations for improvement. The study accessed participants who were knowledgeable in the area of educating for mental health promotion, focusing on faculties and staff who had invested considerable effort and developed considerable expertise in the education of pre-service teachers about mental health promotion in school.

Method

Ethics

Ethical approval was obtained from the authors' two universities (University of Malta and Flinders University, South Australia, respectively). Approval to contact staff was obtained from participants' respective institutions. Participants were invited to participate in the study by a letter/email sent by the authors. Participation was strictly voluntary and participants were free to quit at any time during the study. Of the 38 invited, 34 accepted to participate in the study.

Participants

Interviews were conducted with lecturers in initial teacher education in seven centres of tertiary education in three states in Australia, namely 24 participants in three universities in Adelaide, South Australia, seven participants in two universities in Sydney and one in Newcastle, New South Wales, and three participants in one university in Melbourne, Victoria. Purposive sampling, identifying lecturers who were involved and experienced in teaching about promoting mental health and wellbeing was used. The nineteen female and five male participants, were involved in teaching about mental health promotion either directly, such as modules on mental health, wellbeing or relationships, or related areas such as special educational needs, inclusive education, development and learning, educational psychology, early years education, public health or physical education.

Instrument

Individual, face to face, semi-structured interviews were held by the researcher with 32 participants, while the remaining two interviews were held via skype. The interviews focused on various areas of initial teacher education in mental health promotion in schools, including the role and place of mental health promotion in initial teacher education, content areas, courses and programmes, approaches and frameworks, pedagogy and assessment, student-teachers' own wellbeing, faculty staff's training and wellbeing, and the Faculty's strengths and challenges in the area (Askeff Williams & Lawson, 2013, Jennings & Greenberg, 2009, Reinke et al., 2011, Vostanis et al., 2013). Interviews followed the interview schedule, but participants were free to discuss other issues they deemed relevant. Interviews lasted between one and one and half hours each. All

interviews except one were audio-recorded and were later transcribed by a research assistant in collaboration with the researcher. One of the participants preferred not to be audio-recorded and the main ideas that emerged during interview were noted by the researcher during the interview.

Analysis

Thematic analysis of the interview transcripts sought to identify patterns across the data set, with themes identified through an iterative process of generating initial codes, grouping codes into themes and reviewing of themes, until the final themes were developed (Braun & Clarke, 2006). The themes were grouped according to six main areas explored during the interviews. An interrogative and reflexive stance was adopted to avoid researcher bias and ensure data fidelity and trustworthiness, seeking to keep presuppositions and experience in check so as to maintain objectivity.

Findings

Table 1 shows the themes that emerged from the interviews with the lecturers, grouped according to the six main areas explored in the interviews.

Table 1 List of themes which emerged from the teacher educators' interviews

Approaches to mental health	Social justice, diversity and growth
	Relationships
	Transformational journey
Course content and structure	Core component
	Curricular and cross curricular
	Cross disciplinary
	Meaningful and relevant curriculum
Pedagogy and assessment	Multimodal approach, practice oriented
	Reflective practice, formative assessment
Students' own wellbeing	Walking along the path with the students
	Faculties with a human face

Strengths	Focus on mental health
	Focus on equity and social justice
	Focus on the student
	Culture of support and solidarity
Needs and challenges	De-pathologising mental health
	Away from neoliberal, rational models of education
	Need for a whole school/Faculty collaborative approach
	Caring Faculty
	Balance between theory and practice

Approaches to mental health

Participants defined mental health and wellbeing in diverse ways, drawing from their own models of mental health, the content areas they were responsible for, and the contexts of their Schools/Faculties. These included, inter-alia, holistic development, health promotion, child protection, classroom management, relationships, social justice, social sustainability, equity and diversity, resilience, and social and emotional education. The most common conceptualization of mental health and wellbeing, however, were related to four main themes, namely social justice; diversity and growth; relationships and a transformative journey.

