Barriers and Facilitators to Malaysian Teachers' Mental Health Literacy: A Study on Teachers' Experiences

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ABSTRACT

This paper investigates the issue of underdeveloped mental health literacy amongst Malaysian teachers, a problematic phenomenon that leads to a school's inability to successfully address student mental health issues. When untreated, student mental illness can manifest in aggressive or disruptive behaviours that create an unsafe educational environment. This paper explores five Malaysian teachers' experiences of the external factors that facilitate and hinder them from developing their mental health literacy to examine the issue of underdeveloped teacher mental health literacy. The authors employed a qualitative design where data from semi-structured interviews were analysed thematically and found eleven factors—four facilitators and seven barriers—that influence the development of teachers' mental health literacy. The four facilitators identified were school counsellors, supportive colleagues, inclusion of mental health topics in the curriculum, and Ministry of Education programmes on teacher mental health. The seven barriers identified were superstitions, societal disbelief in mental illness, unhelpful admin staff, the ignorance of older colleagues, dismissive parents, teachers' overwhelming workload, and teachers' lack of time. The findings suggested that developing teacher mental health literacy is possible with the necessary support and a whole-school approach. They also imply the integral role all members of the learning community play in developing teacher MHL. Future studies can expand upon the findings by examining the factors that influence the MHL development of the other members of the school community. The small sample size and narrow participant requirements limit this study's scope.

Keywords: Malaysia, mental health literacy, student mental health, teacher mental health

INTRODUCTION

Mental health literacy (MHL) comprises knowledge of and attitudes towards mental illnesses and methods to support those who struggle with mental illnesses (Furnham & Swami, 2018). Similar to other literacies, MHL requires development to

be effective, and this paper aims to explore five Malaysian teachers' experiences of the external facilitators and barriers to their MHL development. While a handful of studies have examined teacher MHL in Malaysia, none have qualitatively analysed the external barriers and facilitators to Malaysian teachers developing their MHL, thus creating a research gap this study aims to fill (Munawar et al., 2021; Phoa et al., 2022, 2023; Tay et al., 2019). These external facilitators and barriers warrant exploration because of how crucial it is for teachers to be mental health literate. MHL decreases stigma, promotes early identification of and intervention for those suffering from mental illnesses, and empowers people to obtain mental health care when they require it (Beukema et al., 2022; Dias et al., 2018; Furnham & Swami, 2018; Miller et al., 2019). Strong MHL is especially crucial for teachers to possess since teachers frequently interact with youths, a population prone to mental illness and, therefore, in need of access to mental health interventions (Ohrt et al., 2020; Yamaguchi et al., 2019). Teachers can carry out these interventions, necessitating developed teacher MHL and this study.

This study aims to identify the external barriers and facilitators to the development of Malaysian teachers' MHL. By providing a deeper understanding of these factors, this study hopes to inform effective teacher MHL-developing measures and thus contribute to building a more inclusive, welcoming, and liveable learning community for mentally ill youths.

The research questions guiding this study are:

1. From their experience, what external factors facilitate Malaysian teachers in developing their mental health literacy?

2. In their experience, what external factors act as barriers to Malaysian teachers' developing mental health literacy?

LITERATURE REVIEW

Mental Health Literacy

Jorm et al. (1997) first coined the term 'mental health literacy' and defined it as

> knowledge and beliefs about mental disorders that aid in their recognition, management, or prevention... including the ability to recognise specific disorders, knowing how to seek mental health information; knowledge of risk factors and causes, self-treatments, and professional help available; and attitudes that promote recognition and appropriate help-seeking. (p. 166)

In 2015, this definition was refined to read "understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatments; decreasing stigma related to mental disorders; and enhancing help-seeking efficacy" (Kutcher et al., 2015, p. 235). This refined definition differs from the previous one in its inclusion of the concept of stigma, which has often been considered separately (Kutcher et al., 2016). It also neatly divides the construct of mental health

literacy into three components: mental health knowledge, attitudes or stigma, and help-seeking efficacies (Kutcher et al., 2016). By 'help-seeking efficacies,' Kutcher et al. (2016) meant the knowledge of when and where to seek mental health support and developing the skills to improve one's mental health care. This study will use the 2015 definition of MHL moving forward as it tackles the issue of mental health awareness holistically.

Theoretical Foundation

This study is grounded in the theory of mental health literacy. As a relatively new area of knowledge, researchers debate whether mental health literacy is a multidimensional construct or a theory; this paper will apply mental health literacy as a theory (Jorm et al., 1997; Spiker & Hammer, 2018).

Before applying MHL as a theory, it is first necessary to understand how it is not a construct, which is what it has been previously understood as (Jorm et al., 1997). A construct is a clear, concise expression of a concept intended for 'strict empirical testing' that can be defined the same way across different studies (Spiker & Hammer, 2018, p. 2). Its precision is essential to its functionality because defining a construct too broadly will lead to it losing its meaningfulness (Wacker, 2004). Mental health literacy cannot be a construct due to its expanding definition (Spiker & Hammer, 2018). As mentioned earlier, constructs are clear, universal, and measured the same way across different studies. The same cannot be said for mental health literacy, for which

there has been disagreement as to how to define and measure thus far (Spiker & Hammer, 2018).

