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*A critical review of curriculum and pedagogy in mental health education*

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# A critical review of curriculum and pedagogy in mental health education

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## Abstract

**Purpose** – To critically examine the existing literature on mental health education in secondary schools amid an escalating youth mental health crisis, exploring which curriculum components and pedagogical approaches are most effective for adolescents' learning.

**Design/methodology/approach** – We used a critical literature review methodology grounded in a constructivist paradigm. Systematic searches across three databases using the PICo framework yielded 176 publications for analysis. Data extraction captured explicit and implicit insights about curriculum and pedagogy from diverse publication types. Reflexive thematic analysis was conducted using Bernstein's educational theory, Freire's critical pedagogy and Kutcher *et al*.'s mental health literacy model as analytical lenses.

**Findings** – We identified eight evidence-based propositions indicating that effective curriculum requires comprehensive integration of all mental health literacy components, recognition of mental health's subjective nature within sociocultural contexts, inclusion of biopsychosocial and continuum models and development of communication competencies and practical problem-solving skills. From a pedagogical perspective, the findings indicate the limitations of didactic methods while supporting multimedia integration, active learning methodologies and student-led approaches that foster critical engagement and agency.

**Originality/value** – Despite recognition that school-based mental health education is a crucial factor in improving adolescent mental health, current approaches have been characterised as heterogenous and inconsistent, with ambiguity regarding which curriculum components and pedagogical approaches contribute to the effectiveness of interventions – a critical gap that this review addresses by offering guidance for researchers, educators and policymakers to consider in designing and delivering mental health education that enhances adolescents' mental health literacy and empowers them to improve their well-being.

**Keywords** Mental health education, Mental health literacy, Curriculum, Pedagogy, Adolescents, School-based, Secondary school, Well-being

**Paper type** Literature review

## Introduction

Youth mental health presents a significant crisis globally with concerning rates of mental illness among adolescents that have worsened since the COVID-19 pandemic (Benton *et al.*, 2021; Bevilacqua *et al.*, 2023; WHO, 2024). These conditions profoundly impact young people's development and quality of life, yet often remain underdiagnosed and undertreated (WHO, 2022). Secondary schools represent a critical intervention point in this crisis, offering strategic opportunities to reach adolescents during the developmental period when mental disorders typically emerge (Dale, 2019; Solmi *et al.*, 2022). Schools increasingly embrace their essential role in improving student mental health outcomes, with explicit mental health education (MHE) recognised as a key component within comprehensive whole-school approaches (Clarke *et al.*,

2021; WHO, 2022). However, current MHE approaches are characterised by significant heterogeneity, inconsistency, and fragmentation, with programs and interventions varying widely in their theoretical foundations, components, delivery methods, and objectives (Berger *et al.*, 2022; Brown Epstein, 2022). Moreover, substantial ambiguity exists regarding which curriculum components and pedagogical approaches contribute to programs' success, presenting challenges for schools in implementing appropriate MHE approaches (Mohammadi *et al.*, 2020; Williams *et al.*, 2022). This critical literature review explores current approaches to MHE in secondary schools, rigorously examining the knowledge, skills, and pedagogical approaches emphasised in research and theory through the theoretical lens of Bernstein's educational theory, Freire's critical pedagogy and Kutcher *et al.*'s mental health literacy (MHL) framework. This study presents eight evidence-based propositions for researchers, educators, and policymakers to consider in the design, development, and delivery of MHE that effectively meets the needs of adolescents in secondary schools.

## Background

Youth mental health represents a significant global crisis (Benton *et al.*, 2021; WHO, 2024). Data reveals that one in seven children and adolescents aged 10–19 experience a mental disorder annually, accounting for 15% of the global burden of disease in this age group, with depression, anxiety, and behavioural disorders among the leading causes of illness and disability (WHO, 2024). This situation was exacerbated by the COVID-19 pandemic, with a global evidence synthesis indicating a significant increase in mental health problems among children and young people during this period (Bevilacqua *et al.*, 2023). Despite their prevalence, these conditions often remain underdiagnosed and undertreated, significantly impacting young people's quality of life and development (Erskine *et al.*, 2015; WHO, 2022).