Social justice, diversity and growth

One of the most frequently mentioned approaches to teaching about mental health promotion was the socio-cultural/constructionist model, indicating how the environment can be reconstructed in ways that removes fear and stigma on one hand, and promotes the wellbeing of the individual on the other, by emphasizing such values as social justice, diversity and equity. Exploring and negotiating issues such as power relationships, gender and multiculturalism were some of the issues mentioned by participants, highlighting the need for teachers to be aware of these issues and their impact on their own behaviour, and to take a reflective and critical view of the world:

From my point of view, from a social determinant point of view, what I think the students need to know is about inequity in health and how they can be advocates for changing that, I see more of a political and advocacy role than working with individual role. I would like

the students to know how to work with the school and the community to change unjust practices or practices that reinforce racism, sexism, homophobia...to see themselves as political actors for wellbeing and I don't think they get that much. (University 1, lecturer in public health)

I see teachers in a political activity, as teachers in a classroom context can be advocates for others in a socially just way, particularly those who are at risk for whatever reason at being marginalised and being left out and being disadvantaged...we may well be at different points in our lives, in a better position or stronger position, so can advocate for those who are not there, at that time (Lecturer in mental health and wellbeing)

We really try and teach students about having and developing a growth mindset instead of seeing students as fixed; these are my poor students, these are my good students, ... we talk to them a lot on how your students are working just at the right level of challenge, how they're developing those coping skills and resilience in their learning, getting a sense of their growth...I think making some of those things explicit, not just teaching the theory of it, but help them actually have some strategies to having those conversations with their students, whatever they're teaching (**University 1**, lecturer in special educational needs and disability)

Relationships

A common theme in the participants' conversations was the definition of mental health promotion as a caring relationship pervading every aspect of classroom and school life rather than just a curriculum subject or list of competencies. Participants argued that teaching is about relationships, developing the capacity for empathy, compassion, respect, connectedness, celebration of diversity and community building. Teaching is more about collaboration and community and less about individual performance and labelling of children.

Watching the Year 5 classroom this morning, their primary focus was not around that particular lesson which was focused on direct and indirect speech, they were more concerned and you can watch them as they interacted and chatted in their group work, with

their relationships with their kids, with their peers: ‘Does he like me? Does she like me? Am I going to have somebody to play with at lunchtime? Am I going to get invited to that party?’ Unless that teacher somehow attunes to those needs and...gives these kids the opportunity to develop and mature in those relationships, then no matter how good, how masterful you are with the curriculum, it’s just not going to connect with where the kids are (Lecturer in mental health and wellbeing).

Dealing with students there and then at the moment, who is OK today, who is fragile today, being sensitive to the current psychological state of the students and responding accordingly. School is a social place, being there, taking time to connect with students, engage with them at the human level, show respect, an ethic of care has to be the way (Lecturer in relationships and educational psychology)

A transformational journey

Another theme was that initial teacher education about mental health promotion is about the transformation of the student teachers, where through a critical dialogue with themselves about their behaviours, attitudes, assumptions, and biases, they become more open to change and transform into caring educators who are sensitive to the needs of children coming from a variety of backgrounds. This transformational journey involves developing a flexible attitude; suspending judgement; becoming more aware of one’s own biases; embracing change rather seeing it as a threat; and making the leap, with teaching becoming a relational and emotional activity besides an instructional one:

What I think we’re doing is teaching our pre-service teachers to know themselves; if they know themselves very well... then they go out to schools and encourage students to know themselves ...they come in at 17, 18 years of age, and in the 4 years that they’re with us they need to be able to step out of their egocentricity, to know themselves and what makes themselves tick. What are the strategies you would employ when life gets tough? What sort of person are you in hard situations? Because in a classroom, you really want those teachers...to be there for students and helping them get over obstacles in their lives. It's

being able to put your own stuff aside, but you need to know your own stuff, and they learn their own stuff when they're with us for four years. (Lecturer in early years education)

We've got to say to our students; well it's not just about knowing, it's actually about growing and developing, and if we're not putting that in practice ourselves, we shouldn't be working in this program... ideally I would like them to have openness, willingness to embrace new ideas, empathy...my passion is bringing in the cognitive and affective side of education together, so I would like them to have some connection with their own emotional lives but I think you can encourage that to evolve, giving them permission to do that...they may have an idea that University is not meant to be like that, but when they have permission to express that part of themselves, then I think it's always there. (Lecturer in mental health and wellbeing)

Course Content and structure

Core component which needs marketing

When asked how they see mental health promotion and wellbeing in initial teacher education, a very clear statement by most participants was that it is not just one topic or programme, but a central component of the curriculum - an integral part of student learning and engagement. Participants suggested the need for marketing of mental health promotion so that all Faculty staff see it as a key area of the curriculum, and that it becomes a sustainable area, that can compete with other courses in a crowded curriculum and not be sidelined.