Spiker and Hammer (2018) put forth that MHL should be considered a theory of literacy because it would push for clearer definitions and better measurement of its components. Considering MHL as a theory also keeps its components (e.g. mental health knowledge, attitudes, stigma, and help-seeking efficacy) separate so that the links between them can be found, which can improve the overall effectiveness of MHL interventions (Spiker & Hammer, 2018). In other words, understanding mental health literacy as a theory enables researchers to provide recommendations for practitioners and policy (Beasley et al., 2024). When combined with this paper's aim of identifying the factors which influence the development of teacher MHL, conceptualising MHL as a theory can inform more targeted interventions. Such interventions specifically address individual components of teacher MHL.

Previous Research on MHL Development Factors

While many studies have assessed MHL levels in various samples, only a handful of studies have examined the factors that influence these MHL levels. Internal MHL development factors, or factors that occur at the individual level, that have been identified in previous studies include experience with mental illness, personality, attitudes towards seeking mental health services, gender, and age (Abdelsalam &

Said, 2022; Lauber et al., 2003; Lee et al., 2010; Mendenhall & Frauenholtz, 2013; Piper et al., 2018). It is worth noting that these factors were identified in a wide variety of populations and contexts, namely Swiss adults, Southeast Asian refugees in the US, medical students, and parents of children diagnosed with mood disorders.

This study contributes to growing research by examining external factors that affect MHL development in another specific demographic: young female Malaysian public school teachers, a population whose MHL development has been sidelined in previous research. According to the most relevant studies, school-based MHL development programmes can significantly improve teachers' MHL development. These studies investigated the impact of such programmes on teachers in Canada, Australia, Japan, Cambodia, and Vietnam (Bowyer et al., 2023; Nguyen et al., 2020; Woloshyn & Savage, 2018; Yamaguchi et al., 2021). In view of this, further research that investigates niche populations such as the one conducted here is necessary as it may uncover other influencing factors that have yet to be identified.

Previous Research on Underdeveloped Teacher MHL in Malaysia

Similar to the factors that influence MHL, underdeveloped teacher MHL has been previously researched. In Vietnam and Cambodia, researchers noted underdeveloped teacher MHL and examined the effectiveness of school-based MHL development programmes on teachers

(Nguyen et al., 2020). A similar study was also conducted in Malaysia, whereby the effectiveness of an MHL programme for refugee teachers was analysed (Tay et al., 2019).

Two other studies have investigated underdeveloped teacher MHL within the Malaysian educational context. Phoa et al. (2022) assessed the suicide literacy and MHL of adolescents' parents, guardians, and teachers. A later study by Phoa et al. (2023) investigated parents, teachers, and guardians' MHL predictors. None of the aforementioned studies qualitatively looked at barriers and facilitators to Malaysian teachers developing their MHL, hence warranting a study exploring these factors.

METHODOLOGY

Participants of the Study

This study used purposive sampling to recruit five Malaysian public school teachers as participants to identify the external facilitators and barriers that influence the development of their MHL. The study solely focused on public school teachers to provide Malaysian educational policymakers with insights into the effectiveness of their existing mental health programmes for teachers.

Beyond school type, internal variables such as gender, age, and level of education were also accounted for while recruiting, as these predictors have been shown to influence people's MHL development (Jafari et al., 2021; Piper et al., 2018). Because prior research has shown that females have higher MHL, this study solely recruited

female participants to ensure that the gender variable was controlled (Hadjimina & Furnham, 2017; Mendenhall & Frauenholtz, 2013). Similarly, because previous studies have found age to influence participants' MHL development, only participants under 60 years old were recruited (Piper et al., 2018). Finally, Jafari et al. (2021) found that academic education level influences MHL development. Therefore, this study only recruited people of the same educational level, namely those with a bachelor's degree.

Research Instruments

The researcher conducted one-on-one, online, and semi-structured interviews to collect data for three reasons. First, they allowed the researcher to interject when necessary to clarify the question or topic at hand to yield appropriate responses from the interviewee (Adhabi & Anozie, 2017). Secondly, one-on-one semi-structured interviews allowed the researcher to go deeper into sensitive topics (Adhabi & Anozie, 2017; Elhami & Khoshnevisan, 2022; Md Nor et al., 2023). Thirdly, while semi-structured interviews can be time-consuming when trying to extract rich data, they are well-suited for small-scale research (Pathak & Intratat, 2012). The interviews were conducted and recorded using the videoconferencing service Zoom for its affordability, flexibility in scheduling, familiarity, and rapport-building capabilities (Adhabi & Anozie, 2017; Archibald et al., 2019). Each interview took approximately an hour, depending on the brevity of the participants' responses.

