

# Secondary school Year Advisors' perspectives on their role, responsibilities and training needs for student mental health: Insights from a co-design workshop

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## Method Article

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# Abstract

Anxiety and depression commonly emerge during adolescence and secondary schools are well placed to recognise deteriorations in young people's mental health. In Australian secondary schools, Year Advisors (or year co-ordinators), have been identified as key teaching staff for assisting students with their mental health and facilitating help-seeking. However, there is little understanding of the responsibilities of this role and the mental health training needs of these educators. In December 2017, 12 secondary school Year Advisors from NSW, Australia, took part in a one-day co-design workshop that explored their current role in caring for student mental health and developed a resource that matched their training needs. This paper explores the insights generated from this workshop and outlines a way to engage end-users in the design of mental health training programs. The workshop attendees strongly supported the development of an adolescent mental health training program that was specific to the Year Advisor role, improved their knowledge of adolescent mental health, and developed their skills and confidence to support students in need.

## Introduction

Mental illnesses often first emerge during adolescence (Cross & Hickie, 2017) and if left untreated, are associated with an increased risk of suicide, substance misuse (O'Neil, Conner, & Kendall, 2011; Papendrea & Winefield, 2011), lowered academic performance, poor social functioning, and school drop-out (Farrell & Barrett, 2007; Moon, Williford, & Mendenhall, 2017). Adolescents are reluctant to actively seek help for mental illness due to a range of barriers such as poor mental health literacy, perceived stigma and service inaccessibility (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Adults play an important role in ensuring the psychological wellbeing of adolescents by recognising mental health issues early and facilitating timely access to appropriate treatment and services (Armbruster & Kazdin, 1994). Secondary school teachers are one source of adult support and are well placed to recognise and respond to mental health illness among their students (Whitley, Smith, Vaillancourt, & Neufeld, 2018).

Secondary school teachers have been identified as adults whom young people trust (Wei & Kutcher, 2014). Teachers can reduce the negative impacts of poor mental health by identifying students in need and referring to health professionals (Martin, Tobin, & Sugai, 2003), liaising with other teachers and parents to facilitate access to services (Spratt, Shucksmith, Philip, & Watson, 2006), and decreasing stigma through role modelling positive behaviour and language (McLuckie, Kutcher, Wei, & Weaver, 2014). In Australian secondary schools, the Year Advisor is a teaching position that plays a key role in supporting students' mental health and wellbeing. Also referred to as Year Co-ordinator or Head of Year, the Year Advisor is responsible for supporting the overall academic and personal success of a cohort of students (Bulman, 1987; Mælan, Tjomsland, Baklien, & Samdal, 2018). Despite their existence in many secondary schools across the Western world, there is no consistent definition of the Year Advisor role and their responsibilities in supporting students' mental health. It is unclear how teachers are selected for this position and how long they stay in the role. The Year Advisor position typically entails a substantial teaching load as well as additional leadership responsibilities as they support students beyond the

requirements of a general classroom teacher (Bulman, 1987). In the United Kingdom, Head Teachers are responsible for implementing and supporting school behavioural policies and strategies, liaising with students, teachers, parents, and other agencies, and providing information and feedback to the school executive team on social, behavioural, and discipline issues (Gordon, 2006). It is likely that these responsibilities are common among Australian Year Advisors.

Students have identified their Year Advisor as being someone whom they trust to assist them with emotional or personal problems (Wilson & Deane, 2001). However, it is unclear whether Year Advisors receive any formal mental health training. As such, little is known about the training needs and preferences of these educators in Australia. Research among pre-service secondary teachers in Canada indicated that mental health training is not a compulsory component of their formal teaching qualifications (Andrews, McCabe, & Wideman-Johnston, 2014); however, teachers may self-select to complete external training in adolescent mental health if they are interested or if they are supported by their school to do so (Andrews, McCabe, & Wideman-Johnston, 2014). Notably, many classroom teachers reported that their formal education did not adequately prepare them to respond to the mental health needs of students (Reinke et al., 2011). It is unclear whether the role of Year Advisor requires an additional level of mental health training, and the degree of proficiency or experience that selected candidates are expected to bring to the role.