I got a very interesting response from those undergraduate students, they were probably in their 3rd or 4th year of their training, and one of the comments was that this [mental health promotion] should be a compulsory subject for all the students, for everybody who's going to be a teacher,...and I thought that was very interesting because they were now beginning to see how this area is foundational for children and young people (Lecturer in wellbeing and professional experience)

In terms of the knowledge and skills that they need, they need to be able to say how will that focus on wellbeing translate into my role as a teacher, not just in terms of one aspect

of teaching...so not just saying, 'Oh yes I need to be aware of all that social emotional stuff!', but actually integrating it more actively and say: 'What does this mean for how I interact with this child? What does it mean for how I talk with their parents? What does it mean for how I run my classroom? What does it mean for the way I give students feedback?'...it is important to start them thinking about; 'Yes this stuff is pretty fundamental to connecting with my students and engaging with them and helping them learn and helping them grow up to be well-rounded people' (Lecturer in mental health and wellbeing)

Curricular and cross curricular

When asked whether mental health should be curricular or cross curricular, most participants agreed that there needs to be both specific courses in areas such as relationships, diversity, and social and emotional learning, but there also needs to be a cross curricular and embedded perspective. One of the frameworks proposed for mental health teaching was to follow the way inclusion or gender are embedded in the curriculum rather than just being add-on subjects. Amongst the reasons mentioned for having mental health promotion and wellbeing specialized lecturers and topics were:

Wellbeing and mental health are the responsibility of all teachers, but some more than others; you need to have specialists as well, as these are sensitive issues (Lecturer in mental health and wellbeing)

I think it's really important that they're getting that message the whole way through, but then they have also the opportunity to go into more depth (Lecturer in special educational needs)

I can see the benefit of having a specific unit about mental health for a couple of reasons; one is that it emphasizes the importance of it because 'oh there's a whole unit on this, we've got to know this' and also because if you've got some experts within the faculty who were teaching in that specialised unit, they could also offer support to other faculty members to integrate in with the other units (Lecturer in early years education)

Cross disciplinary

A frequently mentioned argument was that rather than being the remit of one discipline or area, mental health needs to be broad-based and multidisciplinary, offering a rich integration of knowledge and skills from various disciplines such as sociology, psychology, child development, philosophy and pedagogy amongst others:

It is exposing students to different philosophies of education and how they respond to this issue of wellbeing; so sociological views of education, psychological views of education, pedagogy and education...and also in some cases speaking with government departments who might be able to support change in the University sector, or speaking with regulatory bodies who set standards or who accredit different programs, then again you might be able to have conversations across different organisations and different philosophies.... You've got to have time and space for those kinds of conversations and finding a way to hook people into them (Lecturer in mental health and wellbeing)

Meaningful and relevant curriculum

It was also proposed that what students are learning needs to have direct relevance to classroom and school reality, whereby teachers are prepared for the tests of the profession. This includes amongst others good management strategies, flexibility, good communication and interpersonal skills, and having a range of strategies to work with children. It was also argued that pre-service need to be emotionally resilient to cope with the stresses of the profession and thus need to have opportunities to engage with education that will help them to withstand the pressures of schools and become confident in bringing about change at the school:

Some of the schools are not healthy environments. You know the (current) debate in Australia around the National Curriculum where there is a lot of government pressure on teachers to teach in a certain way. If you try to direct teachers in this process too much, you'll take away their autonomy, then you distort their ability to establish relationships. So my secondary problem is, how will they be facing this dilemma? A lot of them are idealistic about teaching. Now that's really good because that means they're in touch with something

deep in themselves around teaching... but they have to mature their idealism so that they can keep it intact when they're out in a world that requires them to 'This is how you teach; teach like this' (Lecturer in Public Health).

