



# ‘Very little is done other than the odd reminder’...‘look after yourself’: a mixed-methods evaluation of what Australian teachers need and want from a wellbeing program

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## Abstract

School teachers have demonstrated poor mental health and low levels of wellbeing, globally. Despite the high prevalence of depression, burnout, stress, and anxiety, few programs have been developed in collaboration with teachers that are appropriate for their needs and circumstances. The current mixed-methods study involved consultation with members of the teaching workforce in Australia to understand their preferences for a program to address their mental health and wellbeing. The sample included teachers and other key representatives from the education sector in New South Wales, Australia. There were 47 participants who completed online surveys, with a subset ( $n=16$ ) also attending two group workshops ( $n=10$  in the first workshop,  $n=6$  in the second workshop). Data were collected between May 2021 and October 2021. Descriptive statistics were calculated to summarise quantitative survey data, and thematic analysis was used to analyse qualitative data. Results from surveys and workshops found that a new approach is needed to address teacher mental health and wellbeing in schools. Participants expressed a preference for a strategy that combined a face-to-face approach with a digital component and focused on three areas: staff relationships, supportive leadership, and practical skill development. The results of this study provide guidance about areas to target to improve teacher mental health and wellbeing.

**Keywords** School teacher · Mental health · Wellbeing · Stress · Intervention

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School teachers consistently report burnout, psychological distress, anxiety, depression, fatigue, reduced self-esteem, and strained personal relationships (Agyapong et al., 2022; Carroll et al., 2022; García-Carmona et al., 2019; Thomson & Hillman, 2020). Prevalence levels of mental health symptoms in teachers are higher than those found in the general population (Cénat et al., 2021), with estimates of burnout up to 74%, stress up to 87%, anxiety up to 41%, and depression up to 77% (Agyapong et al., 2022). According to the World Health Organisation, positive mental health and wellbeing can be defined as being able to cope with the everyday stresses of life, working effectively and productively, and making a meaningful contribution to the community (Sayers, 2001). International evidence suggests that the mental health and wellbeing of teachers have been further affected by COVID-19 (e.g. Beames et al., 2021; Billett et al., 2022; Kim et al., 2022; Ozamiz-Etxebarria et al., 2021). Given the high prevalence and negative impact of these factors, finding ways to improve the mental health, burnout, and wellbeing of teachers are crucial to sustain and protect the workforce.

Specific workplace stressors that contribute to poor teacher mental health, burnout, and wellbeing are well established. These stressors can be conceptualised as occurring across multiple levels including at the profession-level, workplace/school-level and individual-level and include heavy workloads, high levels of administrative tasks, role conflict/ambiguity, managing innovation and change, emotional labour, limited autonomy, strained relationships with colleagues and/or school leaders, managing student behaviour, low professional self-esteem, unbalanced work-life, and financial concerns (MacIntyre et al., 2020; Mercer & Gregersen, 2020; Thomson & Hillman, 2020). A common theme is that teachers experience poor mental health when job demands exceed the available resources (Granziera et al., 2020). Changes to teachers' workplace conditions and programs that directly target workplace stressors through organisational change will be necessary to reduce the factors driving the above-mentioned stressors. For example, fostering a positive school climate and supportive staff relationships are associated with reduced burnout and stress, and improved teacher wellbeing (Collie et al., 2012; Gu & Day, 2013). However, changing workplace conditions themselves and the wider profession-specific factors which give rise to unmanageable workloads and negative conditions in general require significant policy and workforce reform. At the same time, there have been attempts to develop and deliver individually-focused programs to reduce burnout and improve teacher wellbeing, which generally show small to medium-sized effects (Beames et al., 2023). Given these encouraging findings, programs that build the capacity of the workforce to cope with and reduce individual-level impacts of these stressors, may support improved psychological outcomes for teachers. While profession- and school-level factors will be critically important areas to target for comprehensive systemic change in this area, the focus of the current paper is at the individual level. Poor mental health, wellbeing, and burnout have negative consequences for teacher performance and workforce retention (Sorensen & Ladd, 2020; Travers, 2017). Teachers who report high work-related stress are less satisfied with and committed to their profession (Travers, 2017) and are more likely to report intentions to leave the profession within five years (Thomson & Hillman, 2020). Leaving the profession has significant economic costs for schools in terms of finding and training new staff,

as well as the costs to the education system more broadly (Carver-Thomas, 2017; OECD, 2019). Teacher attrition can leave significant knowledge and expertise gaps within school communities and, therefore, reduce the quality of education received by students (Carver-Thomas, 2017; Sorensen & Ladd, 2020). Teacher shortages and high attrition are serious problems in the education sector, with many countries unable to afford the associated consequences. For example, in Australia, modelling of teacher demand and supply has suggested that shortages will worsen between 2021 and 2025, with the demand for secondary teachers to exceed the supply of new graduate teachers by around 4100 (Australian Government Department of Education, 2022a). For schools to operate effectively, the recruitment, training, and retention of teachers must be prioritised and addressing the mental health and wellbeing of teachers is a critical way forward in reaching this goal.