It has been reported that for some Year Advisors, there is a mismatch between the expectations of the role and the position description. Often, Head Teachers view their list of duties as much broader than what is formally outlined (Gordon, 2006). Occupational stressors for teachers include a lack of time to collaborate with colleagues, issues associated with dealing difficult students, and the expectation to manage a high workload (Iancu et al., 2018). Increased or sustained levels of workplace stress have negative consequences for the academic and personal outcomes of students as well as the long-term mental health of teachers themselves (Iancu et al., 2018). Although not yet explored in the literature, Year Advisors may report an increased level of work-related stress because of their increased caring role. Self-care, defined as actions taken specifically to care for one's own mental, emotional, or physical health (Kuebel, 2019) is considered an important component in managing the negative impact of role related stress experienced by teachers (Koenig, Rodger, & Specht, 2018). It remains unclear whether Year Advisors are encouraged, formally or informally, to participate in self-care and whether there are other coping strategies that can be implemented to maintain their wellbeing.

Teachers have identified several other barriers to providing students with mental health support. These include a lack of knowledge, confidence, and skills in recognising and responding to student mental health issues (Whitley, Smith, & Vaillancourt, 2013). It is likely that Year Advisors' experience of these barriers is heightened due to their greater involvement in student wellbeing. When examining teachers' feedback on training programs in student health and wellbeing, teachers have expressed a desire for training which allows for the development of practical skills such as how to identify and respond to student issues (Shepherd et al., 2013; Shepherd et al., 2016; Reinke et al., 2011). Specifically, for mental health, best practice guidelines recommend that schools involve teachers in the design of professional

development programs that aim to reduce stigmatising attitudes towards students with mental health problems (Weare, 2015). While several youth mental health training programs exist for teachers, a systematic review by Anderson et al. (2019) found few programs had been formally tested for effectiveness. The programs identified tended to use didactic, in-person delivery structured as a series of modules or learning topics. All the reviewed training programs were found to be effective at improving teacher knowledge and attitudes on the topic of adolescent mental health, however there was little evidence that the training increased teachers' helping behaviour towards students or improved student outcomes (Anderson et al., 2019).

Research in workplace training for managers has found behaviour change can be achieved through practical skill-based learning such as practising how to have difficult conversations about mental health with staff and colleagues (Milligan-Saville et al., 2017; Gayed et al., 2018). HeadCoach is a web-based training program designed to help managers better manage mental health in the workplace (Gayed et al., 2018; Gayed et al., 2019). Through practical examples and activities, the program has been shown to be effective for improving managers' confidence and actions to support staff who are unwell or at risk of mental ill health. The application of such programs to the school context could prove beneficial if tailored to the unique training needs of teachers. The use of the Internet for delivery may help to overcome accessibility barriers, enabling a highly scalable training option for Australian teachers. However, the need, feasibility and acceptability of this approach is yet to be examined.

The aim of this paper is to present the insights generated from a co-design workshop that explored Australian Year Advisors' responsibilities for student mental health and their mental health training needs. Involving teachers in the creation of mental health training programs allows designers to consider how these programs may function in naturalistic settings and increases the likelihood that the final product is useful, feasible, and relevant (Margaryan, Littlejohn, & Lukic, 2018; Montoya & Kent, 2011). In the current paper, a Year Advisor was defined as a teacher who is responsible for a cohort of secondary school students aged between 11 and 18 (i.e. grades 7 to 12). A co-design workshop was used to generate discussion on key topics related to student wellbeing. From this, insights were analysed and then reviewed by the attendees. Below outlines the process that was used and the key findings.