Pedagogy and Assessment

Multimodal approach, practice oriented

Participants had their own preferred mode of teaching to promote mental health, but most argued for the need for a multimodal approach, combining theory and practice, academic and experiential/skills based, lecturer driven and student driven, individual and collaborative learning, and university-based and school-based teaching. Strategies used include critical pedagogy, problem and inquiry based learning, participative learning, experiential learning, group and collaborative learning, case studies, observation visits in schools/child centres, and practice-based learning in schools.

I would encourage an integrated approach that would go across several strategies, such as experiential, skills based; problem based using ICT, including it in the practical orientation, assessment...We know that like younger learners, adults also have different learning preferences, and we need to try and embed different ways of teaching this stuff, so for some people the thing that's going to make the difference is if I understand why I should do it, while for others it's about give me a real life problem which I can do and challenge me...so this might be taught and assessed through multiple modes (Lecturer in inclusive education and wellbeing).

It's got to be that relationship where theory and practice are being developed together. It brings the student to the centrality of the conversations because content and pedagogical knowledge is about what type of student you have... it is shaped, acted and delivered according to the profile of the group... So once you have connected pedagogical knowledge, you have to bring the student central to the conversation that you're having. Once you do that, you start to think about the complexities and the lives of those students and the challenges of the classroom that those complexities bring...good teachers tell stories, so the stories that teachers tell are about students: How do you deliver this content

to a student who is in a wheelchair? To an Asperger student [sic]? In a single gender setting?
(Lecturer in physical education).

Reflective practice, formative assessment

Participants used multiple modes and types of assessment, but common elements include reflective practice, links to classroom practice, formative rather than just summative, and collaborative assessment:

We have hardly any exams... most of it is continual assessment. A lot of our assessment is also group work, so I think that's a supportive way of them to work together and be successful and to learn from one another and to have good social wellbeing and support for one another (Lecturer in early childhood and wellbeing)

A third of our assessment of this topic is based on group assessment. I start out the topic where they have to choose one theorist and the theory and then put together a poster presentation and they do that with a partner, so I talk to them about developing interdependence and group responsibilities...and we debrief that process, we talk about how did that go, what were the challenges and advantages of working with someone else (Lecturer in child development and learning).

Student teachers' own mental health and wellbeing

Walking along the path with the students

A number of participants argued that student teachers' own mental health is an important part of their education with clear implications for their practice once they finish their education. They underlined that students need to take responsibility for their own mental health and wellbeing as part of their profession, but university lecturers need to walk the path along with the pre-service teachers and support them to become socially and emotionally competent, develop a sense of their growth, and become resilient to face the challenges. As one lecturer put it, "*if we do not develop student teachers' own wellbeing we are setting them up for failure*"

We absolutely cannot ignore the wellbeing of our students and the support they need to be able to teach...you just can't be caring of everyone's wellbeing all the time, you've got to support and nurture your own, and that should be promoted as an active thing... people need to see that not as something stigmatising; 'Oh there's nothing wrong with my mental health', but as something that's nurtured and supported. Encouraging them within a supportive way to reflect on what their own wellbeing needs might be as a teacher and where they would go if they needed support...conflict with other staff or how you cope in a school where the culture is different from what you would like to promote (Lecturer in inclusive education and wellbeing).

University Faculties need a human face

Taking this issue further, a number of participants highlighted the need for a university-wide approach to wellbeing, with the Faculty having a 'human face', caring for the person being educated (humanistic approach) in contrast to an exclusively academic focus. Participants emphasised the Faculty's responsibility in providing a connecting and supportive context, such as encouraging resilience-promoting networking (movie nights, music), supportive student groups, mentoring programmes, and a culture of mutual support.

I'll never forget this one student said to me: 'you are the first lecturer that has ever used my name', so she had gone all through the University feeling that none of the lecturers ever bothered to learn her name, that none of them ever really invested personally with her. She was transformed in that topic, she started out being quite edgy, but as the topic progressed, she thrived in that topic and so it showed to me the importance of students feeling like they matter... I don't know if I can generalise that one student's experience across the board, but it is certainly something that I and the tutors that I work with, we all value personal relationships with students ... (Lecturer in relationships and wellbeing).