The researcher ensured ethical data collection by providing participants with a participation information sheet and a consent form. The information sheet included the following in simple, layman-friendly English: a description of the research aims and objectives, a description of potential risks, a description of expected benefits, an explanation of confidentiality and anonymity of participants, an explanation of their rights including the fact that participation is voluntary, and a statement saying that the interviews will be recorded for transcription but that recordings will be kept safely and destroyed once the researcher no longer needs them (Arifin, 2018; Khalil et al., 2021). This information sheet was supplemented with a consent form that stated that participants understood the purpose of the interviews and overall research, had the legal capacity to consent, were not coerced into participating, and understood that they could withdraw from the research at any point without facing any consequences (Allmark et al., 2009; Arifin, 2018; Brosnan & Flynn, 2017).

To ensure that this study's findings were rigorous, valid, and reliable, the researcher undertook double-coding and analytical triangulation by using thematic analysis, document analysis, and member checking (Leech & Onwuegbuzie, 2007; Natow, 2020). Additionally, the researcher validated the instrument by seeking expert validation. Double-coding ensured consistency in the analysis of the findings (Beresford et al., 2022). Triangulating the analytical methods enhanced validity by checking any biases

arising from using only one analytical method (Natow, 2020). Since reliability is a byproduct of validity in qualitative research such as the one being conducted here, it was improved in tandem with validity (Golafshani, 2003).

Procedures of Data Collection

First, the researcher had the semi-structured interview guide reviewed by experts and tested in a pilot study to ensure appropriateness and comprehensibility. Then, the researcher distributed a demographics questionnaire throughout the teacher network. After selecting five participants based on the criteria, the researcher acquired consent, set virtual interview dates, and sent the participants a soft copy of the interview questions. On the agreed-upon dates, the researcher used the interview guide to interview the participants. After each call ended, the researcher wrote a brief reflection on the interview. This not only enabled the researcher to ponder on the contents of the interview but also allowed the researcher to identify potential biases and

their influence on both the interviewee and the interview itself (Roberts, 2020). Then, the researcher transcribed the interview using the Zoom audio recording and the 'transcribe' feature on Microsoft Word.

Upon completion of the interview, the researcher reached out to the participants to request relevant documents for document analysis. The document analysis focused on ensuring the credibility of the interviews' content and triangulating the findings (Bowen, 2009; Morgan, 2021). Due to limited participant access, only two documents were analysed: a secondary two Health textbook and a student's anti-bullying project. Both were analysed to identify the mental health topics covered in the school curriculum.

Data Analysis

This paper used Braun and Clarke's (2006) six-phase approach for thematic analysis, as demonstrated in Table 1. It is worth noting that the six phases are recursive; they were not done sequentially but rather repeatedly as the data revealed patterns.

Table 1

The way this study carried out the six phases of thematic analysis

Braun and Clarke (2006) phase	The way this study carried out the Braun and Clarke (2006) phase
Familiarise yourself with the data	The researcher read and re-read all the interview transcripts, noting initial ideas or patterns noticed.
Generate initial codes	Using the qualitative analysis software Quirkos, the researcher coded all the transcripts by assigning a colour for each identified code and highlighting the lines in the transcripts which align with that code. While working through the transcripts, the researcher generated new codes and modified existing ones as needed.
Search for themes	The researcher then grouped the codes into themes and gathered all relevant data into each theme.

Table 1 *(continue)*

Braun and Clarke (2006) phase	The way this study carried out the Braun and Clarke (2006) phase
Review themes	The researcher ensured that the themes were compatible with the coded extracts by reviewing them to determine whether they fit the theme. If they did not, the researcher examined the theme to consider whether the extracts were problematic or out of place. If the extracts were out of place, they were either discarded from analysis, moved into a different theme, or put into a new theme entirely. The researcher then verified that the themes were applied to the entire dataset. To do this, the researcher read the entire data set again, allowing the researcher to code additional data initially overlooked in the themes. Throughout the theme review, the researcher used Maguire and Delahunt's (2017) list of theme review questions to ensure the themes were clear and identifiable. The questions were: 1. Are the themes coherent? 2. Are the themes distinct from one another? 3. Do the themes make sense? 4. Does the data support the themes? 5. Am I trying to fit too much into a theme? 6. If themes overlap, are they really separate themes? 7. Are there themes within themes (subthemes)? 8. Are there other themes within the data?
Define and name themes* *This phase will take place after the document analysis	In this phase, the researcher generated clear names and definitions for each theme by returning to the data extracts and organising them into a narrative. The narratives were not mere paraphrases of the dataset; they defined the elements of interest and why. The narrative also had to fit into the larger overall narrative of the dataset, and both narratives—the thematic one and the overall dataset narrative—had to answer the research questions. To test the clarity of the final themes, the researcher attempted to describe the scope and content of each theme in three sentences. If the researcher could not do so, she refined the theme again.
Produce the report* *This phase will take place after the document analysis	The researcher wrote an organised, coherent, concise, non-repetitive, and logical account of the data's narrative that incorporated all the themes. This report had sufficient data to support all the themes as well as the overall narrative of the dataset. It also put forth an argument that answered the research questions.