## **Process**

### ***Invitation to participate in the workshop***

An online invitation for the co-design workshop was placed on the Black Dog Institute website and circulated in the e-newsletters of the New South Wales School-Link network (a state government initiative that links secondary school staff with local child and adolescent mental health services). The invitation was published in 11 of the 17 school-link regions, both metropolitan and regional. Year Advisors who were currently or previously employed as a Year Advisor in a secondary school in the state of New South Wales, Australia, and who had an interest in school mental health were invited to take part. Interested teachers were asked to submit their expression of interest using a standard form which outlined their

experience as a Year Advisor, motivations for taking part, and the nature of their contribution. Interested teachers were also asked to outline their experience in co-design; their availability to attend a workshop either in-person or via teleconference; and their preference for workshop frequency and duration. Teachers also provided their age, gender, and address as demographic information. Year Advisors were informed that they would be reimbursed \$220 AUD plus travel costs for their participation. This was in accordance with the Black Dog Lived Experience Policy that outlines appropriate remuneration for involving end-users in co-design. A total of 13 Year Advisors submitted expressions of interest and all were invited to take part in the workshop. Prior to the workshop, the Year Advisors completed a 2-item survey: 1) Do you think that Year Advisors need special / additional training to respond to students' mental health needs? Why? 2) Have you ever participated in training to help you with responding to or managing students' mental health needs? Why? Answers to these questions were then used to develop four discussion topics for the workshop (see Table 1). The workshop agenda was circulated two weeks prior to the workshop.

### ***The co-design workshop***

A full-day, in-person, co-design workshop took place in December 2017 at the Black Dog Institute, Sydney, Australia. The workshop was facilitated by two project officers from the Black Dog Institute. The workshop was delivered in four sessions as outlined in Table 1.

### **Table 1. Discussion topics for the co-design workshop**

Session	Discussion topic	Primary discussion question	Prompt questions
1	The role of the Year Advisor	Do Year Advisors need specialised and additional training to deal with or respond to students' mental health?	<p>Do students approach you to talk about mental health issues?</p> <p>What role do you play in supporting the mental health of students?</p> <p>Do you liaise with other teachers / support staff at school, contacting parents, GP, psychologist?</p> <p>Maintaining contact with the student if they are absent?</p> <p>What are the most common mental health issues students would approach you with?</p> <p>Do you feel confident that you have the skills to respond?</p> <p>Are you aware of the policies / guidelines of your school around this?</p> <p>Are you supported by principal / other staff to help students?</p> <p>Are there times when you are aware of issues but a student hasn't approached you – what do you do then?</p>
2	Previous mental health training	Have you ever participated in training to help you in responding to or managing students' mental health?	<p>Experiences with other training courses</p> <p>Was training offered as PD through your school or did you seek it out?</p> <p>How do teachers/ schools decide which training program to use? Any criteria?</p> <p>What was helpful about the training, and what was missing?</p> <p>Different content?</p> <p>Different delivery (eg. face to face, online)</p> <p>Availability of the training – attending a workshop or accessing in own time</p> <p>Barriers to attending future training – time away from classrooms, costs etc</p>
3	Designing the ideal	If you were to design your ideal training program, what	How would it be delivered?

	training program	would it look like?	<p>What would be the core competencies? (knowledge, awareness, confidence, behaviour) What would you want to learn? What would it involve?</p> <p>How would you measure its success?</p> <p>What change would you be expecting to see?</p> <p>Challenges to implementation?</p> <p>Facilitators to implementation? (what do you need for it to be a success)</p>
4	Adapting HeadCoach for use among Year Advisors	If we were to adapt this program, what would you change?	<p>What might work? What might be a limitation?</p> <p>Is there something we have not considered in adapting this?</p>