Strengths

Focus on mental health

The Faculty's focus on mental health as a critical component of its curriculum was mentioned by participants, with staff becoming sensitive and responsive to mental health issues, with mental

health topics featuring strongly on the curriculum including topics reflecting school reality such as cyberbullying and child safety, and with Faculty investing in specialized staff in the area:

I think one of the strengths of our School- not just my program, is that we do have a sense of sensitivity around social and emotional wellbeing in the staff. We have many staff members who work in similar areas around pre-service teachers' identity, wellbeing, the social emotional aspects, the teacher resilience, managing the learning environment...I think if our University was to be looked at from outside and we had to say; "what is it that you've got?", that would be one of the things that we would be saying that we have (Lecturer in mental health and wellbeing).

Focus on social justice, equity

Participants considered the Faculty's focus on social justice, equity, and diversity, encouraging students to deconstruct knowledge and attitudes towards mental health and wellbeing and to become advocates of social justice for the disadvantaged and marginalized, as one of its major strengths:

I think a really strong focus is social justice, and how we as teachers in a very political way, can be advocates for others in a socially just way, particularly those who are at risk for whatever reason, at being marginalised and disadvantaged (Lecturer in mental health and wellbeing).

Focus on the student

Participants referred to their Faculty as student-centered, with staff 'joining forces' to support their teacher education students, 'being there for the students', seeking to know the students personally to develop their strengths and capabilities, and eventually leading to the development of professional high quality teachers 'who care'.

I think, one of the positive things that we have here, every staff, is that we are very student centered, so we talk about students and if I have a query about a student I don't know, I'll say to someone; "have you taught so and so before? How did you find them? Does this

behavior sound typical?” We talk about students a lot in a positive way and then compare what might be going on for that student, because...once you know that, you know how to support them...we are here for students, we see that as our main job...and when you're working with people who care, who have the same level of caring for students, it's wonderful ... and it's not just you and that student, it's us and those students...we are a community and we see our students as a student community (Lecturer in education, culture and diversity)

Culture of support and collegiality

A small number of participants referred to their Faculty as a community for the staff, characterized by a culture of support and collegiality, mentioning such features as a whole school collaborative approach, staff support, joint responsibility, team teaching, opportunity for better relationships, and supportive leadership.

I think one positive thing is that the staff as a general rule care about each other and they look out for each other... there's a certain respect, care and valuing across the School (Lecturer in relationships and wellbeing).

Needs and Challenges

De-pathologising mental health

Participants argued that work needs to be done at Faculty level to de-pathologise and de-medicalise mental health promotion in schools, moving away from medical models of mental illness and treatment towards positive mental health and wellbeing. They mentioned the need to remove the fear and stigma of mental health, and to focus on growth, wellbeing and positive attitudes and emotions as positive enabling concepts, with teacher education students having the opportunity to connect with real people, real contexts, and engage in profession-based discussions. Related to this was the idea of educating teachers as advocates for equity and diversity in education who are confident to work to change unjust practices. , with open attitudes and genuine respect for students when they start their career as school teachers.

Away from neoliberal, rational models of teacher education

Participants argued that they were still working within constraining models of university education, as universities were under pressure to work on a corporate, business model, with too much focus on academic performance and achievement (along with schools working in similar contexts). Participants indicated that students and staff spend time on testing, assessment, and benchmarks, with the teachers' role in danger of becoming narrowly defined (academic achievement) with universities being pressured to follow suit. Within performance oriented and 'mass testing models' of teacher education, where lecturers are expected to handle large number of students, with shorter courses, overassessment, and limited time to connect with students, quality is at risk of being sacrificed for quantity, with minimal quality impact of staff on students. It is difficult for values, relationships and wellbeing "to breathe in such an environment". Universities and faculties need to have space, autonomy and say in decision making to be in a position to decide on the nature of their programmes according to their own needs and the needs of their students. Some participants argued for the need for reconstructing teacher education, moving away from the rational neo-liberal 'business' model to a rational-emotive one, where promoting mental health and wellbeing has space in the curriculum, where teachers are not just subject teachers, and where school connects with individuals and broadens connections with families, society and culture in systemic ways. This would be in line with preparing pre-service teachers for the world of work outside:

I think there's a very significant tension that exists that has been introduced by the education reforms that occurred in Australia. For example the greater level of accountability and testing that occurs where teachers feel that they must teach to that...I think one of the challenges is that the teacher's role is becoming increasingly narrow when in fact I think the broader societal issues need to be addressed. In preparing our teachers, we need to be preparing them to be citizens of the world in a very global village kind of approach, where we're all connected. I think our [university] School has to find ways that aren't too narrowly curriculum focused but that there is a greater balance and a greater choice so that teachers can be empowered to say; 'Well I can do the curriculum but I can also recognize that the kids coming into my classroom have got these particular issues and I know how to deal with them...' (Lecturer in professional practice and wellbeing)

There are a lot of external pressures placed on Universities. The University system has moved to a business model...there are problems with a business model and being educators, because I don't see my students as clients. The values of our relationship that I've been talking about, can't breathe in that model, in that environment (Lecturer in educational psychology).

I think that mental health should be built into the general curriculum of all areas and linked to the other areas, for example student voice and empowerment, active pedagogy, good teaching and wellbeing, in fact we can say that a good teacher is a wellbeing teacher; caring, warm and that's a key aspect of their education (Lecturer in relationships and wellbeing).

Need for a whole school/Faculty collaborative approach

This study was carried out with pre-service teacher educators who were, in one way or another, involved in mental health promotion in their Faculty. They expressed their wish that their colleagues, particularly those involved in subject teaching, would become involved in mental health promotion. They argued that mental health as a topic had to be embedded and become central in teaching and learning at the Faculty. They argued for a whole faculty approach to mental health, resonating with a whole school approach to promoting mental health and wellbeing, with allocated time and space in the curriculum and staff commitment and attention to students' needs and welfare.

Another issue is that we need to sell social and emotional wellbeing more internally, there needs to be more internal marketing and getting other members involved so that they will see its relevance in initial teacher education. It has a higher profile than it used to have, but that tension is still there and some people would still say; it's not my business. One way of helping to make it more relevant, would be to provide a more solid research base on its relevance in teacher education, this would help it to gain more credibility in the School (Lecturer in mental health and wellbeing).

We need to focus more on how to develop a whole school approach, building the big picture, so how social and emotional learning can be integrated at the faculty, the students can be educated in how social and emotional learning can not only help the teacher at the individual and classroom level but also as a whole school approach, therefore they can make a bigger difference in the life of the school (Lecturer in relationships and wellbeing).

Some participants argued for collaboration and interdisciplinarity in the area, complaining about the fragmentation and competition between educators, departments and programmes, the ‘molecular view of learning’, people working ‘in silos’, and the lack of a common integrated framework with educators using a common language.

I think our weakness is perhaps the lack of integration of key concepts which comes about because the concepts are not well known across the teaching staff. There is an absence of time to talk deeply about curriculum because we’re all so busy and it’s in those times to talk deeply about the curriculum that you develop integration because we’re aware of what each other is doing and the impact it is having...each topic is on its own, like a brick in the wall and eventually the wall is built but you’re not sure how great the mold is holding it all together...we need more meetings to discuss the curriculum and develop interconnections (Lecturer in wellbeing and relationships).

One of the challenges that still remain is to stop working in silos, that education doesn’t have much to do with health or social policy or whatever. One of my concerns is how we can break down the different silos that exist... to learn in a holistic way, that when you’re working with a child in your classroom you’re not simply concerned with their academic or their social but you’re also looking at their health and wellbeing in that broader sense and to that extent I genuinely enjoy working with people in a public health component because they bring a lot of significant skills and knowledge to a situation...Health workers, social workers, group workers have really particular skills around challenging situations, and I think that teachers can learn from that, they can benefit from working alongside social workers and youth workers because they often have a very strong social justice kind of component...they often see in a socially determined way that there are real injustices in

our society and that there are possibilities to escape such traps as poverty and unemployment (Lecturer in mental health and wellbeing).