Source: Braun & Clarke (2006), Maguire & Delahunt (2017), and author's work

Following the thematic analysis of the interview transcripts, the researcher conducted a thematic analysis of the collected documents to minimise bias and corroborate and validate the findings of the transcript analysis (Bowen, 2009; Morgan, 2021). The documents were first assessed for authenticity by checking for obvious errors

and inconsistencies in content, typography, handwriting, and language style (Bowen, 2009; Morgan, 2021). Then, the researcher examined the documents' credibility by inspecting the documents' producers to ensure that the perspectives they shared in the documents were only motivated by a desire to express the full truth (Flick, 2018). Lastly, the documents were evaluated for representativeness by comparing them to similar documents to confirm that the analysed document was typical (Bowen, 2009).

The researcher then produced a report and completed member checking for analytical triangulation to ensure the accuracy of the dataset narratives (Candela, 2019; Carlson, 2010).

FINDINGS AND DISCUSSION

Facilitators to Teachers' MHL Development

The findings answer the first research question, 'From their experience, what external factors facilitate Malaysian teachers in developing their MHL?' under the two themes: (1) 'people who facilitate' and (2) 'structures that facilitate.' The themes and their corresponding categories are illustrated in Figure 1.

People Who Facilitate Teacher MHL Development

School Counsellors. Two interviewees discussed how their school counsellors helped them develop their MHL. Interviewee A elaborated on how a counsellor helped her develop her MHL by saying:

> *...this kid is actually...facing this. And when I talk to the counsellor and the counsellor says yes, that is true...it helps me...What I felt about the kid was particularly true. So, I began to... Google, is this true? I also need my counsellor's help to learn more about it* (Interviewee A).
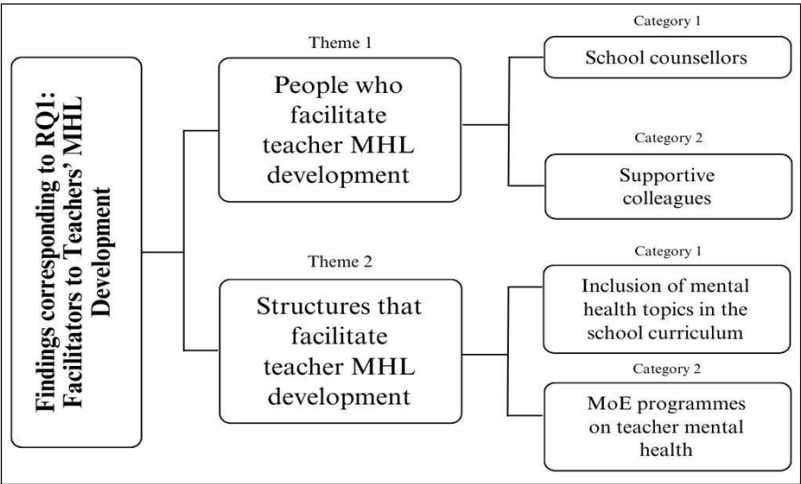

Figure 1. Facilitators to teachers' MHL development

In this excerpt, Interviewee A recounted a time in which the counsellor verified her suspicions about symptoms a student was displaying and supported her in her mental health research.

This factor answers the research question by stating that school counsellors facilitate the development of Malaysian teachers' MHL. This was an expected finding because, as outlined by the Ministry of Education KPM Handout No. 12 2012, Malaysian school counsellors are tasked with managing student psychosocial and mental well-being as frontline mental health providers (Harun et al., 2024; Ku Johari & Isa Amat, 2019). Similarly, school counsellors are summarised in the US as 'educators with mental health training' (Blake, 2020). Thus, due to their unique positioning as persons knowledgeable about mental health in schools, it was anticipated that school counsellors would be one form of social support that would facilitate the development of teachers' MHL.

Supportive Colleagues. Four out of the five interviewees foregrounded the role their colleagues play in developing their MHL. For example, Interviewee D shared an instance in which her colleagues helped her develop her MHL, saying:

> *…my school helped me develop my mental health literacy…if we do have problems…a lot of things can be discussed…the principal is open for discussion. If you have any pressure… you can actually discuss with them,*

> *asking them for consultation…So I think that actually helped me in terms of knowing how…to have…good mental health* (Interviewee D).

In this excerpt, Interviewee D shared that the supportive admin staff in her school helped her develop her MHL by showing her how to care for her mental health.

The 'supportive colleagues' factor answers the research question by stating that one external factor that facilitates the development of Malaysian teachers' MHL is colleagues who share their mental health knowledge and support each other in the development of their MHL. What was unexpected about this finding was its salience; it was even more prominent than the 'school counsellors' category. Nevertheless, it is logical that teachers would support one another in developing their MHL by exchanging knowledge and providing advice, as research has shown that teachers find peer support to be helpful in coping with new or challenging situations, such as student or personal struggles with mental health (Boyle et al., 2011).

