

Teachers' Experiences with and Helping Behaviour Towards Students with Mental Health Problems

Michelle Dey¹, Laurent Marti^{1,2}, Anthony F. Jorm³

¹ Swiss Research Institute for Public Health and Addiction, University of Zurich, Zurich, Switzerland

² Yunus Centre for Social Business and Health, Glasgow Caledonian University, Glasgow, Scotland, United Kingdom

³ Centre for Mental Health, University of Melbourne, Melbourne, Australia

Correspondence: Michelle Dey, Swiss Research Institute for Public Health and Addiction, University of Zurich, Konradstrasse 32, 8005 Zurich, Switzerland. Tel: 41-44-448-1190. E-mail: michelle.dey@isgf.uzh.ch

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Abstract

The aim of the current study was to examine secondary school teachers' experiences with and helping behaviour towards students with mental health problems. Data from 176 teachers were analysed. Altogether, 91.5% of participating teachers reported that they already had students with a mental health problem (particularly mood disorders) in their classes. About ¾ of teachers (74.7%) were also willing to help a student with a mental health problem, particularly by listening attentively or by recommending professional help. The self-rated mental health literacy of teachers was significantly and positively associated with help provision and with the assessment that 'asking students about suicidal thoughts' is helpful. In contrast, the perception of not having the necessary experience/training to help or that other people are better suited to help were seen as barriers to providing help. Based on the results, it is concluded that increasing teachers' mental health literacy and the confidence in their ability to help (including asking students about suicidal thoughts) might increase their helping behaviour directed towards students with mental health problems.

Keywords: helping behaviour, mental health first aid, mental health problems, secondary school, students, teachers

1. Introduction

Mental disorders account for a large proportion of the burden of disease in adolescents and young adults (Gore et al., 2011; Patel, Flisher, Hetrick, & McGorry, 2007) and several conditions typically first emerge during the high school years (De Girolamo, Dagani, Purcell, Cocchi, & McGorry, 2012; Kessler et al., 2007). However, the majority of young people with an impairing mental health condition do not receive specialized mental health treatment (Costello, Egger, & Angold, 2005; Lambert et al., 2013). This is regrettable because receiving effective professional treatment might help to prevent more severe illness trajectories (including suicide; Gould, Greenberg, Velting, & Shaffer, 2003; Pelkonen & Marttunen, 2003). Addressing mental health problems is also crucial, because of their potential negative impact on students' learning and academic performance, social networks and developmental transitions (Froese-Germain & Riel, 2012; Johnson, Eva, Johnson, & Walker, 2011).

Schools might help to close the treatment gap by addressing the mental health problems of students and by acting as gatekeepers to mental health services, as well as fostering students' mental health more generally (Froese-Germain & Riel, 2012; Hedren, Weisen, & Orley, 1994; Hoover & Bostic, 2021; Kutcher, Venn, & Szumilas, 2010; Lynn, McKay, & Atkins, 2003; Rones & Hoagwood, 2000; Trussell, 2008). Due to the close and frequent contact between teachers and students, some authors have suggested that teachers are important for detecting a mental health crisis or problem in their students, for supporting affected individuals, and – if necessary – referring them to mental health professionals (Johnson et al., 2011; Lynn et al., 2003; Mihalas et al., 2009; Whitley, Smith, & Vaillancourt, 2013). Accordingly, teachers are often perceived by themselves and others as having some responsibility for the mental well-being of their students (Andrews, McCabe, & Wideman-Johnston, 2014; Beames et al., 2022; Dimitropoulos et al., 2021; Ekornes, 2015, 2017; Mazzer &

Rickwood, 2015; Roeser & Midgley, 1997; Rothi, Leavey, & Best, 2008; Shelemy, Harvey, & Waite, 2019a; Zumbrunn, Zinniker, & Kunz Heim, 2017). However, this responsibility might particularly involve activities that can directly be integrated into teachers' daily working routine, such as promoting an anxiety-free atmosphere for learning (Zumbrunn et al., 2017), ensuring a stable, safe, supportive and non-stigmatizing environment (Dimitropoulos et al., 2021; Shelemy et al., 2019a), or providing general support (Beames et al., 2022). In contrast, other tasks, such as screening students for mental disorders or personally addressing students' mental health issues (through to taking on the role of a 'therapist'), might be less often perceived as top responsibilities of teachers (Collins & Holmshaw, 2008; Dimitropoulos et al., 2021; Ekornes, 2015; Reinke, Stormont, Herman, Puri, & Goel, 2011; Shelemy, Harvey, & Waite, 2019b; Shelemy et al., 2019a; Zumbrunn et al., 2017).