Attendees were given a workbook at the beginning of the day which consisted of four pages with the key focus questions as headings and blank space underneath for notes. Attendees gave permission for their notes to be reviewed by the project officers using a permission slip included in the notebook. In session three, attendees split into smaller groups and were provided with a group activity worksheet. Groups were instructed to discuss and write notes on this worksheet and give their permission for this to be shared with the group and the project officers. A representative from each group then presented a summary of their responses to the larger group at the end of the session. The break-out activity worksheets were collected and reviewed by the project officers. In the last workshop session, the project officers showed the group members an existing online workplace mental health training program HeadCoach (Gayed & La Montagne et al., 2018) and demonstrated its features. The group was then prompted to discuss whether this program could be adapted to their training needs. Attendees were invited to complete an 8-item workshop evaluation at the end of the day. This evaluation rated the workshop length, content covered, pace of delivery, opportunities for participation, facilitators, and quality. Answers were given on a Likert scale of 1 (poor) to 5 (excellent). Attendees were also asked to rate their satisfaction with the workshop and its usefulness for helping to design a mental health training program for Year Advisors, on a scale of 1 (not at all) to 5 (extremely).

### ***Generating insights***

To report on the insights generated in the workshop, the break-out activity worksheets, and the group members' workbooks were collated into this summary paper by the project officers. This paper was then

reviewed by all group members with their feedback incorporated into the final version. The workshop evaluation forms were also analysed, with basic descriptives provided.

## Insights

Twelve Year Advisors took part in the workshop (83.3% female, Mean age: 41.8 years, SD: 12.97, Mean years of experience: 6, SD: 5.04). Eleven of the 12 attendees completed the post-workshop questionnaire. Participants rated the workshop highly across all eight evaluation domains (see Table 2).

**Table 2. Workshop evaluation scores (N=11)**

Feature	Minimum	Maximum	<i>M</i>	<i>SD</i>
Length	4.0	5.0	4.55	0.52
Content	4.0	5.0	4.73	0.47
Pace of delivery <sup>a</sup>	4.0	5.0	4.91	0.30
Opportunities for participation	3.0	5.0	4.64	0.81
Facilitation	4.0	5.0	4.91	0.30
Quality of the workshop	4.0	5.0	4.91	0.30
Usefulness	4.0	5.0	4.64	0.50
Satisfaction	4.0	5.0	4.55	0.52

The insights generated from the discussion are outlined in Figure 1 and explored in more detail below.

### *The role of the Year Advisor in student mental health*

When asked about the role of the Year Advisor in student mental health, the workshop attendees defined the Year Advisor as the “first point of contact” between students and their parents, other teachers, and

school staff. The Year Advisor role was deemed responsible for triaging students' problems and diffusing mental health related crises. Attendees said that Year Advisors were expected to respond to multiple and complex student issues in a manner which reflected school policy. Participants reported that adolescents' mental health issues were dependent on the age and gender of students, and that needs changed as students developed. Participants felt that the prevalence of student mental health issues were increasing. Trauma, sexuality, gender identity, anxiety, depression, body image, eating disorders, self-harm, suicide, domestic violence and other family issues, online bullying, and social media use were identified as common concerns among students. Attendees had observed a slight increase in students' substance misuse and felt that this was related to self-medication and maladaptive coping mechanisms.

When asked how they were appointed to the role of Year Advisor, attendees said that they had been encouraged to take the position because school administrators had viewed them as being caring teachers, with good listening and communication skills. The group agreed that a Year Advisor should be perceived as a safe person for students to approach. The attendees likened the expanding role of the Year Advisor to that of a student "case manager", with an expectation to liaise with health professionals and students' families. Year Advisors found themselves working closely with other school staff such as the Head of Welfare, Learning Support, and Wellbeing teams, depending on the needs of students. Year Advisors were required to liaise with and support other Year Advisors at their school. The time allocated to student mental health was varied and was largely determined by the school principal and school budget. The attendees expressed that as Year Advisors, they felt time-poor and needed more time dedicated to responding to student mental health issues.