A number of programs have been designed to address teacher mental health, professional burnout, and/or wellbeing. A recent review and meta-analysis from our group examined individually-focused psychological programs developed specifically for teachers working in primary and secondary schools (Beames et al., 2023). Consistent with prior findings (e.g. Dreer & Gouasé, 2021; Oliveira et al., 2021; von der Embse et al., 2019; Zarate et al., 2019), our review showed that the programs currently available can reduce anxiety, depression, stress, and professional burnout, and increase wellbeing (Beames et al., 2023). Programs were eclectic in terms of duration and frequency of sessions (i.e. intensity), delivery setting and level of school involvement, learned strategies, and the theory underpinning the intervention model. Another recent systematic review of the evidence base for educator wellbeing programs (Berger et al., 2022) reported similar findings to ours but took a more inclusive approach and considered educator wellbeing initiatives in general. Their review identified that programs were exclusively focused at the individual level, with the exception of a single wellbeing program by Morris et al. (2020) that focused on improving staff wellbeing via school structural change (Berger et al., 2022). This review highlighted that the available evidence to support these programs is modest, and that rigorous and high-quality study designs are necessary to advance the field. Across both reviews, the programs identified required significant time, effort, and resources to deliver and complete (Beames et al., 2023; Berger et al., 2022). Further, while most programs were developed or adapted for teachers, teachers were not typically involved in their conceptualisation or development. The exception is the Morris study (2020) which used a Participatory Action Research process which involving a retired school principal as a member of the project team. A key implication of the findings from these reviews is that available programs may not translate well outside of research trials to real-world contexts due to lack of relevant content and significant resource and time barriers to uptake and engagement.

Participatory research involves collaboration between researchers and stakeholders affected by the issue or area being investigated for the purpose of action or change (Vaughn & Jacquez, 2020). Encouraging input, advice, and drawing on the perspectives of those impacted by the research is intended to ensure that the research and outcomes are relevant and have translational value (Vaughn et al., 2018). One of the most common forms of engagement with end-users is serving on advisory groups and attending research meetings to help guide research questions and

program development (Domecq et al., 2014; Slattery et al., 2020). Involving teachers, as well as school leaders and representatives from relevant governing bodies in an advisory capacity, is important to understand what they want in a teacher well-being program and how such a program would fit and be implemented within the school context. This process would likely increase the feasibility and acceptability of the program and, in turn, its uptake and effectiveness (Steen et al., 2011). To our knowledge, a participatory research approach has not yet been adopted in the development of a program for teacher mental health, burnout, and wellbeing in Australia.

## The current study

The aim of this paper is to explore the perspectives of Australian school teachers to inform (1) whether there is a need for a new approach to improve teacher wellbeing at the individual level; and (2) the content and format of delivery of a program that teachers and relevant stakeholders find appropriate and acceptable to support their mental health and wellbeing.

## Method

### Design

This mixed-method study involved online surveys and stakeholder consultation workshops (conducted online). A sub-group of participants were allocated to one of two workshops, based on their willingness and availability to attend. Data were collected sequentially, such that a quantitative survey was completed prior to attendance at each workshop. This study was approved by the University of New South Wales Human Research Ethics Committee (HC210168) and a risk management protocol was in place in the instance of participant distress. There were no instances of distress or adverse events.

### Participants and recruitment

Eligible participants were (1) currently or previously employed (within the last 5 years) as a teacher in either a primary or secondary school in New South Wales, Australia; or (2) a staff member at a relevant government or education peak professional body (e.g. New South Wales Department of Education, New South Wales Teachers' Federation). Recruitment took place during March–June 2021. Interested participants completed an online application form and screening survey, which were advertised through the Black Dog Institute's partner networks in the education sector, website, and social media (e.g. Twitter). All individuals who applied were eligible. Surveys and workshops were completed between May–September 2021, which coincided with COVID-19 restrictions and lockdowns in New South Wales. Questions from surveys and workshops are described below.

## Online surveys

### Demographic information

Information was collected about age, gender identity, Aboriginal and/or Torres Strait Islander identification, country of birth, and language spoken at home. Demographic data were collected to characterise the sample and to ensure that a range of perspectives were included across in terms of age, gender, teaching experience, and role.

### Employment and role

Participants were asked to provide information on current or most recent role (*schoolteacher, year advisor/head teacher, guidance/wellbeing officer, school counsellor/psychologist, Department of Education, other*), current employment status (*full-time, part-time, casual*), teaching duration, and type of school (*government, independent, other*).