Schools are widely recognised as critical environments for improving adolescent mental health (Clarke *et al.*, 2021; Kohler and Reece, 2023), aligning with the World Health Organisation's health promotion principles that emphasise educational approaches to empower individuals in making informed health choices, understanding health issues, and utilising effective wellbeing strategies (Santre, 2022; Waring *et al.*, 2000; WHO, 2023). With mental disorders emerging on average at age 14.5 (Solmi *et al.*, 2022), secondary schools are strategically positioned to reach adolescents during this crucial developmental period (Dale, 2019), offering safe, regulated, and cost-effective environments for delivering MHE to diverse populations (Caban *et al.*, 2023; Clarke *et al.*, 2021).

Contemporary policy and research advocate for comprehensive whole-school approaches to mental health that integrate preventative, supportive, and promotional actions across educational settings (Margaretha *et al.*, 2023; WHO, 2023). Universal approaches to MHE, targeted at entire school populations, have proven both cost-efficient and effective (Coughlan *et al.*, 2024; Kuyken *et al.*, 2022), ensuring all young people have access regardless of their current mental health status and affirming it as a fundamental right (Choi, 2023).

Within these holistic frameworks, the explicit teaching of MHE emerges as a crucial component. Explicit teaching involves direct, systematic instruction with clear explanations and guided practice (AERO, 2023). Fitzpatrick and Riedel (2019) emphasise that approaches to improving mental health in schools should be primarily educative, approached as a discipline of study rather than a health intervention. Explicitly teaching MHE equips adolescents with vital knowledge and skills necessary for maintaining good mental health and seeking appropriate support when needed (Webber *et al.*, 2023; Wiedermann *et al.*, 2023). Supporting this approach, the World Health Organisation's World Mental Health Report (2022) specifically recommends universal school-based educative programs embedded in the curriculum to enhance mental health literacy.

*Mental health literacy*

Introduced by Anthony Jorm and colleagues in the late 1990s, MHL is underpinned by the broader concept of health literacy—an individual's ability to obtain, process, and understand health information to make appropriate decisions—which is recognised globally as a key determinant of health outcomes across the lifespan (Choi, 2023; Kutcher *et al.*, 2016a, b; WHO, 2022). From health literacy principles, MHL emerged as a specialised field and has been widely applied in educational settings, offering substantial benefits to both individual and public mental health outcomes (Bjørnsen *et al.*, 2017; Choi, 2023; WHO, 2023). The foundational publications on MHL have been widely recognised and cited, demonstrating the concept's enduring utility and its role in stimulating extensive research across multiple disciplines (Jorm, 2020).

The concept of MHL has evolved significantly from its initial conceptualisation as the ability to recognise, manage, and prevent mental disorders (Brown Epstein, 2022; Jorm, 2019; Kutcher *et al.*, 2016). What began with a relatively narrow biomedical focus has expanded considerably over the past 2 decades in response to various critiques and emerging research (Jorm, 2019; Kusan, 2013). The concept has progressively broadened to incorporate elements of resilience, salutogenesis, and mindfulness, while recognising the critical importance of addressing stigma and enhancing help-seeking behaviours incorporating self-help strategies and mental health first-aid skills (Jorm, 2012; Kutcher *et al.*, 2016). Contemporary scholarship has further developed MHL into a educative model that considers youth-specific needs, with recent studies emphasising adolescent agency and critical consciousness in mental health management (Bale *et al.*, 2020; Seyi-Oderinde, 2021). This evolution reflects a shift toward a more holistic, multifactorial approach that positions young people as active participants in their mental health journey rather than passive recipients of information and services (Amado-Rodríguez *et al.*, 2022; Jorm, 2020).

The concept of MHL, as it appears in academic literature, consistently encapsulates the key components of knowledge, stigma and attitudes, and help-seeking skills that are essential for fostering and maintaining good mental health (Bjørnsen *et al.*, 2017; Brown Epstein, 2022; Coughlan *et al.*, 2024; Jorm, 2019; Kutcher *et al.*, 2016). Kutcher and colleagues' widely adopted and validated four-component model of MHL—comprising (1) understanding how to obtain and maintain good mental health, (2) understanding mental disorders and their treatments, (3) decreasing stigma related to mental disorders, and (4) enhancing help-seeking efficacy—is widely cited and forms a comprehensive structure commonly used for discussing MHL.