### *The role of the secondary school in student mental health*

When asked about the role of secondary schools in student mental health, the attendees provided a range of examples of school programs and practices that had been discussed or implemented at their school to address student mental health. These included creative therapies and mindfulness activities, trauma informed practice, a function for parents and students to anonymously report students who may be at risk of mental health issues, designing flow charts to help guide staff responses to student wellbeing issues, and establishing school welfare teams. To help improve communication about student mental health issues, participants suggested having all staff members associated with student wellbeing or welfare physically located in the same school building and holding regular meetings. Attendees felt that Year Advisors played an important role in adopting and modelling non-stigmatising behaviour and language to other school staff and students.

When asked how schools could establish policies on student wellbeing, the group responded by stating that these could be developed in consultation with teachers, students, and committees consisting of parents and school community members. The attendees reflected that having such a policy and publishing it on the school's website provided transparency for use in welfare meetings with parents and students. It also helped to engage students in their own mental healthcare. The attendees stated the formalised school policies and procedures about student mental health were based on a "wait to act

model” where consideration was only given in response to adverse events or after a need had been clearly identified by someone. Participants felt that successful school policies should incorporate preventative strategies to support student mental health. When asked about the role of the principal in student mental health, attendees reflected that while it depended on the school and the students involved, the principal was primarily in a senior management role with limited time and capacity for one-on-one student involvement. For this reason, the principal was somewhat removed from day-to-day issues of student mental health needs. The attendees said that in many schools, the assistant or deputy principal played a more active or visible role in supporting student wellbeing and could be better utilised for school leadership in this area.

### *Self-care for Year Advisors*

When asked about the impact of the Year Advisor role on their own wellbeing, the attendees reported that the role encompassed a range of thoughts, feelings, and behaviours associated with not having enough time, “not knowing what to do” and being “under-skilled” in responding to student mental health needs. The group described experiencing stress, guilt, sadness, vicarious trauma, carer-fatigue, shock, hypervigilance, exhaustion, and sleeping issues because of their role in student mental health. The group identified the vital need for Year Advisors to develop and maintain self-care strategies. Attendees described experiences where their peers were struggling with the role of Year Advisor but feared disclosing this due to stigma. Self-care strategies used by the attendees included creation of clear role boundaries, recognising the limitations of what can realistically be provided to students, and reframing the experience in a positive light and as an opportunity to build resilience in oneself.

### *Mental health training needs and experiences*

Attendees reported that there are currently no mental health training opportunities that specifically target the role of the Year Advisor. They described the currently available training programs as either “too basic” (e.g., general information) or “highly specialised” (e.g. counselling courses, psychological therapy courses), with neither appropriate for their needs. The group felt that their past training programs had focused only on diffusing crises among students, rather than preventative or early intervention for mental health. While their training experiences had provided reassurance to the Year Advisors that they were not doing anything wrong, attendees felt their past training had not “hit the mark” in delivering the additional skills, knowledge, and helping behaviour that they had hoped for. It was agreed that more training is needed to assist Year Advisors in developing skills and confidence to respond to student needs. In addition, knowing what resources are available within and outside the school was identified as an important aspect of being able to support students. The group also expressed a desire for more knowledge of the various environmental and developmental factors that influence adolescent mental health.

The group described that for many Year Advisors, it was a case of relying on “gut feeling”, professional instinct, and past experiences when dealing with students’ mental health. As such, the Year Advisors attendees reported using many different approaches and possessing a range of skill levels in this area.

Attendees also highlighted that they often faced more student issues at the beginning and end of a school term as students adapted to differences in their routine and social supports. School holidays also presented unique challenges for certain students due to the diminished supervision and structure that school provided. Year Advisors did not always know how to prioritise students' mental health needs, particularly in cases that were marked by behavioural, conduct, and emotional complexities. Participants also described that mandatory reporting for students at risk of harm was well-covered in their teacher professional development, however there was a need for training around the ongoing difficult conversations with students, families, and other teachers that occur after a student has been reported.