### Distress, burnout and wellbeing

Participants were asked to complete standardised measures of current distress (Distress Questionnaire-5, DQ5; Batterham et al., 2016), burnout (Copenhagen Burnout Inventory-Workplace Stressors Subscale, CBI-WS; Kristensen et al., 2005), and wellbeing (WHO-5 Wellbeing Index; Topp et al., 2015). The DQ5, CBI-WS, and WHO-5 have high internal consistency and convergent validity and have been used in other school-based mental health research in secondary school teachers (Batterham et al., 2018; Fiorilli et al., 2015; Milfont et al., 2008; Parker et al., 2021). Participants were also asked whether they had ever experienced work-related burnout, stress, anxiety, depression, or other mental health problems (*no, yes, not sure*); been diagnosed with a mental health problem (*no, yes, not sure*); sought treatment for a mental health problem (*no, yes, not sure*); or ever had time off work due to mental health (*no, yes*).

### School approaches to teacher mental health

Participants were asked to rate the success of their school's current approach to teacher mental health and wellbeing (1 = *not at all successful*, 5 = *extremely successful*). They were also asked two open-ended questions about school approaches to supporting and improving the mental health of the teaching workforce. These questions assessed relative priority, which is the degree to which teachers view staff wellbeing programs as a priority of the organisation, and tension for change, which is the degree to which teachers perceive their situation as intolerable or needing change (Damschroder et al., 2009). These questions included: (1) What more could your

school be doing to support and improve teacher mental health?; and (2) What more could be done on a national scale to support and improve teacher mental health?

### Program content, format, and engagement

Participants were asked to rate the importance of addressing specific psychological content and skills in a mental health program for teachers, such as lifestyle tips, expectation management, boundary setting and relationships, and values (0=*unimportant*, 4=*very important*). Participants were also asked about preferred delivery format (*smartphone app*, *web-based*, *face-to-face seminar style*, *combination of face-to-face and online delivery*, *other*) and preferred learning methods (*audio tracks*, *games*, *information only*, *monitoring/tracking*, *podcasts*, *videos* [select all that apply]). Participants were then asked questions about when would be most feasible to complete a mental health program (e.g. time in school year, school term, and school day), session duration, method of access (*independently*, *through school*, *would not access*, *other*), and school-level supports needed to encourage use (*formal recognition from school leaders*, *professional development points*, *allocated school time*, *colleagues' recommendation*, *other* [select all that apply]).

### Perceptions about mental health and wellbeing programs

Participants were asked about the perceived effectiveness of a program that targeted teacher mental health at an individual level (0=*not very effective*, 4=*very effective*), and whether they would use such a program (0=*very unlikely*, 5=*very likely*). They were then asked whether they were confident in the use of digital technology (0=*not at all*, 4=*extremely*) and how interested they were in digital apps or programs for their own mental health (0=*not at all*, 4=*extremely*).

### Advisory workshops

Semi-structured discussion during the advisory group workshops were used to explore issues raised in the surveys in greater depth to better understand needs and preferences for a mental health and wellbeing program for teachers. Relevant topics across both workshops included gaps in available mental health programs and approaches, idea generation about ideal program characteristics, and anticipated implementation challenges. Workshops included PowerPoint slides, online polls and written chat via Zoom, and an interactive whiteboard via Mural (<https://www.mural.co/>). Engagement strategies were used to facilitate interactive discussion and creative problem solving, including case studies, blue sky thinking, rating scales, and smaller group activities in breakout rooms. Strategies to optimise participant engagement within workshops were identified and chosen in collaboration with the User Experience and Lived Experience Engagement teams at the Black Dog Institute. The User Experience team consults with and advises on how to work productively with stakeholder groups using design and innovation principals with program end-users. The Lived Experience team

involve individuals with a lived experience of mental health difficulties and provide input and guidance on best practice ways of engaging with people who may have had mental health difficulties.

## Procedure

Following online screening, all eligible participants were invited to provide informed online consent and were allocated to workshops. Two surveys and two workshops were then completed sequentially (see Fig. 1). The first survey focused on sample characteristics, program preferences (e.g. content, format, engagement), and perceptions about mental health and wellbeing programs. The second survey focused on school approaches to teacher mental health and wellbeing. Participants were asked to complete all surveys regardless of which workshop they were allocated to. Surveys were administered using Qualtrics and took 10–20 min to complete. Participants were reimbursed at a rate of AUD\$20 per hour. Workshops took place online using Zoom, lasted approximately 120 min, and were facilitated by two experienced researchers (AR, JRB). Participants who were unable to attend their assigned workshops were provided with the option to attend a workshop at a subsequent date. Workshops were audio-recorded for later transcription. Individual identifiers were removed from the data to ensure confidentiality. In-line with the Black Dog Institutes' Paid Participation Policy, participants were reimbursed at a rate of AUD\$84 per hour for workshop participation.