A caring Faculty

A number of participants mentioned that ‘charity begins at home’ and rather than just teaching about mental health promotion, the Faculty has also the responsibility to promote the mental health, growth and wellbeing of the university students themselves, and thus must also act as role models for teachers in classrooms. Some participants mentioned that faculty staff need to be accessible to students, with less bureaucracy, time for students, student centred pedagogy, close relationships, and being sensitive and supportive to the students’ social and emotional needs, including in the first year, in the final year, in times of stress, crisis and life events. Staff also need to understand pre-service teachers as adult learners, rather than making assumptions about their development and needs based on their own assumptions; such disconnection may then reflect back in schools between teachers and students.

Achieving a balance between theory and practice

A balance between theory and practice ensures that the students are prepared for the challenges of the profession once they start teaching. Some suggestions included opportunities for practical experiences with mental health promotion activities, assignments that require students to work in teams, modeling of delivering mental health promotion topics in a school, examining one’s own practices, connecting with real people in real contexts including children and young people facing risks and difficulties, and observations, placements and time in schools.

We need to underline the relevance of mental health and wellbeing to practice, one of the issues in teacher education is this issue of the balance between theory and practice, that sometimes teacher education is considered to be more theoretical than practical and applied, at least this is some of the criticism by some schools. Mental health is in a very good position to help to breach this separation between theory and practice and underline the practical aspects of mental health to practice (Lecturer in mental health and wellbeing).

Discussion

The participants' narratives underlined that though the educators had their own different perspectives and approaches to mental health promotion in initial teacher education, there was a shared belief that mental health promotion is an integral part of initial teacher education and should be faculty-wide, with space for both generalist/cross curricular and specialist/curricular approaches. Relationships featured as a key content area in mental health education. Participants had their own ways and ideas on the most appropriate pedagogical approaches to deliver mental health in the initial teacher education curriculum, but common patterns across the educators' narratives were the need for a balance between theory and practice, with the material presented in a way which is meaningful and relevant for the classroom reality, and the need for the students to take an active part in their own learning. Another key finding which emerged from the study, is that mental health promotion is not just teaching a topic, but a whole way of being and becoming, with Faculty staff walking the path of transformation along with the students in helping them to become caring, sensitive and responsive educators and agents for social justice and diversity. The foci on mental health, on social justice and diversity and on students, were identified as strengths to be celebrated. Participants emphasised the need for positive constructions of mental health and wellbeing, relational and emotional models of teacher education in mental health promotion, caring and collaborative approaches at whole Faculty level, and meaningful curricula and practice-based pedagogies.

These findings resonate with the in-service teacher professional learning framework developed by Askell Williams and Murray-Harvey (2016), but with some interesting differences. While both studies underline similar issues in content (knowledge and skills, self-efficacy), the delivery component in Askell Williams' and Murray-Harvey's framework emphasizes school-context practical issues such as duration, timing and facilitation, reflecting the realities particularly relevant to school-based professional learning. On the other hand, the pre-service teacher lecturers in this study talked about conceptual issues such as a balanced curriculum and a whole faculty approach to mental health promotion. But interestingly, participants in both studies talked about functional components such as collaboration, active learning, and reflective practice, but the participants in this study put particular emphasis on the transformational journey of pre-service teachers into caring and responsive teachers in diverse school communities. This is to be expected since the participants in this study work with adults training to become teachers for the first time and consider this aspect of education and transformation as crucial for quality teacher education.

The challenges identified by the participants in this study, namely the need to de-pathologise mental health, moving away from rational, neo-liberal models of education, a whole Faculty approach to mental health, a caring faculty and balance between theory and practice, diverge from the challenges identified in the Askell-Williams & Murray-Harvey (2016) review, namely meeting the individual needs of students, face-to-face versus online delivery models, staff work schedules and staff transience. As might be anticipated, the challenges identified in our study relate more to initial teacher education than to school based professional education of practicing teachers. While the need to meet the diverse needs of students was mentioned as a challenge by the participants in this study, online delivery models (and use of technology), staff work schedules and staff transience did not feature as causes for concern..