Attendees reported that their mental health training opportunities were sporadic and varied considerably between schools and districts. In some schools, teachers actively sought out training courses, while in others, the principal directed training opportunities for staff. The Year Advisors said that their selection of training programs was influenced by peer recommendation, the match between training objectives and experience/skill level, whether the program was evidence-based and targeted both teacher and student outcomes and had a focus that was consistent with their school. The group also considered aspects of the training provider to be important in their choice of training program (e.g. credibility, reputation, current work in youth mental health, connection with research and education, and any existing relationships with their school).

### *Barriers to completing training*

Attendees identified a range of potential barriers that would inhibit the successful implementation and uptake of a mental health training program. The Year Advisors reported that funds for professional development leave were limited. For funds to be accessed, training needed to align with the school's strategic priorities. The group reported difficulty in scheduling days to attend training, particularly during busy periods of the academic year such as exams, marking, or reporting. The logistics of attending in-person training was also a barrier, with the group highlighting the difficulty of having multiple teachers from the same school away on the same day. In addition, the cost of any travel required by teachers to attend training could be a barrier if the expense was not reimbursed by the school. Potential facilitators of training included leveraging existing networks and partnerships, establishing an advocate within the school to promote the training program, embedding training in the school strategic strategy, ensuring the program had content developed by Year Advisors and teachers, offering the training in partnership with existing curriculum or welfare policies, linking the training with other providers such as the Department of Education or Learning and Wellbeing teams and other schools and Universities to support and sustain the program long-term.

### *The ideal Year Advisor training program for student mental health*

Participants outlined that their ideal training program would be flexible, personalised, innovative, and with the option to re-visit content and resources as needed. Outlined in Table 3, participants identified that the ideal training program should have content that was tailored to each trainee's situation to accommodate teachers with different levels of experience and interests. The group identified specific skills and

knowledge which should be addressed in the training. The group suggested training could provide information on the features and prevalence of the common adolescent mental health issues encountered as well as domestic violence, family breakdown, trauma, and Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, Asexual (LGBTQIA) specific mental health needs. As the role of Year Advisor is often one of leadership, the group reflected that training could also include information on elements of this aspect of the role. A summary of these suggested features for an ideal training program is supplied in Table 3. Attendees preferred formally evaluated programs that examined both short- and long-term effects. Suggested evaluation outcomes included increased confidence and competence in caring for students' mental health, measured through self-assessment, peer evaluation, team conversations, student surveys, content and delivery ratings, broader school implementation, and the use of school data and reports. The group identified the importance of the training being recognised as an accredited professional development activity by the relevant Education Standards Authority or equivalent.

**Table 3. Suggested features for optimal mental health training programs.**

<b>Program feature</b>	<b>Suggested strategy or focus area</b>
Delivery	Delivered to staff groups at team meetings to encourage discussion and build support
	Delivered by a local network of peers and mentors
	Delivered by “coaches” regularly attending a school
Format	Structured as a combination of web and in-person components
	A blended format of real-time or recorded discussions
	In the format of quizzes, games, group activities, role plays, case studies, skills practice
	In the format of an online portal where useful additional resources could be stored
	A self-help style or tool-kit format
	Inclusion of a blog section to build a library of lived-experiences
	Inclusion of booster sessions
	Inclusion of realistic and concise videos using students and teachers
Content	Identifying common mental health issues among student
	How to assess and determine risk in students
	Taking a proactive approach to student wellbeing
	Supporting and harnessing the positive attitudes of students who are already help-seekers
	Responding to common mental health situations and crises
	Building resilience and self-care for oneself and students
	Interacting with parents
	Following-up after a student has experienced a mental health problem or school absence
	Determining the oversight and support for student wellbeing at the school level
	Using appropriate mental health terminology to reduce stigma
Leadership skills	Supervision and debriefing with colleagues
	Addressing accountability within the school
	Developing a student mental health policy
	Working with the executive team on student mental health and wellbeing issues