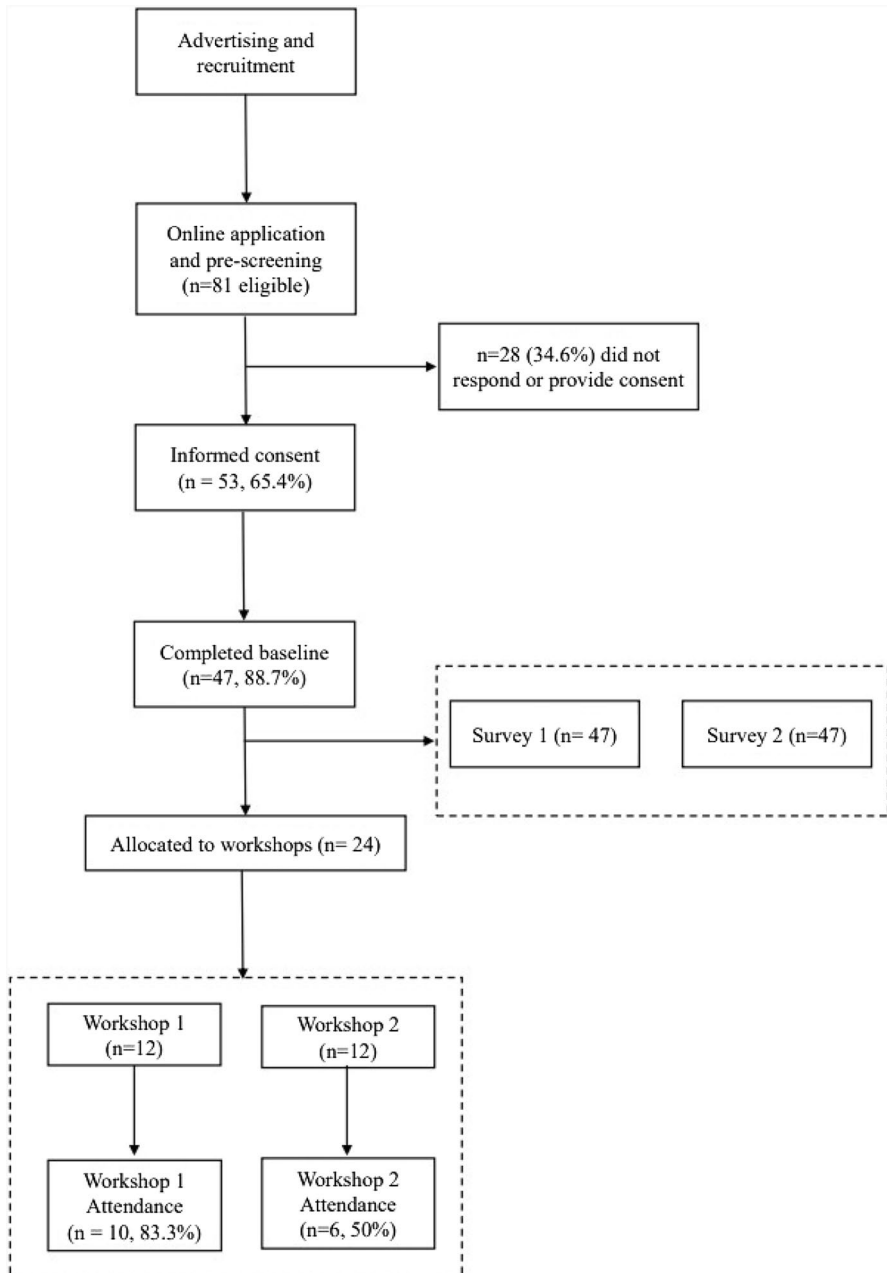
## Statistical analysis

### Quantitative analysis

Descriptive statistics were calculated to summarise quantitative survey data using SPSS v.25.

### Qualitative analysis

Qualitative data from survey free text responses and stakeholder consultation workshops, including transcripts and digital text from the mural boards, were exported and coded in NVivo 12. The research team coded and analysed responses from all data modalities using qualitative reflexive thematic analysis (Braun & Clarke, 2006, 2019). One author (AR) read the transcripts in depth for familiarisation and then coded these into lower-order units of meaning (initial codes). AR grouped the low-level, descriptive codes together to capture instances sharing a common feature. Upon re-examination of the transcripts, AR identified the interrelations between codes within each transcript and organised these into higher-level, more meaningful themes. AR then collated, compared, refined, and reviewed the themes to ensure they adequately described the coded extracts as well as the entire dataset. A second



**Fig. 1** Diagram of study recruitment and flow

coder, JRB, consistently reviewed codes and themes in an iterative manner with AR, to review ideas, and explore assumptions or interpretations of the data (Byrne, 2022).



## Results

### Participants

See Fig. 1 for study flow. A total of 81 eligible participants responded to the advertisements and completed the application form. Of these, 53 individuals consented to participate in this study and 47 completed the surveys and of this sample, 78.7% had at some stage worked as a classroom teacher. Twelve participants were allocated to each workshop; 10 completed the first and six completed the second (see Fig. 1). Most workshop participants had previously or were currently employed as classroom teachers ( $n = 11$ ).