*Mental health education approaches*

MHE in schools broadly encompasses teaching and learning activities designed to provide students with knowledge and skills necessary to understand and manage their mental health, including the identification, management, and prevention of mental disorders, as well as maintaining good mental health and promoting wellbeing (Coughlan *et al.*, 2024; O'Connor *et al.*, 2018). Conceptualisations of MHE often include emotional, cognitive, social, and physical development and incorporate education about identity development, resilience building, critical thinking, emotional regulation, and interpersonal relationships (Bıdık and Sisman, 2021; WHO, 2022). No uniform definition of MHE is consistently used across academic literature, resulting in considerable ambiguity (Powell and Graham, 2017). Programs, interventions, or educational initiatives are typically labelled as MHE if they address any aspect of mental health or aim to improve students' mental wellbeing, regardless of their specific approach or content (Berger *et al.*, 2022). The broad field of MHE encompasses diverse approaches and strategies that vary in content, objectives, and evidence basis, with many integrated in different combinations within educational practice (Dix *et al.*, 2012).

Reviews by Clarke *et al*. (2021) and Santre (2022) identified the five most common strategies of MHE evident in academic literature: (1) social emotional learning programs that

enhance emotional regulation and communication skills; (2) positive psychology approaches that foster character strengths and promote resilience; (3) mindfulness-based programs that develop attention skills and healthier relationships with thoughts; (4) positive youth development initiatives that build confidence through mentoring and leadership opportunities; and (5) MHL.

The concept of MHL functions as a specialised framework within MHE. Programs are identified as MHL interventions in academic literature if they explicitly address one or more of the components of MHL (Caban *et al.*, 2023; Coughlan *et al.*, 2024; Jorm, 2012), although researchers advocate that comprehensive MHL programs should encompass all elements of the framework to be fully effective (Choi, 2023; Mills *et al.*, 2023).

So, while MHE encompasses all forms of education related to mental health, the concept of MHL can function as a structured framework that defines particular components that collectively develop a student's MHL. Whereas MHL can be considered a part of MHE, not all MHE approaches meet the specific criteria or cover the breadth of knowledge and skills outlined in the MHL model. This distinction between general MHE approaches and MHL as a framework is central to this study, as it provides the theoretical structure through which curriculum content and pedagogical approaches will be analysed, as will be discussed in more detail in the Theoretical Frameworks section.

*Challenges in current mental health education approaches*
The landscape of MHE in secondary schools reveals significant challenges that impede effective program design and implementation. MHE interventions are characterised by considerable heterogeneity and inconsistency, with programs varying widely in their theoretical foundations, components, delivery methods, and objectives (Berger *et al.*, 2022; Brown Epstein, 2022; Choi, 2023). Although systematic reviews demonstrate the effectiveness of universal school-based MHE interventions, this conclusion is limited by small effect sizes, inconsistent outcomes, and significant variability across programs (Coughlan *et al.*, 2024; Scholz *et al.*, 2023), while methodological challenges further complicate efforts to reliably evaluate program efficacy (Berger *et al.*, 2022; Brown Epstein, 2022; Choi, 2023). The reactive and ad-hoc nature of many interventions has led to fragmented implementation of MHE, creating a persistent disconnect between program design and student experiences, with adolescents consistently expressing dissatisfaction with approaches they perceive as vague, inconsistent, and irrelevant to their lives (Foulkes and Stapley, 2022; Marinucci *et al.*, 2022). Of particular concern is the ambiguity regarding which curriculum components and pedagogical approaches contribute to intervention success. Academic literature often lacks detailed descriptions of these elements, which impedes a clear understanding of the "active ingredients" that make MHE interventions effective (Mohammadi *et al.*, 2020; Williams *et al.*, 2022). This limited evidence base presents challenges for school leaders attempting to select and implement appropriate MHE approaches, highlighting a need for research that addresses these gaps (Berger *et al.*, 2022; Laurens *et al.*, 2022).