## Discussion

This paper explored the insights generated from a co-design workshop which examined secondary school Year Advisors' responsibilities for student mental health and their training needs in this area. The insights confirmed the importance of Year Advisors in supporting student mental health and highlighted their need for specialised training. Notably, the Year Advisor position was deemed to be complex and varied. Consistent with past research, the Year Advisor was responsible for supporting the personal and educational progress of students while also fostering cooperative relationships between parents and the school (Bulman, 1987). Year Advisors were identified as trusted adults with significant potential to positively influence a student's help-seeking journey. Year Advisors frequently liaised with others, acting as a central contact between students, parents, other school staff, and health professionals. These insights are consistent with past research (Wilson & Deane, 2001) and emphasise the importance of good communication skills, non-stigmatising attitudes, and a sound knowledge of mental health problems and help-seeking supports among Year Advisors (Mælan et al., 2018).

The insights clearly demonstrate a need and desire among Year Advisors to engage in specialised training in adolescent mental health. This finding is consistent with general classroom teachers who have reported that a lack of skills in student mental health inhibits their ability to perform their teaching role effectively (Whitley et al., 2013). The participating Year Advisors argued that their need for mental health training was heightened because of their leadership role and the firm expectation that they would provide proactive support to students and their families. As such, deficits in mental health training are likely to have a greater negative impact on Year Advisors and their students when compared to general classroom teachers. Given that the currently evaluated teacher training programs have limited evidence for improving helping behaviour (Anderson et al., 2018), there is a demonstrated need for a new training resource which addresses the unique needs of Year Advisors.

Like other teachers, the Year Advisors agreed that effective mental health training programs needed to be informative, practical and skills-based, peer-supported, flexible in attendance and delivery, and focused on their unique needs (Shepherd et al., 2013; Shepherd et al., 2016; Spratt et al., 2006). Combining in-person and web-based delivery modes may overcome barriers to uptake and attendance (Gayed & LaMontagne et al., 2018). In addition to improving knowledge and skills, self-care should be a key component. As dealing with students' mental health can have additional time burdens (Mælan et al., 2018) and present emotionally challenging situations (Spratt et al., 2006), training programs should include strategies to establish healthy boundaries, maintain wellbeing, and reduce stress (Weare, 2015).

## Limitations

The current paper represents the active involvement of end-users in product design and highlights the depth of insight that can be gained by doing so. However, as this was not a research project, the insights may not be representative of all Year Advisors. Secondary schools across Australia have different policies and approaches to dealing with student mental health. These are based on many factors such as the school's geographic or socio-economic location, the school system (government or non-government), or the access to a school psychologist on staff. These factors are likely to impact the perspectives of Year Advisors and their role in student mental health. While the group workshop was rated highly by all participants, some participants may not have felt comfortable expressing opinions that were contrary to the majority. Confidential interviews with group members may have revealed different findings.

## Conclusion

This paper supports the design and development of a specialised mental health training program for secondary school Year Advisors. Year Advisors are in a leadership role with significant responsibilities for student mental health that are beyond those of general classroom teacher. To perform their role effectively and sustainably, Year Advisors need professional development that improves their knowledge, confidence, and skills in helping students with mental health problems. Training resources for this group should also address stigma and self-care. Year Advisors prefer delivery formats that blend skill-based learning with peer learning. The Internet presents a viable option for disseminating this training model; however, attitudes to this approach would need to be further examined. Most importantly, all mental health training programs should be evaluated using rigorous scientific methods.

## Declarations

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### Conflicts of Interest

All authors declare that they have no conflicts of interest.