Participants had a mean age of 44.45 years ( $SD$  10.6), 85.1% ( $n = 40$ ) identified as female, and 85.1% ( $n = 40$ ) were born in Australia. Most ( $n = 28$ , 59.6%) were employed as teachers (including year advisors/head teachers), with the remainder of the sample made up of school counsellors or psychologists ( $n = 5$ , 10.6%), Department of Education employees ( $n = 5$ , 10.6%), guidance counsellors ( $n = 2$ , 4.3%), and other ( $n = 7$ , 14.9%). See Table 1 for complete sample characteristics.

## Quantitative Results

### School approaches to teacher mental health and wellbeing

Most participants indicated that their school's current approach to teacher mental health and wellbeing was 'not at all' or 'slightly' successful ( $n = 26$ , 65.0%). About a third of participants indicated that their school's approach was 'moderately' ( $n = 11$ , 23.4%) or 'very successful' ( $n = 3$ , 7.5%).

### Program content, format, and engagement

More than half of participants indicated that the following skills were 'very important' to address in a mental health program for teachers: stress and emotional wellbeing ( $n = 34$ , 72.3%); work/life balance ( $n = 36$ , 76.6%); mental health stigma in schools and the workplace ( $n = 25$ , 53.2%); expectation management ( $n = 30$ , 63.8%); compassion fatigue ( $n = 32$ , 68.1%); coping skills and stress reduction techniques ( $n = 31$ , 66%); help-seeking and finding appropriate services ( $n = 27$ , 57.4%); dealing with administrative tasks that take time away from teaching ( $n = 28$ , 59.6%); and mentoring and support within school ( $n = 29$ , 61.7%). Across the board, participants rated most of the content and skills presented as being at least 'important' to address. See Table 3 in the Supplementary Materials for full details.

Most participants reported preferences for a program that combined face-to-face and online delivery;  $n = 30$ , 63.8%) compared to an app only ( $n = 7$ , 14.90%), web based only ( $n = 7$ , 14.9%), or face to face only ( $n = 3$ , 6.4%). Preferred methods to receive information included podcasts ( $n = 40$ , 85.1%), audio tracks to teach

**Table 1** Demographics, employment and role, and mental health sample characteristics

Demographics	N = 47
Age	
Age in years, <i>M</i> ( <i>SD</i> , range)	44.5 (10.6, 24–63)
Gender identity	
Male	7 (14.9)
Female	40 (85.1)
Non-binary	0 (0)
Prefer not to say	0 (0)
Aboriginal or Torres Strait Islander	
No	47 (100)
Born in Australia	
Yes	40 (85.1)
No	7 (14.9)
English main language spoken at home	
Yes	47 (100)
Employment and role	
Have you ever been employed as a school teacher?	
Yes	37 (78.7)
No	10 (21.3)
Which of the following describes your current role?	
Classroom teacher	15 (31.9)
Year advisor/head teacher	13 (27.7)
Guidance/wellbeing counsellor	2 (4.3)
School counsellor/psychologist	5 (10.6)
Work for the Department of Education	5 (10.6)
Other	7 (14.9)
Teacher type	
Secondary	22 (46.8)
Primary	3 (6.4)
Special	2 (4.3)
Combined	7 (14.9)
If currently employed, type of employment	
Full time	29 (61.7)
Part time	4 (8.5)
Casual	3 (6.4)
How many years teaching	
Time in years, <i>M</i> ( <i>SD</i> , range)	16.32 (9.66, 3–40)
What type of school do/did you teach at?*	
Government	35 (74.5)
Independent	16 (34)
Catholic	19 (40.4)
Other	1 (2.1)
School location (of those working in schools; N = 35)	

**Table 1** (continued)

Employment and role	
Major City	29 (82.8)
Inner Regional	5 (14.3)
Outer regional	1 (2.9)
Mental Health, Wellbeing and Burnout	
Standardised questionnaires, <i>M</i> ( <i>SD</i> )	
Psychological Distress (DQ5)	13.26 (3.98)
Burnout (CBI-WS)	42.38 (19.82)
Wellbeing (WHO-5)	61.47 (18.36)
Have you ever experienced work-related burnout, stress, anxiety, depression, or other mental health difficulties?	
Yes	42 (89.4)
No	5 (10.6)
Have you ever been diagnosed with a mental health problem?	
Yes	19 (40.4)
No	24 (51.1)
Unsure	4 (8.5)
Have you ever sought treatment for a mental health problem?	
Yes	28 (59.6)
No	16 (34)
Unsure	3 (6.4)
Have you ever had time off due to workplace burnout, stress, anxiety, depression, or other mental health difficulties?	
Yes	22 (46.8)
No	25 (53.2)

Data are *n* and % unless otherwise stated

\*Participants could select more than one response if relevant

psychological skills ( $n=37$ , 78.7%), practical/hands-on approaches ( $n=33$ , 70.2%), psychoeducational videos ( $n=32$ , 68.1%), real-life examples ( $n=29$ , 61.7%), and monitoring/tracking of symptoms ( $n=28$ , 59.6%) (see Fig. 2 in the Supplementary Materials).