Furthermore, our participants did not give much attention to staff's own wellbeing and mental health. While participants underlined the need to take care and nourish the social and emotional wellbeing and health of their students, very few referred to their own mental health and wellbeing. This contrasts with the whole school approach to mental health which includes the mental health and wellbeing of school staff as a key component of the approach (Adelman & Taylor, 2009; Bywater & Sharples, 2012; Catalano et al., 2006; Cefai & Cavioni, 2015; Weare & Nind, 2011). It could be that academic staff take responsibility for their own health and wellbeing rather than expecting the organization to take care of staff health and wellbeing. Possibly some participants may have felt uncomfortable about speaking about their own 'mental health' reflecting fears of stigma arising from the traditional model of mental health (illness). It could also be however, that the way the interview was conducted was more focused on the pre-service teachers' education and the professional role of the educators.

An expanded model of professional education

On the basis of the findings in this study and building on the model developed by Askell-Williams and Murray-Harvey (2016) in school contexts, we propose a three pronged framework focused on initial teacher education in mental health promotion. The framework consists of three main components, namely approach and content, pedagogy and delivery, and process (teaching as a relational, emotional activity):

- Approach and content:

- Specialist: knowledge and skills (specific modules on mental health, wellbeing, relationships and diversity reflecting the cultural educational contexts students are being trained for (Askell Williams & Lawson, 2013; Askell Williams & Murray Harvey, 2016; Darling-Hammond et al., 2009; Desimone, 2009).
- Cross curricular (a whole Faculty approach to mental health, pervading the whole climate and ethos of the Faculty with all staff being engaged in mental health education) (cf. whole school approach) (Adelman & Taylor 2009; Cefai & Cavioni, 2015; Weare & Nind 2011).
- Interdisciplinary (many disciplines and theoretical approaches informing mental health education, including psychology, sociology, philosophy, public health and health promotion, child development, pedagogy, inclusive education) (Weare & Nind, 2011).
- Pedagogy and delivery
 - Multimodal (making use of a range of pedagogical approaches and delivery modes reflecting the diversity of students' learning needs) (Askell-Williams & Murray-Harvey, 2016; Slee et al., 2012).
 - Balance between theory and practice: Exposure to sociological and psychological theories about determinants of mental health, alongside opportunities for students to engage in practical application of theory into practice, both in simulated situations such as inquiry and problem based learning, and in actual classroom practice with mentoring and supervision (Askell Williams & Murray Harvey, 2015; 2016)
 - Experiential, reflective, collaborative (students actively engaged in their own learning through an active, self-reflective and collaborative approach with teachers, mentors and peers (Askell Williams & Murray Harvey, 2015; 2016; Cefai & Cavioni, 2015; Desimone, 2009).
- Process: teaching as relational, emotional activity
 - Transformative journey (students becoming caring, sensitive and responsive educators through an ongoing process of growth throughout their education)
 - Self-transformation: (students engaging in a process of personal and social development including self-awareness and reflection, emotional regulation, self-

efficacy, problem solving, decision making, resilience, empathic understanding, relationship building, conflict management) (Askell Williams & Murray Harvey, 2016; Beltman, Mansfield & Price, 2011; Cefai & Cavioni, 2015, Jennings & Greenberg, 2009, Johnson et al., 2014).

- Professional transformation (students empowered to overcome bias, stigma and prejudice about mental health and becoming agents for the promotion of social justice, diversity, and social inclusion) (Askell Williams & Murray-Harvey, 2016)
- Whole faculty, caring approach (the whole faculty operating as a caring community promoting the mental health of both its students and its staff, thus providing a contextual process of personal growth and professional learning) (Cefai & Cavioni, 2014).

Conclusion

The findings in this study are the ‘stories of the converted’ representing volunteers who are actively engaged in mental health promotion, rather than the views of whole Faculties or Schools of education. It would be interesting to explore also the views of specific subject educators such as those teaching languages, science, economics, and information technology amongst others. The study is also based on a relatively small number of participants, with most of them coming from one state in Australia, and thus caution is recommended in making assumptions and recommendations across contexts. The findings in this study, however, should help to shed light on good practices in mental health in initial teacher education, to contribute to the development of teacher education frameworks, and to underline key issues which need to be addressed in advancing mental health promotion in initial teacher education. The proposed model for professional teacher education for mental health promotion provides a guide for program development, delivery and evaluation.

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