Implications of the findings related to the theme 'People Who Facilitate.' The findings that school counsellors and supportive colleagues facilitate teachers' MHL development are new because Li et al. (2022), the study which found that teachers' social support is positively correlated with their MHL, did not include these groups of people in their definition of social support. Instead, Li et al. (2022) only included an ambiguous group they called 'close

friends.' Therefore, the findings under this theme contribute to existing knowledge by providing two more categories of people who can provide the necessary social support to teachers to empower them to develop their MHL. In practice, this is an optimistic finding as it provides educational stakeholders with more avenues to develop teacher MHL. Teachers' close friends are a vague group of people who are challenging to influence as they may not be part of the learning community. On the other hand, counsellors and teachers' colleagues can be trained to facilitate the development of teacher MHL.

Structures That Facilitate Teacher MHL Development

Inclusion of Mental Health Topics in the School Curriculum. Four of the five interviewees disclosed how teaching mental health as part of the school curriculum helped develop their own MHL. For example, Interviewee A said:

> *...before we teach, we have to learn... the syllabus itself...help me...to develop my mental health literacy because you have to go and study yourself first what the research is about, how to explain to the kids about mental health* (Interviewee A).

This finding answers the research question by stating that one external factor that facilitates the development of Malaysian teachers' MHL is the inclusion of mental health topics in the school curriculum. Given

that teachers must familiarise themselves with the content prior to delivering it, this is a highly logical finding. It is also consistent with Kutcher et al. (2015), a study which found that integrating mental health into the school curriculum was a significant, sustainable, and effective means of enhancing teacher MHL in Malawi. Thus, this current study contributes new knowledge by saying that the same applies to the Malaysian context.

This finding is significant because it demonstrates teachers' willingness and ability to learn about mental health. In other words, it attests to the fact that it is not a lack of want that stops teachers from improving their MHL. Rather, it is the barriers that make it a challenge for teachers to do so.

Ministry of Education (MoE) Programmes on Teacher Mental Health. Four out of the five interviewees revealed that the MoE provided programmes for teachers to improve and address their mental health. Interviewee B elaborated on how such a programme helped when she said:

> *We had the yearly compulsory school meeting...I think she is a counsellor or a psychologist...Almost all the teachers really enjoyed it because it gave them insight about the students on how to handle...Everyone was really engaged.... It was really interesting to see the way she managed to tap into the students' minds and how she opened our eyes to see things differently.* (Interviewee A)

In this excerpt, Interviewee A shared that the programme provided insight into students' thinking, expanded teachers' understanding of mental health, and provided practical tips on managing students.

This finding answers the research question by saying that one facilitator for teacher MHL development is the MoE programmes on teacher mental health. This finding is consistent with the aims of these programmes, which, summarised, are to improve teachers' personal mental health management skills (Ministry of Education Malaysia, 2021). As possessing the skills to care for one's mental health is part of MHL, these programmes essentially seek to develop teachers' MHL. Therefore, this finding that these programmes do, in fact, support teacher MHL development highlights their effectiveness. These programmes also mirror those in Canada, Australia, Japan, Cambodia, and Vietnam, which have been successful in developing teacher MHL (Bowyer et al., 2023; Nguyen et al., 2020; Woloshyn & Savage, 2018; Yamaguchi et al., 2021).

It is worth mentioning that such programmes are not without their issues. Interviewee D spoke of the strain the courses add to teachers' already heavy workload, saying, '…it does not really help…because actually makes us teachers more stressful.' Additionally, Interviewee D said that the course only takes place once a year, rendering it ineffective for teachers who are unfamiliar with mental health. Unfortunately, the unsustainability of such courses whereby external resources are brought into the school context is a pattern found in other studies (Kutcher et al., 2015).

Barriers to Teachers' MHL Development

This chapter will discuss the findings under the three themes that answer the second research question, 'From their experience, what external factors act as barriers to Malaysian teachers developing their mental health literacy?'. The first theme is 'barriers due to Malaysian context', the second is 'unsupportive school community', and the third is 'structural barriers.' The themes and their corresponding categories are illustrated in Figure 2.

Barriers Due to Malaysian Context

In the interview data, two barriers stemming from the Malaysian context were identified—superstitions and societal disbelief in mental illness. Combined, these two make up the theme of 'barriers due to Malaysian context.'