The aim of this study was to identify recurring themes and frequently emphasised concepts across the MHE research landscape, seeking evidence of alignment or emerging consensus on critical elements that contribute to successful MHE in secondary schools, thereby providing researchers, educators, and policymakers with evidence-based insights to inform future research and improve the design and delivery of MHE programs that more effectively meet the needs of adolescents. Two research questions guided this review: (1) What knowledge and skills are emphasised in research and theory for effective mental health curriculum? and (2) What pedagogical approaches and strategies are considered effective in mental health education?

**Methodology**

This study employed a critical literature review (CLR) methodology, guided by a constructivist paradigm, to facilitate a rich, contextual exploration of MHE. CLRs are designed to provide analytical assessment, interpretative depth, and theoretical interpretation of complex phenomena across diverse literature types (Grant and Booth, 2009; Sukhera, 2022). As Sukhera (2022) notes, narrative reviews such as CLRs are particularly useful for topics that require meaningful synthesis of research evidence that may be complex or broad, allowing review authors to advance new ideas while describing and interpreting literature in the field. CLR enables deep examination of diverse studies in academic literature to develop holistic understanding of effective curriculum and pedagogical approaches (Creswell, 2023; Grant and Booth, 2009). This approach transcends summarisation by identifying nuanced insights, inconsistencies, and underexplored areas within MHE (Jesson and Lacey, 2006; Taherdoost, 2023).

The heterogeneous characteristics of MHE intervention studies and the wide range of publication types included in this study necessitated an approach that could synthesise both explicit and implicit insights about curriculum and pedagogical effectiveness while accommodating varied methodological approaches and publication types. A CLR was therefore selected over more empirical approaches such as systematic review or meta-analyses which narrow the scope of publication types and focus on direct quantifiable outcomes (Sukhera, 2022).

A constructivist foundation —which views knowledge as socially constructed through multiple realities and interpretations (Creswell, 2023)—enables investigation of multiple perspectives rather than seeking singular answers (Braun and Clarke, 2019), while reflexive thematic analysis —an approach that emphasises the researcher's active role in theme development through ongoing interpretation (Braun and Clarke, 2019)— prioritises relevance over frequency in coding (Byrne, 2022). We employed crystallization — a validation approach that embraces multiple perspectives rather than seeking convergence (Ellingson, 2009), as particularly valuable in navigating MHE's multifaceted nature characterised by diverse paradigms (Sukhera, 2022). This approach facilitated conceptual development and established foundations for future empirical investigation (Grant and Booth, 2009), allowing dynamic adaptation to emerging insights while constructing a coherent narrative contextualising MHE's current state and trajectory.

*Literature search strategy*

To mitigate limitations inherent in the traditional narrative review, this study implemented systematic processes that balanced the interpretive depth of critical literature review with methodological structure and robust literature coverage of more structured review techniques (Grant and Booth, 2009; Sukhera, 2022). Using the PICo (Population, Interest, Context)

**Table 1.** Search strategy

| Search number | Search terms |
|---|---|
| Search 1 | "mental health" |
| Search 2 | "school*" |
| Search 3 | "school-wide" OR "school-based" OR "lesson*" OR "curricul*" OR "universal intervention*" OR "early intervention*" |
| Search 4 | "mental health education" OR "mental health literacy" OR "psychoeducation" OR "psycho-education" OR "psycho-informed" |
| Search 5 | "secondary student*" OR "teenager*" OR "youth" OR "adolescen*" OR "young person*" OR "young people" OR "high school" OR "secondary education" |
| Search 6 | 1 AND 2 AND 3 AND 4 AND 5 |
| **Source(s):** Authors' own work | |

framework, we used a search strategy in which search terms were iteratively refined through consultation of previous research literature and verification against key publications in the field (McArthur *et al.,* 2015) (see Table 1). The search was conducted across three electronic databases—Scopus, ProQuest, and EBSCOhost (including APA PsychInfo, MEDLINE, Education Research Complete, and ERIC)—selected for their broad coverage of mental health, education, and social sciences research. To capture the full spectrum of research in the field, we included diverse publication types: peer-reviewed journal articles, book chapters, conference papers, systematic reviews, meta-analyses, theoretical papers, and developmental studies.