Participants preferred that program delivery occur at the start or middle of the school term and year, rather than the end of the school year or term. Preferred time of day to complete the program was in the morning ( $n=28$ , 59.6%), closely followed by during the evening at home ( $n=23$ , 48.9%) and when the material and delivery allowed it, on the way to or from work ( $n=20$ , 42.6%). There was a clear preference for short daily sessions ( $n=30$ , 63.8%), such as 10/minutes per day ( $n=27$ , 57.4%) over longer and more intensive approaches. Moreover, when asked about how they would like to access a mental health program for teachers, there was a clear preference to access a program independently ( $n=30$ , 63.8%), rather than accessing a program through school ( $n=15$ , 31.9%). Engagement strategies to encourage use included formal recognition from school leaders ( $n=44$ , 93.6%), professional

development points ( $n=41$ , 87.2%), and even if accessed independently, having allocated school time to complete ( $n=42$ , 89.4%). See Table 4 for full details.

### Perceptions about mental health and wellbeing programs

More than two-thirds of participants reported that they felt an individual-level program would improve teacher mental health and wellbeing ( $n=41$ , 87.3%) and that they would use such a program ( $n=44$ , 93.6%). Similarly, more than half of participants indicated that they were at least ‘moderately’ or ‘extremely’ confident in the use of digital technology ( $n=37$ , 78.7%) and were interested in digital apps or programs for their own mental health ( $n=27$ , 57.5%).

### Qualitative results

Qualitative inquiry clarified the needs and preferences identified in the quantitative survey results, providing the conceptual development of a new program to address teacher mental health and wellbeing. This new program was explored in the context of addressing gaps in available teacher mental health and wellbeing programs within schools and overcoming implementation challenges. Thematic analysis identified four themes within these data, which were: (1) staff relationships, (2) skill development, (3) supportive leadership, and (4) format and engagement. See Table 2 for a summary of themes. Tables include definitions, frequencies (i.e. number of times a sub-theme was identified within the data), and exemplar quotations. These themes are discussed in more detail below.

#### (1) Staff relationships

This theme encompasses the nature and quality of the relationships between staff members, and the extent to which they foster productivity and a supportive environment. Across surveys and workshops, participants frequently discussed problematic relationships between staff in schools and a need to improve them. Participants believed that having formal channels and programs that facilitate better staff relationships and connection, including ways to manage conflict, cope with distress, and reduce isolation would greatly benefit staff mental health and wellbeing. There was also lively discussion among participants about the value of a within-school supportive network group, which would provide the opportunity to share experiences, provide support and mentoring, and build relationships. A potential benefit of a supportive group was shifting mental health culture and supportive practices within the workplace.

#### (2) Skill development

Participants stated that practical skill development strategies that are specific to teachers and the school context are necessary to improve mental health and

**Table 2** Themes relating a new solution to address teacher mental health and wellbeing within schools

Theme	Definition	Examples
Staff relationships	Channels and programs that enable better staff relationships and connection, including ways to manage conflict, deal with distress, and reduce isolation. This also includes more formalised support systems	<p>'It would be good to set up some sort of a buddy but like an opt-in buddy. Someone that'll be with you on the journey, whether that's, you know, another colleague at that school or if it's beyond another school and it's a little bit more, you know, non, like less-scary. Could it be in another setting but you can actually walk together on this journey?' 'Cause I think it is, teaching can be quite isolating'</p> <p><i>Currently working for the Department of Education—workshop 1 breakout room)</i></p> <p>'Mentorship is a great idea but you would also need to include another program to support the mentors':</p> <p><i>Teacher—survey 1</i></p> <p>'System of follow up by key staff after high impact issues, e.g. ambulance call outs, student breakdown':</p> <p><i>Teacher—survey 2</i></p> <p>'Teachers need time and space to have these conversations privately at school. Too many conversations [sic] with colleagues on the verandahs [sic] in between lessons who really need time to talk':</p> <p><i>Currently working for the Department of Education – survey 1</i></p>
Skill development	Provision of practical skills development and training opportunities that are specific to teachers and the school context. Development and training identified as necessary for employed teachers and pre-service teachers. Participants described a range of skills they would like to improve, including help-seeking, boundary setting, time management, work-life balance, and general wellbeing strategies	<p>'Understanding when boundaries are being pushed and when to access support':</p> <p><i>Teacher – survey 1</i></p> <p>'The skill of implementing boundaries e.g. setting a time limit on admin tasks, sticking to it and not feeling guilty for protecting me/ family time!'</p> <p><i>Principal—survey 1</i></p>

Table 2 (continued)

Theme	Definition	Examples
Supportive leadership	Leadership team (including principals, head teachers and school executives) that takes an active and collaborative role in supporting teacher mental health. This includes being upskilled and trained in the initiatives and programs being introduced within the school and fully supporting and acknowledging staff involvement	<p>'I think many schools pay lip service to the mental health and wellbeing of teachers and often point teachers in the direction of getting help externally (not wrong always), but teachers want to believe the school and leadership of that school care.'</p> <p><i>Teacher—survey 1</i></p> <p>'Set up a culture of regular informal visits by the executive team to faculties at morning tea or lunch times or just drop ins to check on staff wellbeing in small numbers'.</p> <p><i>School Counsellor—survey 2</i></p>