In order to support students with mental health problems, it is not only essential that teachers feel responsible, but also that they have the necessary competencies to do so. However, studies around the world have found limited mental health literacy (hereafter, MHL) among a significant proportion of teachers (Aluh, Dim, & Anene-Okeke, 2018; Frauenholtz, Mendenhall, & Moon, 2017; Kurumatani et al., 2004; Parikh et al., 2016; Prabhu et al., 2021; Walter, Gouze, & Lim, 2006). Correspondingly, teachers might be or feel inadequately trained, prepared, and knowledgeable regarding students' mental health issues. This includes uncertainties in recognizing pupils' mental health problems (especially more subtle ones), in assessing the severity of such problems (including the need for treatment), or in personally counselling those pupils with (significant) mental health problems (Andrews et al., 2014; Beames et al., 2022; Dimitropoulos et al., 2021; Ekornes, 2015, 2017; Koller & Bertel, 2017; Mazzer & Rickwood, 2015; Moon, Williford, & Mendenhall, 2017; Reinke et al., 2011; Ross, Kølves, & Leo, 2017; Rothi et al., 2008; Shelemy et al., 2019b, 2019a; Sisask et al., 2014; Walter et al., 2011, 2006). Lacking competencies might also decrease teachers' readiness to help affected students (Sisask et al., 2014) and – if paired with feeling responsible to handle pupils' mental health problems – also induce stress in teachers (Ekornes, 2017). Other significant barriers to teachers supporting their students include limited personal, school or external resources (Dimitropoulos et al., 2021; Ekornes, 2015, 2017; Graham, Phelps, Maddison, & Fitzgerald, 2011; Mazzer & Rickwood, 2015; Reinke et al., 2011; Roeser & Midgley, 1997; Ross et al., 2017; Shelemy et al., 2019a; Walter et al., 2006). Teachers' perceptions that others (e.g., school psychologists) are more responsible and better equipped to manage students' mental health problems (Graham et al., 2011; Mazzer & Rickwood, 2015; Reinke et al., 2011; Shelemy et al., 2019b, 2019a) might also hinder their helping behaviour. Additionally, providing help is impeded when a student is reluctant to express his/her emotional needs towards another person, such as his/her teacher (Johnson et al., 2011). With students who are willing to open up about their mental health problems, it can be difficult for teachers to balance the privacy of any information revealed and the necessity to communicate certain information (e.g., regarding at-risk students) to others (Mazzer & Rickwood, 2015). Lastly, it can be challenging for teachers to find a balance between offering support to a student with a mental health problem and facing the consequences of being too close to him/her (Shelemy et al., 2019a). In sum, teachers might be in a position to provide initial support to students with mental health problems, but various factors might hinder such helping behaviour.

While there have been previous studies of various important prerequisites for teachers to help students with mental health problems (e.g., feeling responsible, being competent), there is a lack of studies looking at *actual* helping behaviours of teachers (with a few exceptions: Jorm, et al. 2010; Long, Albright, McMillan, Shockley, & Price, 2018; Masillo et al., 2012). The current article aimed to fill this gap by describing the helping behaviour of teachers of secondary school students with mental health problems in Switzerland and elaborating on the factors that might foster or hinder their helping behaviour. Help was conceptualized broadly and included various mental health first aid strategies (Jorm, Morgan, & Wright, 2008), including listening to a student in an understanding way or recommending professional care. Secondary aims involved assessing additional aspects of MHL, viz. teachers' perception of mental health problems (problem recognition) and their understanding of the helpfulness of asking students about suicidal thoughts. Lastly, an overall assessment of teacher's self-rated MHL and its predictors were studied. In sum, the article provides valuable insights on teachers' MHL, with a particular focus on their actual helping behaviour.

2. Method

2.1 Procedure

The '*Swiss Youth Mental Health Literacy and Stigma Survey*' (SYMHLSS) surveyed approximately 5000 students from 314 classes of 105 randomly selected schools that offered either general (GE; including high schools) or vocational education/training (VET). The study protocol of this survey has been approved by the ethics committee of the University of Zurich (approval number: 17.4.9; for more details: Dey, Marti, & Jorm, 2018).