Publications were included if they (1) were published in English; (2) explored MHE interventions, programs, lessons or curricula; (3) focussed on adolescents in secondary schools; (4) were universal interventions applicable to all students in a cohort; (5) no publication date restrictions were applied.

Publications were excluded if they focused on (1) health institutions rather than educational settings; (2) non-educative mental health services in schools; (3) interventions or programs outside of school contexts; (4) non-secondary school settings; (5) non-adolescent populations; (6) were targeted interventions for specific mental health diagnoses or neurodivergence; (7) singular aspect of mental health, such as eating disorders; (8) general wellbeing or social-emotional learning without explicit reference to mental health; (9) not focused on students.

The search process yielded 999 initial records from database searches. After removing duplicates and conducting title and abstract screening against eligibility criteria, 212 potentially relevant articles were identified for retrieval. Following full-text screening of all 261 publications, which included 209 retrieved articles, 37 from earlier research, and 15 from citation tracking, 176 documents were retained for thematic analysis (see Figure 1 for the complete literature search and selection process).

Appendix 1 lists the 176 documents analysed in this CLR and includes the classification of the study type and methodology employed for each (see Appendix 1. Included studies).
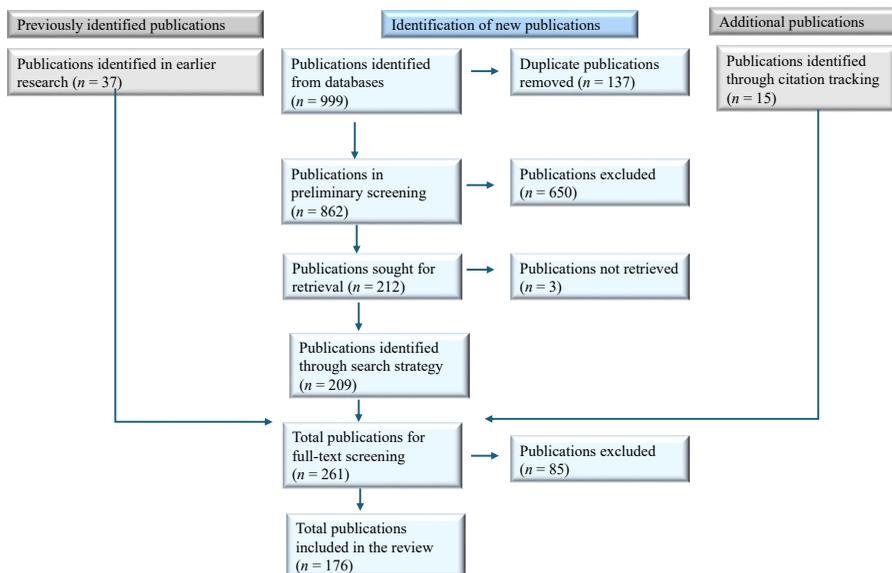


**Figure 1.** Literature search and selection process. Source: Authors' own work

*Data extraction*

All 176 publications were read comprehensively with targeted attention to the research questions. A systematic data extraction process was employed to capture both explicit and implicit insights (Sukhera, 2022; Saunders and Rojon, 2011). This approach was important, as many intervention studies did not provide explicit information about the curriculum content or pedagogical approaches employed. Where such information was available, it appeared in varying forms: some studies provided explicit details, others offered limited descriptions, and many contained implicit insights through their discussions, conclusions, or limitations sections. Additionally, intervention studies used a range of evaluation metrics and outcome measures across studies and rarely identified direct links between effective or ineffective outcomes and the specific curriculum or pedagogical approaches employed.

In addition to intervention studies, a range of other publication types were incorporated in this review —including theoretical and conceptual papers, educator and student perspective studies, meta-analyses and development studies that examined MHE from different angles. This heterogeneity necessitated a structured but flexible data extraction approach that could accommodate diverse methodological approaches, interpret relationships between concepts amid terminology variations, and systematically capture insights regardless of how they were presented across different publication types (Sukhera, 2022; Taherdoost, 2023).