Superstitions. Two interviewees shared how Malaysian societal superstitions have interfered with the development of their MHL in the past. Interviewee E spoke of superstition's interference with her MHL development when she stated:

> *There are still people who think that…this person needs to pray more because they are not healthy…Must have something else that is bothering her…For example, hysteria, people might think of possession, but it can be explained in simple scientific terms* (Interviewee E).
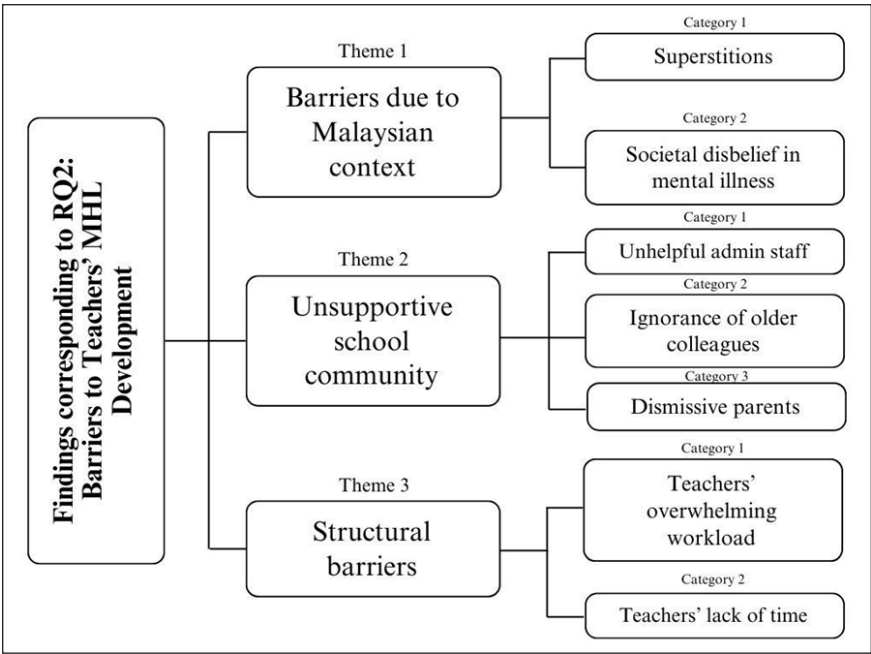
Figure 2. Barriers to teachers' MHL development

Here, Interviewee E shared how societal superstitions created a social context not conducive to learning more about mental health.

'Superstitions' answers the research question by stating that Malaysian superstitions are a barrier to the development of teacher MHL. It is worth noting that such superstitions are not unique to Malaysian society; superstitions affecting MHL development have long been studied and documented in other communities as well (Alqasir & Ohtsuka, 2024). These societal beliefs prevent the development of teacher MHL by presenting an alternative supernatural explanation (i.e. possession by a spirit) for symptoms of mental illness, a phenomenon that has been studied in both the Malaysian context and beyond in previous research (Mohamad et al., 2013;

Razali et al., 1996). This attribution of mental illness symptoms to supernatural causes acts as a barrier to teachers' MHL development because it steers teachers away from understanding mental illness as a medical issue. Teachers in this situation, therefore, do not seek to learn more about mental illness and do not develop their MHL. This finding is significant because it addresses a key element of teacher MHL—their beliefs towards mental health. Identifying one barrier to healthy mental health beliefs could improve the quality of MHL development programmes by shedding light on a specific belief to target in said programmes.

Societal Disbelief in Mental Illness. Four out of the five interviewees elucidate that Malaysian society's disbelief in mental

illness acts as a barrier to them developing their MHL. Interviewee A stated:

> *…sometimes when we grow up, we have this certain belief [where] mental health does not exist for kids. It does not exist for teenagers…it does not exist for adults as well* (Interviewee A).

In this excerpt, Interviewee A highlighted a cultural belief whereby mental health and, thus, mental illness are said not to be real.

This finding answers the research question by stating that Malaysian societal disbelief in mental illness acts as a barrier to the development of teacher MHL. This disbelief, which has previously been examined in both the Malaysian context and the wider international community, poses a challenge to teachers developing their MHL because it makes them reluctant to learn more about mental health (Mohamad et al., 2012; Stuart, 2005). This finding, like the others in the 'barriers due to the Malaysian context' theme, is partially new in that it was anticipated due to the widespread stigma of mental illness in Malaysia and around the world but has not been previously linked to teacher MHL development (Rashid, 2023). Thus, it contributes to existing knowledge in the same way that the other findings in this theme do, by pinpointing a belief to tackle in Malaysian teacher MHL development programmes.

Unsupportive School Community

The interview data identified three barriers due to an unsupportive school community: unhelpful admin staff, ignorance of older colleagues, and dismissive parents. Combined, these three make up the theme of 'barriers due to an unsupportive school community.'

Unhelpful Admin Staff. On unhelpful admin staff, Interviewee B stated:

> *…there are also supervisors… Like the headmaster, principal…who takes lightly or does not care about this [mental health]* (Interviewee B).

In this excerpt, Interviewee B stated that she has experienced admin staff who do not care about mental health.