All principals and teachers who were involved in this youth survey (e.g., by being present during data collection) were asked to fill out a short online questionnaire after the SYMHLSS was concluded. Of the 338 people contacted, 255 filled out the questionnaire (response rate = 75.4%). However, for the current article, only those teachers are considered who answered at least the core questions relevant for the current article (n=176 from 88 schools). Answers from principals were not analysed since their area of responsibility and expertise within the school context was not the focus of the current article. According to the checklist concerning the ethical safety of studies of the Faculty of Arts and Social Science (University of Zurich), no ethical approval was necessary for this survey. However, all participants confirmed that they had 1) read and understood the information about the scientific study; and 2) participated voluntarily.

2.2 Questionnaire

The survey consisted of questions on teachers' experiences with students suffering from mental health problems, their assessment of the helpfulness of asking students about suicidal thoughts, their self-rated MHL, as well as demographic variables. Furthermore, teachers were asked about the existence of school resources that might be used by students with mental health problems. Figure 1 details the questions used in the current article.

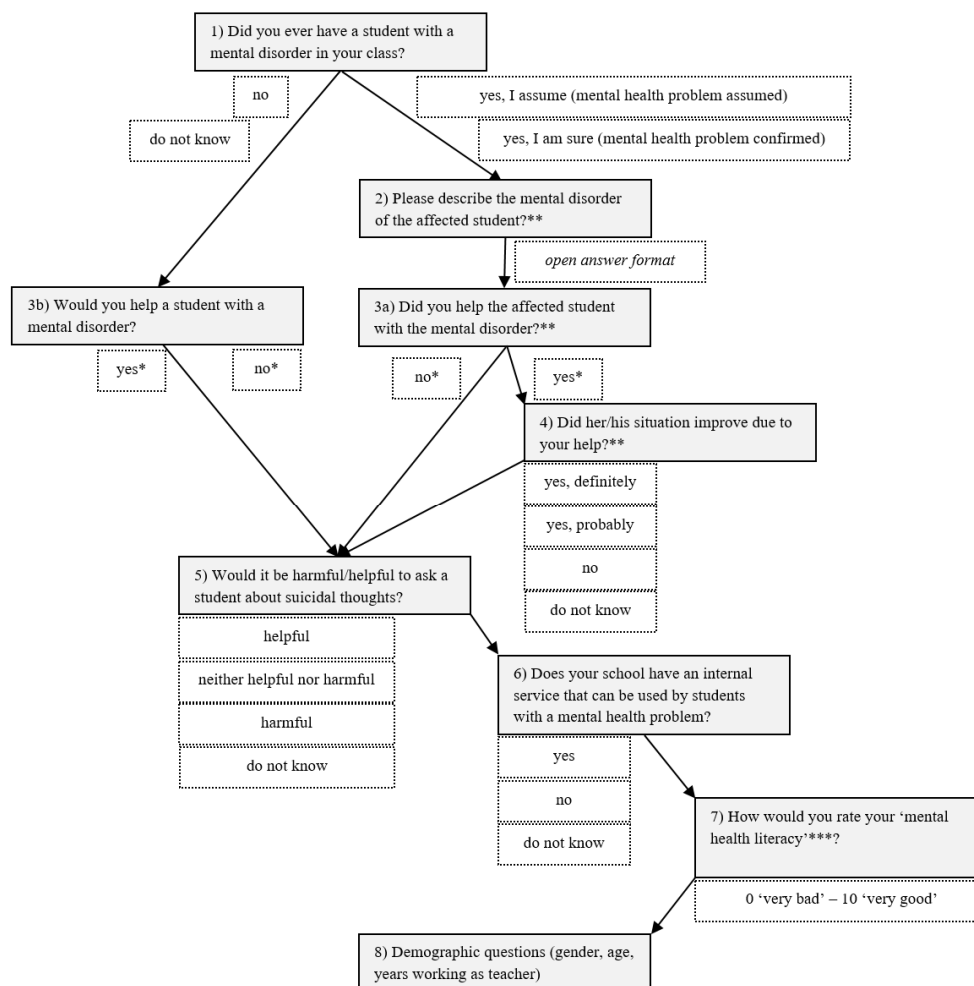


Figure 1. Questionnaire for teachers

Note. Only the questions that were used for the current paper are depicted in the figure. *The answer format was not only 'yes' or 'no', but included more detailed predefined options (e.g. why participants would (not) provide help if a student had a mental disorder). Besides selecting these predefined categories, participants also had the option of writing down additional reasons in an open answer format. ** If participants already had several students with mental disorders in their classes, they were asked to focus on the most recent case while answering these questions. *** The term 'mental health literacy' was defined in the questionnaire as 'knowledge and beliefs about mental disorders which aid their recognition, management or prevention.' (Jorm et al., 1997)

2.3 Analyses

Descriptive statistics were calculated for all variables depicted in Figure 1. All additional analyses are described below in the order they occur in the paper.