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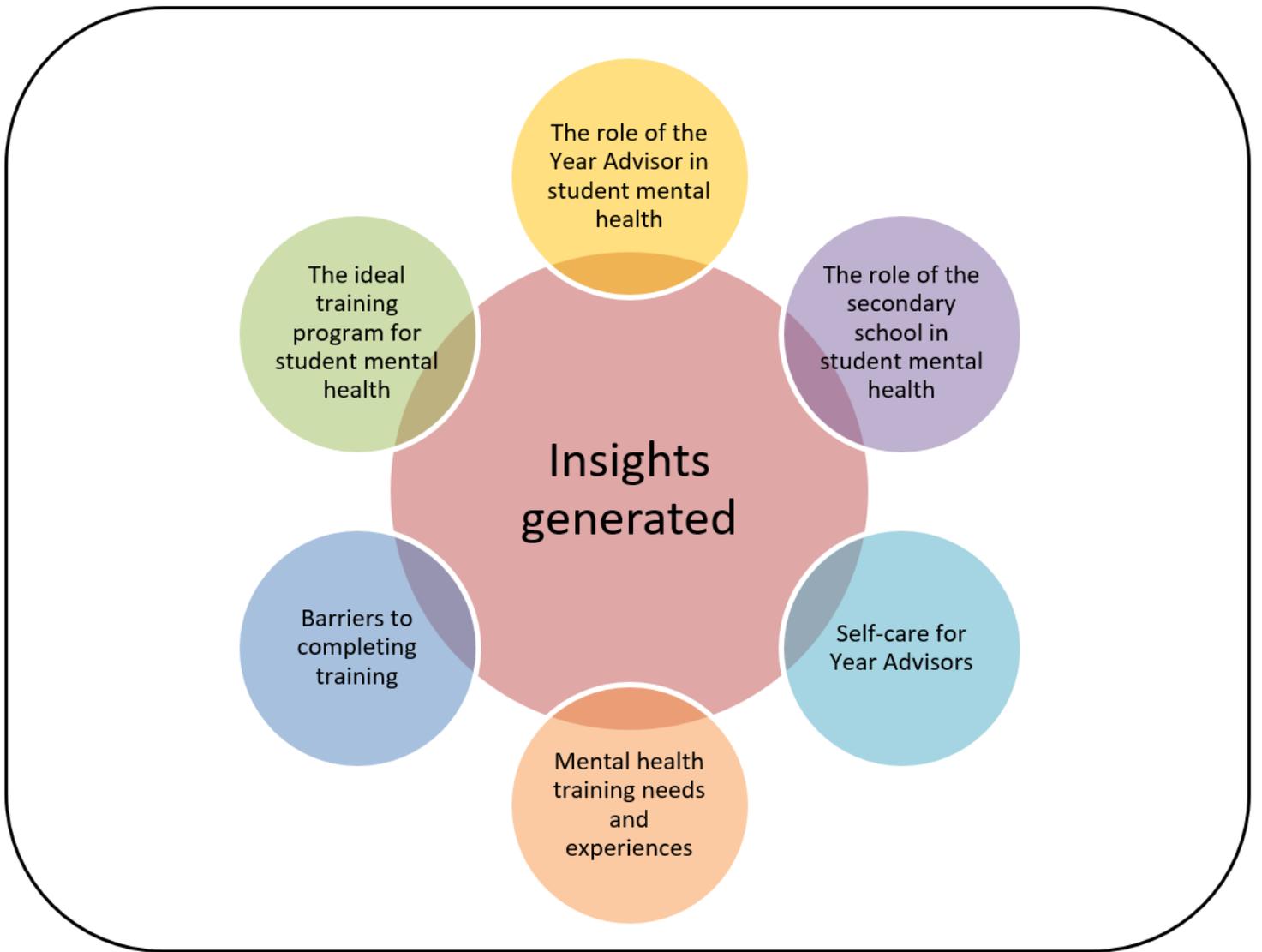
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## Figures



**Figure 1**

Summary of the main insights generated from the co-design workshop