This finding, which was found in two out of the five interviewees' data, answers the research question by stating that unhelpful admin staff are a barrier to the development of teacher MHL due to their strong influence on their teachers' professional development (Wahab et al., 2020). Considering the barriers due to the cultural context discussed in the previous theme, this is an unfortunately unsurprising finding; admin staff are also susceptible to contextual barriers such as superstitious beliefs about mental health and societal disbelief in it. Additionally, admin staff may be unprepared and untrained to manage and support the development of teacher MHL, as their own MHL may also be underdeveloped (Watson et al., 2022).

It is recommended that in addition to teachers, admin staff are also targeted in school MHL development programmes to address this barrier. The programmes should be tailored according to one's role in the

school so that role-specific concerns can be addressed. For example, admin staff can be trained to facilitate open conversations about mental health with faculty members and students alike.

Ignorance of Older Colleagues. Three out of the five interviewees shared that their older colleagues who lacked awareness of mental health made it challenging to develop teachers' MHL. Interviewee D, in answering the interview question, 'What do you think are the barriers to developing or improving teacher mental health literacy?' responded:

> *I think one…is acceptance of the teachers, especially the old teachers...I think a lot of teachers…40 years and above, are not really aware of or exposed to symptoms of mental health literacy, and even they are not exposed to social media about this mental health* (Interviewee D).

Here, Interviewee D examined the reason behind older colleagues' lack of awareness, namely their lack of exposure to mental health.

This finding, which was found in three out of the five interviewees' responses, answers the research question by stating that the ignorance of their older colleagues acts as a barrier to teachers developing their MHL. As mentioned earlier, social support affects people's development of their MHL (Li et al., 2022). Therefore, when such support is lacking due to insufficient exposure, one's own MHL can become underdeveloped as well.

This specific quote also highlights a reason for the ignorance of older colleagues, namely their lack of digital exposure to mental health issues. In today's world, digital literacy is key to accessing online health information (Shi et al., 2021). However, research has shown that the general population of older adults fall behind younger generations' uptake of electronic technology (Arcury et al., 2020). This lack of digital literacy can thus prevent older adults, including older teachers, from being exposed to online information on mental health issues.

Dismissive Parents. In 'dismissive parents,' three out of the five interviewees highlighted the effects of dismissive parents on teachers' ability to develop their MHL. On this, Interviewee B stated:

> *…you observe the student, and the student needs help. When you tell the parents, the parents are dismissive. And the student does not get help at all.* (Interviewee B)

Part of MHL is the necessary skills and knowledge to care for other people's mental health. In the above excerpt, Interviewee B shared that when parents are dismissive of their child's mental health issues, teachers feel helpless and are robbed of an opportunity to further develop their MHL.

This finding answers the research question by stating that one external factor that acts as a barrier to the development of Malaysian teachers' MHL is dismissive parents. When students' parents are

dismissive of their child's mental health needs, teachers feel helpless and do not further pursue the case. Had the parents not been dismissive, the teacher could have learned about avenues for the child to seek professional help. This would have been a learning opportunity for the teacher, as it would expand their MHL by providing them with more knowledge and resources on how to care for the mental health of others.

Implications of an Unsupportive School Community. The findings in this theme foreground the fact that tackling the issue of underdeveloped teacher MHL requires a whole-school approach. In other words, developing and improving teacher MHL does not entail training the teachers alone; the whole school community, including admin staff and parents, needs to support this endeavour by taking measures to improve their own MHL, too. This contributes to existing practical knowledge by expanding the scope of teacher MHL development—all adult members of the school community can take part.

Structural Barriers

Teachers' Overwhelming Workload. Four out of the five interviewees expressed that teachers' workload was so overwhelming that teachers simply could not develop their MHL. Interviewee D said:

> *…we have a lot of things…to do, like teaching, we need to handle events…I would say some teachers might see a burden where, OK, you*

> *need to attend a class on mental health literacy…actually a burden for some.* (Interviewee D)

In this excerpt, Interviewee D spoke of teachers' event management role and how adding MHL development classes on top of Malaysian public school teachers' already long list of responsibilities would be burdensome.

This finding answers the research question by stating that one external factor that acts as a barrier to the development of Malaysian teachers' MHL is the overwhelming workload of Malaysian public school teachers. When asked to elaborate, participants disclosed that Malaysian public school teachers are tasked with more than teaching. They must manage events, complete large amounts of clerical work, and attend courses and programmes. Even teaching has become increasingly challenging due to the high number of students per class (30-40 with only one teacher) and the requirement that teachers teach more than one subject, often beyond their expertise (Jain, 2023). Consequently, teachers feel overwhelmed and are reluctant to attend yet another programme, even if said programme is for the development of their MHL. This finding is significant because it shows that in pursuit of developed teacher MHL, educational stakeholders must first ease the teacher workload.

Teachers' Lack of Time. Four out of the five interviewees stated that a lack of time prevented teachers from developing their MHL. Interviewee C elaborated upon this lack of time when she stated:

We can have wonderful programs in school, but time constraints… a lot of programs going on outside these days, sports, and sometimes they have courses. So it is very difficult to get all teachers to attend a programme …we have extra classes (Interviewee C).