2.3.1 Problem Recognition

Chi-square tests were used to assess associations between years working as a teacher and teachers' answers to question 1 (ever had a student with a mental disorder in class). The qualitative data from question 2 (specifying the mental disorder of an affected student) were categorized according to ICD-criteria (World Health Organization, 1992). The frequencies of mentioning particular ICD-10-blocks (e.g., 'F30-39 mood disorders') were listed.

2.3.2 Helping Behaviour

Univariate and multivariate logistic regression analyses were used to study predictors of teachers' helping behaviour. Specifically, the outcome 'providing help to students with mental health problems' was built by summarizing questions 3a and 3b (see Figure 1) into one dichotomous variable with the categories 'no' (has not provided help/would not provide help; coded as 0) vs. 'yes' (has provided help/would provide help; coded as 1). The following predictors were considered: gender, number of years working as teacher, school services available (e.g., counselling service) for students with a mental health problem (0 = not existing/existence is unknown; 1 = existing), school type (0 = GE; 1 = VET) and self-assessed MHL (continuous variable, ranging from 0 'very bad' to 10 'very good'). Teachers who did not answer questions 3a or 3b (n=16) or with missing values in any of the predictors (n=6) were excluded from these analyses. Hence, data from 154 individuals were available. Crude and adjusted odds ratio (OR) were calculated.

2.3.3 Helpfulness of Asking About Suicidality

Univariate and multivariate logistic regression analyses were also used for the outcome 'asking about suicidality', which was dichotomized into 0 'not perceived as being helpful' (including the following answer categories: 'neither helpful nor harmful', 'harmful' and 'do not know') vs. 1 'perceived as being helpful'. The same predictors that were described in Section 2.3.2 were used for these analyses. The analytical sample consisted of 152 participants.

2.3.4 Self-Rated MHL

Simple and multiple linear regression analyses were calculated with MHL as dependent and gender, number of years working as teacher, and school type as independent variables (analytical sample=170 participants).

3. Results

Sample characteristics and teachers' experiences with and helping behaviour towards students with mental health problems are shown in Table 1. Over 90% of all participating teachers reported that they had already had a student with a mental health problem in their class. By far the most frequently mentioned ICD-10-block was F30-39 'mood disorders', with 'depression' reported particularly often (by 67 teachers). Teachers with more years of experience in their job were more likely to report that they already had a student with a mental health problem in their class ($p < .01$).

Table 1. Teachers' demographics and descriptive statistics on teachers experience with and helping behaviours for students suffering from mental disorders

	If not otherwise specified: n (%)
	Total = 176
Gender (n=171)	
Male	100 (58.5)
Female	71 (41.5)
Age (n=171)	
Up to 39-years old	53 (31.0)
40-49-years old	42 (24.6)
50-59-years old	59 (34.5)
60-years old	17 (9.9)
Years working as teacher (n=173)	
Up to 5 years	24 (13.9)
5-10 years	49 (28.3)
11-20 years	58 (33.5)
21 years or more	42 (24.3)
Question 1: Did you ever have a student with a mental disorder in your class (n=176)	
No	6 (3.4)
Yes, I assume (mental health problem not confirmed, but assumed)	39 (22.2)
Yes, I am sure (mental health problem confirmed)	122 (69.3)
Do not know	9 (5.1)
Question 2: Mental disorder of the affected student (multiple answers possible) (n=154)	
F10-19 Mental and behavioural disorders due to psychoactive substance use	2 (1.3)
F20-F29 Schizophrenia, schizotypal and delusional disorders	10 (6.5)
F30-F39 Mood disorders	68 (44.2)
F40-F48 Neurotic, stress-related and somatoform disorders	16 (10.4)
F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors	24 (15.6)
F60-F69 Disorders of adult personality and behaviour	16 (10.4)
F80-F89 Disorders of psychological development	8 (5.2)
F90-F98 Behavioural/emotional disorders with onset usually occurring in childhood and adolescence	16 (10.4)
Question 3a: Did you help the affected student with a mental disorder? (n=151)	
No: n (%), because... (multiple answers were possible for subsequent answer categories)	40 (26.5)
...the affected student was already in treatment ^{a, b}	29 (74.4)
...I do not have the necessary experience/training to do so ^{a, b}	21 (53.8)
...other people are better suited to help a student with a mental health problem ^{a, b}	11 (28.9)
...it would be a transgression of the boundaries of privacy/personal boundaries ^{a, b}	4 (10.5)
...this is not one of my duties as a teacher ^{a, b}	3 (7.9)
... I do not have time for such additional task in my function as a teacher ^{a, b}	2 (5.3)
...I have had bad experiences trying to help students in private patterns ^{a, b}	1 (2.6)
Yes: n (%), by... (multiple answers were possible for subsequent answer categories)	111 (73.5)
...listening attentively and giving personal tips ^{a, c}	64 (58.2)
...recommending professional school-internal help ^{a, c, d}	52 (46.8)
...recommending professional external help (outside of the school context) ^{a, c, d}	49 (44.5)
...helping to find professional internal/external help ^{a, c, d}	29 (26.4)
Question 3b: Would you help a student with a mental disorder? (n=9)	
No ^c	1 (11.1)
Yes ^c	8 (88.9)
Question 4: Did her/his situation improve due to your help? (n=108)	
Yes, definitely	26 (24.1)
Yes, probably	49 (45.4)
No	10 (9.3)
Do not know	23 (21.3)