Table 2 (continued)

Theme	Definition	Examples
<p>Format and Engagement</p> <p>Format and engagement refer to the characteristics of an ideal program that meet teacher needs and preferences. Participants focused on the appropriateness of digital and face-to-face delivery methods and the importance of in-built program flexibility or adaptability</p>	<p>'Depends how you'd have it delivered 'cause [sic] I know some people like to work through things on their own. Others like to be a part of a group to do that... Perhaps, if it was gonna be a whole school program, then maybe there's like a core that everyone sits in. And then you can go like, well, if you're interested, we can work on this together. Like you've gotta [sic] leave a few things up to the adults to, to choose'.</p>	<p><i>Education Leader—workshop 1 breakout room</i></p> <p>'I think a mixture. I think, if it's going to be confidential or whatever, I think people might be a bit more at ease on a smartphone app. But others wamma [sic] talk, have that face-to-face I suppose, so I think a mixture of both would be, would be, to consolidate what's going on on-line. I don't know if that's possible though'.</p> <p><i>Year Advisor/Teacher—workshop 1 breakout room</i></p> <p>'I think phones are good because everyone's always got them with them and they're the sort of things that you look at while you're waiting in a waiting room or whatever, and so teachers might be more likely to just look at those messages that come through'.</p> <p><i>Complex Case Teacher—workshop 1 breakout room</i></p> <p>'It'd be nice to hear some like podcasty [sic] kind of stuff from a teacher's perspective of other people who have experienced those things and what they did'.</p> <p><i>Year Advisor/Teacher—workshop 1 breakout room</i></p> <p>'My generation are face-to-face people and that's how we've been brought up. And we've been socialised. The next generation possibly, yeah, they're on-line people but, at the moment, the vast majority of teachers who are struggling with teaching are in that, sort of my category and older. So late forties and over. And they're not, they're face-to-face people as far as I'm concerned'.</p> <p><i>Year Advisor/Teacher—workshop 1 breakout room</i></p>

Themes were generated across all qualitative data sources, including surveys and workshops (verbal discussions, text chats, and mural board interaction)

wellbeing. Participants described a range of skills they would like to improve, of which the most common were help seeking, managing better relationships with staff and parents, boundary setting, time management, and work-life balance. Some participants also suggested general wellbeing strategies that enable time-out to recharge, as well as focus on health and the mind–body connection.

### (3) Supportive leadership

There was consensus amongst participants that supportive leadership practices were necessary for teacher mental health and wellbeing approaches to be effective. The school leadership team was identified as including principals, head teachers, and school executives. Supportive leadership was defined as taking an active and collaborative role in supporting teacher (and in fact all of school) mental health. Participants also described that supportive leadership encompassed being skilled and trained in approaches being rolled out within the school and fully supporting and acknowledging staff involvement.

### (4) Format and engagement

Characteristics relating to format and engagement overlapped with the quantitative survey results, although there was more variation between participants during collaborative discussions. For example, there was no consensus about whether digital or face-to-face delivery would be more appropriate and encourage uptake, or the ideal time to implement a program. A key point raised by participants was that program flexibility and adaptability to individual schools was essential, with a one-size-fits all approach having limited value. For example, having both digital and face-to-face components that can be tailored to suit individual preferences might increase the appeal to greater numbers of staff.

## Discussion

The current study identified a need for new approaches to address teacher mental health and wellbeing that are appropriate for the school context and teacher needs. Although our sample involved a range of classroom teachers, head teachers, psychologists, and Department of Education employees, we found a high level of consensus within the data indicating a need to target and improve teacher mental health and wellbeing. These findings are broadly consistent with findings in the field (Billet et al., 2022; Carroll et al., 2022), and notably, a recent qualitative study which reported widespread feelings of burnout, exhaustion, and stress as a result of workplace demands (Hine et al., 2022).

In our study, most participants reported that their school's current approach to teacher mental health and wellbeing was lacking, and the qualitative data identified four themes as important factors to improve teacher mental health and wellbeing. The first was a need for positive staff relationships and the ability to collaborate, support one another, and work productively together. This sentiment replicates what



has been reported in the field, with the importance of positive staff relationships with other teachers and with school staff more broadly as critically important to job satisfaction and wellbeing (OCDE, 2014; Shirley et al., 2020). Related to this need for positive interpersonal and collaborative relationships at school, was the finding that supportive leadership was a critically important component to any teacher wellbeing initiative. Participants indicated that they would like to see engagement from their school leaders to meaningfully support the implementation of initiatives which support teacher mental health and wellbeing, and to engage in discussion with the teacher body about their wellbeing. Again, this accords with what is known in the literature, which has established that supportive leadership in schools is critical for teacher wellbeing (Collie, 2021), and has highlighted the key role of autonomy-supportive leadership (which promotes teacher input and involvement in decision making) in leading to lower levels of emotional exhaustion and intention to leave the profession (Collie & Carroll, 2023). Based on our findings, we recommend that future initiatives in this area consider how best to engage school leaders in their delivery, and how to establish an open channel of communication and consultation with teachers about their wellbeing needs.