In this excerpt, Interviewee C explained that other things demanded teachers' time, such as programmes, courses, sports, and extra classes for students.

This finding answers the research question by identifying teachers' lack of time as one external factor that acts as a barrier to the development of Malaysian teachers' MHL. Interviewee D disclosed that teachers are often called in on weekends, thus leaving them with very little time to take care of themselves and their families, much less to take on an additional programme such as one for MHL development. This finding is consistent with studies on teacher burnout in Malaysia, which similarly revealed that teachers have little spare time because they frequently need to work overtime (Pau et al., 2022). Additionally, it contributes to existing practical knowledge by foregrounding a fixable obstacle to Malaysian teachers developing their MHL. If educational stakeholders value teacher MHL as much as they should, then they would take measures to free teachers' time so that they are able to develop this literacy.

CONCLUSION

This study successfully identified eleven external factors that influence the development of teacher MHL.

The first research question focused on factors which facilitate MHL development, revealing four factors in two distinct themes, 'people who facilitate' and 'structures that facilitate.' Notably, social support from school counsellors and colleagues proved influential, aligning with previous research findings. Additionally, structural support such as integrating mental health topics into the curriculum and implementing Ministry of Education programmes was beneficial in developing teacher MHL.

The second research question examined barriers to teacher MHL development, finding seven factors across three themes, 'barriers due to Malaysian context,' 'unsupportive school community,' and 'structural barriers.' Harmful societal beliefs, such as superstitions and disbelief in mental illness, were identified, emphasising the need to address these beliefs in MHL programs. The study also highlighted the significance of a whole-school approach involving all adults in the school community—such as older colleagues, admin staff, and parents—to develop teachers' MHL. Lastly, structural barriers like teachers' excessive workload and time constraints underscored the importance of reducing these burdens to promote teacher MHL development.

Implications and Limitations

This study reveals two important implications. Firstly, it demonstrates that developing teacher MHL in Malaysia is feasible. The participants in this study show willingness and capability to enhance their MHL when provided with essential social

and structural support. This willingness highlights the potential for progress in addressing the issue of underdeveloped teacher MHL, even in the face of numerous challenges.

Secondly, the study highlights the impact of the entire school environment on teachers' MHL development. Previous programmes often focused solely on teacher training, neglecting crucial factors such as reducing teacher workload and educating administrative staff, parents, and older colleagues (Yamaguchi et al., 2019). Recognising the holistic influence of the school community is key to more effective teacher MHL development initiatives. This implication is also in line with Vygotsky's theory of defectology, in that both believe the responsibility to accommodate differences, including mental health struggles, falls on the shoulders of the whole learning community.

The main limitation of this study is its inability to generalise its findings due to the small sample size and its specificity in recruitment criteria. In an effort to avoid absolutism, this study recognises that its findings only explore the experiences of female, English-speaking Malaysian public school teachers based in Selangor who are under the age of 60 (Hammer, 2011). In other words, this study's findings cannot reflect variations across different populations, such as those from different language proficiencies, genders, age groups, and school types. A more diverse sample might have highlighted barriers and facilitators to teacher MHL development.

Future research can address these limitations using a larger, more diverse sample or conducting comparative studies across different locations, school types, genders, and age groups.

Recommendations for Future Practice and Research

The first set of recommendations is a series of suggested adjustments to make to the structure of existing mental health programmes for teachers. Two interviewees recommended making such programmes more interactive, and one interviewee suggested using role play to engage teachers and ensure that they get more hands-on practice. Additionally, Interviewee D emphasised the importance of a consistent programme that occurred more than once a year as she believed that an annual programme was ineffective in leaving a lasting impression on teachers, particularly for those rarely exposed to mental health knowledge.

The second set of recommendations targets the aforementioned programmes' content. Interviewee D recommended including an explanation of how the programme can improve teachers' teaching and mental health so that teachers can better understand why developing their MHL is important. The content should also target harmful societal beliefs that are barriers to teachers developing their MHL, such as superstitions and disbelief in mental health.

Interviewee E proposed making counsellors available for teachers to lean on for support. Interestingly, Interviewee

C discussed an existing avenue for teacher mental health support at District Offices in her interview, but the other interviewees' lack of knowledge of this counselling service suggests that it is not well-known. This study thus recommends making these teacher counselling services more accessible so that teachers can get support for their mental health and improve their MHL by developing the skills to care for their own and other people's mental health.

The last practical suggestion is to recognise that teachers are not mental health experts and should not be expected to bear the responsibility of caring for students' mental health alone. To put this notion into practice, educational communities should work towards including other staff members and parents in MHL-developing initiatives.

Similarly, future studies can examine the factors that influence the MHL development of school counsellors. As mentioned in the analysis, school counsellors are seen as in-school advisors on student mental health. Therefore, it can be said that their MHL needs to be the most developed out of all the members of a school's staff and is thus worthy of study.

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