Question 5: Would it be harmful/helpful to ask a student about suicidal thoughts? (n=154)	
Helpful	79 (51.3)
Neither helpful nor harmful	18 (11.7)
Harmful	9 (5.8)
Do not know	48 (31.2)
Question 6: Does your school have an internal service that can be used by students with a mental health problem? (n=173)	
No	16 (9.2)
yes	152 (87.9)
do not know	5 (2.9)
Question 7: How would you rate your mental health literacy? (n=174): mode	
	8

Note. The percentages refer to those people who answered a particular question (missing values excluded); Figure 1 details the structure of the questionnaire (including filter questions).

^a These answer options were pre-given and multiple answers could be chosen. Only those answer options that have been chosen by at least one participant are mentioned.

^b The following options were not selected by anyone as reasons for not helping: ‘I perceived the student as being dangerous’; ‘I perceived the student as being unpredictable’; ‘his/her problem was a sign of personal weakness’; ‘this problem is not a real medical illness’; ‘he/she could have behaved ‘normally’ if he/she wanted to’; ‘I did not want to get emotionally involved with the student’s mental health problems’; ‘I was afraid it might make the situation worse’; ‘such students do not want to be helped by a teacher’; ‘people with psychiatric problems generally do not want anyone to help them’. The most frequent reason for not helping besides the predefined criteria was that the person was not the classroom teacher, because other teachers were in closer contact/more familiar with the affected student or because the participant was only a substitute teacher (n=7).

^c The most frequently mentioned way of helping besides the predefined suggestions was an adaptation of one’s behaviour in relation to the student or an adaptation of the school requirements (approach him/her regularly, support him/her, give positive feedback, be understanding, reducing stress by individually setting academic goals, etc.) (n=17).

^d Altogether, 10 participants mentioned that the affected student was already in treatment. Hence, there was no need to recommend or organize help for the student.

^e Due to the small numbers, no differentiation was carried out for the subcategories

Among those who have already had a student with a mental health problem in their class, 26.5% mentioned that they did not help the affected student. The most frequently selected reasons for not providing help were that the affected student was already in treatment, that the teacher did not have the necessary experience/training to help, and the perception that other people are better suited to help a student with a mental health problem. Among the remaining 73.5% who had helped the student with the mental health problem in their class, the following pre-given helping strategies were most frequently selected: listening to the student attentively or recommending professional help (within or outside the school environment). Most teachers who had helped an affected student assumed that the situation of the student had improved because of their help. Also, approximately 90% of the teachers who reported that they did not yet have a student with such a condition in their class expressed their hypothetical willingness to help in any future case. ‘Asking about suicidal thoughts’ was assessed as being helpful by about half of all participants. Roughly 90% indicated that the school has a school service that could be used by students with a mental health problem.

Lastly, most teachers seemed to be confident regarding their MHL: the mode was 8 on a scale ranging from 0 ‘very bad’ to 10 ‘very good’. Of all included predictors, self-rated MHL was the only one that trended towards statistical significance (in the unadjusted analysis) or significantly predicted (in the adjusted analysis) teachers’ provision of help (Table 2). The positive assessment of ‘asking about suicidality as being helpful’ was slightly lower among teachers from VET-schools (vs. schools providing GE), but increased significantly with an increasing self-rated MHL in the multivariate analyses (see Table 3). For MHL as the outcome, only female gender was identified as a significant predictor in the multivariate analyses (with a trend found in the simple regression analysis; see Table 4).