The two remaining themes identified in the qualitative analysis were pragmatic and centred on the need to develop specific skills to manage wellbeing, which included those related to the role specifically (e.g. boundary setting at school), as well as broader strategies to manage work-life balance, together with specific suggestions around how wellbeing initiatives could be delivered. Specifically, there were a range of views amongst participants about whether a digital or face-to-face program would be best suited to their needs. The consensus was that a program with flexibility, that enabled tailoring based on individual preferences, was most ideal for encouraging uptake and engagement. Overall, our results provide the basis to inform the development of a teacher wellbeing program, incorporating the needs and preferences of teachers, together with what is feasible to deliver in the context of school settings, and appropriate for teachers to engage with.

The findings from this study indicate that there is a tension for change within schools around the issue of teacher mental health and wellbeing. This idea has been studied extensively in implementation science and refers to the degree to which relevant stakeholders perceive their current situation as needing change (Damschroder et al., 2009). In Australia, government-supported school wellbeing frameworks have tended to focus on student outcomes (e.g. Australian Government, 2020; New South Wales Government, 2015). Extending these frameworks to include teacher mental health and wellbeing as a target is one way that change in this area could be facilitated. Encouragingly, the incorporation of teacher wellbeing outcomes is currently under review in Australia (Australian Government, 2022b). Discounting the importance of teacher mental health and wellbeing has negative consequences for the teaching workforce, student outcomes, and in turn the education sector more broadly. Teachers who report high work-related stress are less able to support student learning, achievement, and emotional development (Travers, 2017). Stress, burnout, and overall wellbeing can also impact classroom climate and the quality of teacher-student relationships (Carroll et al., 2022; Yoon, 2002), both of which are considered core resources for effective teaching and student learning (Roorda et al.,

2011). Addressing teacher mental health and wellbeing is critical. The findings in this study provide guidance to researchers and school communities about ways in which teacher mental health and wellbeing may be targeted.

This study has several limitations that warrant consideration. First, some participants were not currently teaching, and this is a limitation of the generalisability of the current study. Further, our sample was relatively small, predominantly female, and located in New South Wales, Australia, again limiting generalisability to the broader teaching workforce. There was also some attrition in participation across the two workshops. Another limitation is that we did not differentiate between early career and experienced teachers. The transition from pre-service to qualified teacher can be particularly stressful and have its own set of unique stressors (Gordon, 2020). It is possible that different approaches might be more appropriate for teachers at different career stages. Interestingly, while there was a high level of consensus in the experience of poor teacher mental health and wellbeing in our study, other studies have found an impact of minority status on experiences of teacher wellbeing (Hine et al., 2022) and we acknowledge the importance of understanding the experiences of teachers from a range of backgrounds.

Finally, an individual-level approach to teacher mental health and wellbeing such as the one suggested above will not address long-standing systemic and organisational-level issues. Factors such as workloads, administration tasks and financial concerns are complex and require systems-level change and the current approach is limited by the fact that it did not address these factors. However, opening the communication channel between school leaders and teachers may be a first step towards greater cultural change within a school and may have the potential for improved teacher wellbeing into the future.

This study also has several strengths, including the use of a participatory design process involving schoolteachers and other representatives from the education sector. Participatory design processes can bridge the gap between research and end-user needs and is an important way forward to overcome research waste (Ioannidis et al., 2014). Results from the current study also have practical implications and may guide future program development in this area.

Further exploration assessing the influence of school leadership factors on teacher mental health and wellbeing is critically important. Our research suggests that engaging with school leaders and principals themselves will be important to understand their role and perceived barriers in the implementation of wellbeing and mental health programs for their staff, but also how their own mental health and wellbeing can be supported. There is well-established evidence that school leaders themselves are under extreme stress and emotional exhaustion, which needs to be addressed (Riley et al., 2021).

The current study involved consultation with members of the teaching workforce in Australia to understand their mental health needs and preferences regarding appropriate programs and intervention approaches. Across all sources of data, results indicated a tension for change within schools such that available approaches were not sufficient for ameliorating mental health challenges and improving wellbeing. Participants expressed preference for a strategy that combined face-to-face with digital components which focused on staff relationships, supportive leadership, and

practical skill development. The findings from this study can be used to guide the development of individually-focused teacher mental health and wellbeing programs.

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**Data availability** Quantitative data can be provided upon reasonable request.

## Declarations

**Competing interests** The authors declare that they have no competing interests.

**Ethical approval and Consent to participate** This study has ethical approval from the University of New South Wales Human Research Ethics Committee (HC210168). All participants provided active consent to participate.

**Consent for publication** Not applicable.

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