Table 2. Logistic regression models of providing help predicted from sociodemographic variables, mental health literacy, school services available for students with a mental health problem and school type

Total (n= 154)	Has provided help/would provide help		
	% yes (if not stated otherwise) Total = 74.7	Crude OR (CI)	Adjusted OR (CI) ^a
Gender teacher			
male	73.9	1	1
female	75.8	1.11 (0.52-2.34)	0.85 (0.39-1.83)
Years working as teacher			
Up to 5 years	68.4	1	1
5-10 years	76.2	1.48 (0.45-4.84)	1.52 (0.46-5.05)
11-20 years	84.6	2.53 (0.75-8.62)	2.36 (0.69-8.10)
21 years and more	63.4	0.80 (0.26-2.48)	0.64 (0.20-2.07)
Existence of school services available for students with a mental health problem			
No/do not know	72.2	1	1
Yes	75.0	1.15 (0.41-3.24)	1.38 (0.49-3.88)
School type			
Schools providing general education	76.9	1	1
Schools providing vocational education/training	74.2	0.86 (0.39-1.89)	0.83 (0.37-1.87)
Self-rated mental health literacy teacher: mean among those who provided help/would provide help	7.70 ^b	1.19 (0.98-1.46) [#]	1.25 (1.03-1.52) [*]

Note. OR = odds ratio; CI = 95% confidence interval; # p<.10 (trend); * p<.05; ** p<.01; *** p<.001; ^a all predictors included in the model; ^b The mean among those who did not provide help/would not provide help = 7.13 (0.32).

Table 3. Logistic regression models of the assessment of the helpfulness of ‘asking about suicidality’ predicted from sociodemographic variables, mental health literacy, school services available for students with a mental health problem and school type

Total (n= 152)	Perceiving asking about suicidality as helpful		
	% yes (if not stated otherwise) Total = 51.3	Crude OR (CI)	Adjusted OR (CI) ^a
Gender teacher			
male	47.1	1	1
female	56.9	1.48 (0.73-3.02)	1.38 (0.67-2.84)
Years working as teacher			
Up to 5 years	47.6	1	1
5-10 years	51.2	1.15 (0.40-3.35)	1.61 (0.54-4.81)
11-20 years	50.0	1.10 (0.37-3.23)	1.24 (0.43-3.59)
21 years and more	55.6	1.38 (0.45-4.16)	1.58 (0.51-4.96)
Existence of school services available for students with a mental health problem			
No/do not know	57.9	1	1
Yes	50.4	0.74 (0.25-2.19)	0.58 (0.19-1.76)
School type			
Schools providing general education	68.2	1	1
Schools providing vocational education/training	48.5	0.44 (0.16-1.19)	0.33 (0.10-1.09) [#]
Self-rated mental health literacy teacher: mean (sd) among those who provided help/would provide help	7.8 ^b	1.25 (1.05-1.48)*	1.27 (1.06-1.52)**

Note. OR = odds ratio; CI = 95% confidence interval; # p<.10 (trend); * p<.05; ** p<.01; *** p<.001; ^a all predictors included in the model; ^b The mean among those who did not perceive asking about suicidality as helpful = 7.1.

Table 4. Linear regression analyses on mental health literacy

Total (n= 170)	Simple linear regression			Multiple linear regression ^a		
	B	SE B	β	B	SE B	β
Gender teacher: female	0.47	0.28	.13 [#]	0.55	0.28	.15*
Years working as teacher (reference = up to 5 years)						
5-10 years	-0.04	0.56	-.01	-0.03	0.56	-.01
11-20 years	0.35	0.55	.09	0.43	0.55	.11
21 years and more	0.74	0.55	.17	0.85	0.55	.20
School type: vocational education/training	0.15	0.43	.03	.28	0.41	.06

Note. # p<.10 (trend); * = p ≤ .05; ** = p ≤ .01 *** = p ≤ .001. ^a In the multiple regression analysis, all independent variables were included. ^b a residual category including all missing values was built for these variables in order to not lose cases in the multivariate analyses. (Standardized) betas are not reported for these residual groups, since they always only included a couple of cases. A non-significant regression equation was found (F(5, 82)=2.34, p=.05), with an R² of .05.

4. Discussion

The majority of the secondary school teachers in this study already had students with a mental health problem in their classes, with mood disorders (especially depression) perceived as particularly common. A large proportion of teachers were willing to help a student with such a condition, particularly by listening attentively or by recommending professional help. Self-rated MHL, which was higher in females compared to males, was positively associated with the provision of help to a student with a mental health problem as well as with the assessment that ‘asking students about suicidal thoughts’ is helpful. The relatively small number of teachers who did not help their student with a mental health problem mostly justified their decision by stating that the affected student was already in treatment, that they did not have the necessary experience/training to help, and the belief that other people are better suited to help affected pupils.

About one out of every four or five adolescents and young adults suffers from at least one mental disorder in any given year (Patel et al., 2007). Due to this high prevalence, it is not surprising that the majority of teachers, especially those with more years of working as a teacher, have already had experiences with students suffering from mental health problems. This finding is in line with other studies that targeted secondary school teachers (e.g. Andrews et al., 2014), as well as with another Swiss study that surveyed teachers of younger students (mandatory school level) (Robin, Messerli, Mehdiyeva, Albermann, & Dratva, 2021). However, it must also be taken into account that not all of the mental health problems mentioned by the teachers in the current study fully comply with diagnostic criteria. Particularly in those cases where the condition was not confirmed by a mental health specialist, the classification of a mental health problem has probably been deduced from the presence of some isolated symptoms. Furthermore, some mental health or related problems might have been under- or overestimated.

The strong willingness to help students with a mental health problem is in line with the finding that teachers are often perceived or perceive themselves as having some responsibility for the mental well-being and mental health needs of students (Andrews et al., 2014; Beames et al., 2022; Dimitropoulos et al., 2021; Ekornes, 2015, 2017; Mazzer & Rickwood, 2015; Roeser & Midgley, 1997; Rothi et al., 2008; Shelemy et al., 2019a; Zumbrunn et al., 2017). The most frequently selected helping strategies – i.e. listening attentively or recommending professional care – also belong to the steps of the action plan suggested by the *Mental Health First Aid-program*, which was developed for lay people in order to enable them to provide an early intervention to people with mental health problems (<https://mhfa.com.au/about/our-activities/what-we-do-mental-health-first-aid>). Another important element of this action consists in ‘approaching, assessing and assisting with any crisis’, which also includes an assessment of a person’s risk of suicide or harm. However, only about half of all participants assessed ‘asking a student about suicidal’ thoughts as helpful in the current study. The uncertainty concerning this question was also reflected by the fact that about 30% of teachers were unsure whether asking about suicidal thoughts would be helpful or harmful. This finding also corresponds to the results of another Swiss study, which identified ‘suicidality’ as one of the gaps in knowledge among teachers of younger students (Robin et al., 2021). The reluctance to ask students about suicidal thoughts might have been caused by the teachers’ general concern that they could further negatively influence the mental health of already struggling students if they do not say or do the right thing (Ekornes, 2015; Shelemy et al., 2019b, 2019a). More specifically, the uncertainty regarding the helpfulness of asking about suicidal thoughts in the current study might have been induced by the concern of teachers that such questions might themselves evoke suicidal thoughts. However, this fear seems to be unfounded (Gould et al., 2005). Rather, it can be assumed that a conversation with a person with suicidal thoughts might be a starting point for the person to feel understood and supported, and to motivate him/her to seek professional help.

Self-rated MHL was positively associated with helping behaviour in the current study. Hence, the competencies of teachers in this field and/or their confidence in their ability might have promoted their provision of help. The finding that most teachers self-rated their MHL as being rather high is in line with a study from Australia that found that teachers typically feel confident in supporting students’ mental health, in particular in terms of providing a basic level of support (e.g., talking to students about their concerns) (Mazzer & Rickwood, 2015). Furthermore, another Swiss study that surveyed teachers of students from mandatory schooling concluded that teachers generally had a high level of MHL in most domains (except for some areas, such as suicidality; see above; Robin et al., 2021). However, several other studies have reported contrasting results and suggested that teachers were inadequately trained, prepared and knowledgeable/competent regarding students’ mental health issues (i.e. limited MHL) or felt incompetent in this regard (e.g. knowing when a referral is needed) (Aluh et al., 2018; Andrews et al., 2014; Beames et al., 2022; Dimitropoulos et al., 2021; Ekornes, 2015, 2017; Frauenholtz et al., 2017; Koller & Bertel, 2017; Kurumatani et al., 2004; Mazzer & Rickwood, 2015; Moon et al., 2017; Parikh et al., 2016; Prabhu et al., 2021; Reinke et al., 2011; Ross et al., 2017; Rothi et al., 2008; Shelemy et al., 2019a, 2019b; Sisask et al., 2014; Walter et al., 2011, 2006). This lack of confidence might particularly concern activities that require more advanced skills, for example, by assuming the full responsibility for the student with the mental health problem (Mazzer & Rickwood, 2015). More advanced skills might also be necessary to ask a person about suicidal thoughts. Accordingly, the current study indicated that the odds of perceiving such questions as helpful were higher among teachers with a higher self-rated MHL.

One possible explanation for the relatively high self-rated MHL in the current study is sample bias, as teachers who participated in the survey may have been particularly interested and therefore competent in this field. Furthermore, teachers might have overestimated their actual MHL. However, the fact that some earlier research also found that the MHL is better among females (including female teachers) even when other measures were

used (Chen, Chen, Wang, Wang, & Li, 2021; Parikh et al., 2016; Reavley, Morgan, & Jorm, 2014) suggests that the self-rated MHL in the present study not only reflects teachers' confidence in their ability, but to some extent also their actual competencies. Furthermore, the fact that those teachers with a higher MHL were also more likely to (correctly) identify 'asking about suicidality' as a helpful strategy also indicates that the self-rated MHL might serve as a proxy to measure and discriminate between teachers with higher versus lower (actual) mental health competencies in this area.

Only a relatively small number of the surveyed teachers indicated that they did not help students with a mental health problem. A common reason not to help was that the affected student was already in treatment. Another frequently mentioned reason for not providing any help was the self-perceived lack of experience or training to help. This is in line with previous research showing that a lower ability to understand students' mental health problems might also decrease teachers' readiness to help them (Sisask et al., 2014). Lastly, the perception that others are better suited to help a student with a mental disorder (in particular, experts in the field) was also described in previous studies (Graham et al., 2011; Reinke et al., 2011; Shelemy et al., 2019a, 2019b). Stigmatizing attitudes towards students with mental health problems were not endorsed by anyone in the present study as a justification for refusing help. However, such attitudes might still exist and influence some teachers' perception of students with particular mental disorders or their social interaction with them (Frauenholtz et al., 2017).

The present study has several limitations. Firstly, the analyses were based on self-reports of teachers, which might have been biased. Furthermore, it must be considered that some teachers might have disregarded the instruction to focus on the last student with a mental health problem, but rather listed all mental conditions that they encountered over the years, or they either reported the most dominant type of condition or most severe case that left a lasting impression on them. It must also be acknowledged that some aspects were only covered with a single item, such as the self-rated MHL. Lastly, it must be considered that – despite the relatively high response rate in the present survey – teachers with less interest in this field might have been less likely to participate.

5. Conclusions

MHL seemed to foster the helping behaviour of teachers in secondary schools, whereas lacking experience or training to help, or the perception that other people are better suited to help, might act as barriers. Hence, it could be argued that courses aiming at increasing teachers' MHL and related skills might positively influence their actual helping behaviour. The involvement of teachers in supporting students with mental health problems described here indicates that they feel a responsibility to contribute to the mental health of students. Hence, they might also be willing to further educate themselves on the topic. Several programs exist that are targeting teachers to improve their competencies. A review that examined the effectiveness of mental health training programs for secondary school teachers indicates that such programs improve mental health knowledge and attitudes at post-intervention (Anderson et al., 2019). Additionally, some of the few existing RCTs show further promising results such as an increased confidence in and willingness to provide help to students among teachers after having completed the respective program (Jorm et al., 2010; Ueda et al., 2021). However, the aforementioned review article suggests that there is little evidence that mental health training programs can also improve teachers' actual helping behaviour or students' mental health (Anderson et al., 2019). Hence, there is still a need for research on whether and how these aspects can be improved. Furthermore, it would need to be established what type of program might be most useful and practicable for Swiss secondary teachers to optimally prepare them for supporting students with mental health problems. To achieve this, aspects of the program, such as the resources needed for its implementation (e.g., teachers' time needed to complete the program), the content and the effectiveness on particular outcome measures, need to be taken into account. Besides fostering individual competencies of teachers, further facilitators of the broader school context (e.g. providing adequate mental health resources within schools; Dimitropoulos et al., 2021) should be considered in order to optimally address the mental health problems of students. Due to the importance of pupils' mental health, the general topic of supporting students' mental health should be given a higher priority in the education of teachers.

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