Therefore, the following content was systematically identified and extracted: (1) explicit and implicit information about curriculum and pedagogy used in MHE interventions; (2) direct, indirect and inferred insights and conclusions about effectiveness of curriculum and pedagogical approaches in relation to intervention outcomes; and (3) assertions and synthesised conclusions about curriculum and pedagogy in MHE (Saunders and Rojon, 2011).

*Analytical approach*

We employed Braun and Clarke's (2019) reflexive thematic analysis for its theoretical flexibility and established methodology for analysing complex literature. This six-phase process—though structured—remained inherently iterative, beginning with data familiarisation and progressing through coding, theme development, and review.

Initial coding organised extracted content into descriptive categories related to curriculum and pedagogy (e.g. MHL components; didactic and experiential learning approaches). These initial codes were then synthesised through focused coding into broader analytical themes (e.g. active learning, communication competencies). Finally, theoretical coding aligned empirical themes with the study's theoretical frameworks.

Analytical themes were synthesised through an iterative process whereby recurring themes across multiple sources were integrated into coherent principles for effective MHE practice. Each theme was grounded in convergent insights from multiple sources and publication types. Cross-source validation ensured themes were supported by multiple perspectives and methodological approaches.

This process culminated in eight evidence-based propositions that represent synthesised insights from the literature, providing practical guidance while maintaining theoretical grounding. The analysis prioritised depth of insight over frequency of mention, consistent with CLR methodology that values quality and theoretical significance over quantification (Byrne, 2022). Throughout this iterative process, emerging themes were aligned with theoretical frameworks across literature. This process culminated in defining themes that formed a coherent narrative and elevated the analysis beyond description to offer theoretically informed propositions (Byrne, 2022).

*Reflexivity and quality assurance*

Reflexivity was central to the research approach, requiring active acknowledgement of how our personal, cultural, and professional backgrounds shaped interpretations within this qualitative constructivist approach (Creswell, 2023). Through continuous self-examination,

we worked to ensure interpretations remained true to the data rather than reflecting subjective experiences.

We drew on grounded theory principles to guide this research, emphasising inductive reasoning while acknowledging that coding involves both inductive and deductive approaches (Braun and Clarke, 2019). This emergent design ensured theoretical insights arose primarily from data content rather than preconceived ideas, maintaining objectivity and authenticity in our findings (Corbin and Strauss, 2008).

*Integrated presentation of findings*
This study employed an integrated approach to presenting findings, synthesising results and discussion rather than separating them into distinct sections. This methodological choice aligns with reflexive thematic analysis, which treats knowledge creation as an interpretive process rather than objective discovery (Braun and Clarke, 2019). As Byrne (2022) affirms, this integration of analysis with interpretation offers a more authentic representation of qualitative insights than does traditional separated formats. Our findings are presented as a series of propositions about MHE in secondary schools, enabling comprehensive integration of descriptive evidence with theoretical interpretation while maintaining methodological consistency with reflexive thematic analysis' constructivist foundations.

**Theoretical frameworks**
This critical literature review employs three theoretical frameworks to analyse and interpret the findings: Kutcher *et al*.'s (2016) MHL model, Bernstein's (2003) educational theory, and Freire's (2005) critical pedagogy. These theories provide structured analytical lenses through which to examine curriculum content and pedagogical approaches in MHE.

*Mental health literacy as a framework for mental health education*
The concept of MHL offers a structured analytical framework through which to examine MHE approaches in secondary schools. Building upon the foundational understanding of MHL presented earlier, a MHL framework provides a theoretical lens for critically evaluating curriculum content and pedagogical approaches.

For MHL interventions to be effective, they must comprehensively address all components, as these elements are interconnected and essential for applying mental health skills in real-life situations (Choi, 2023; Kutcher *et al.*, 2016; Seedaket *et al.*, 2020). While other common MHE approaches such as social emotional learning or positive psychology are supported by a strong theoretical basis (Scholz *et al.*, 2023), when analysed through the MHL framework, these interventions primarily address only the first component of MHL: "Understanding how to obtain and maintain good mental health" (Kagstrom *et al.*, 2023; Santre, 2022). For MHE to fulfil the comprehensive aims of MHL, it must also incorporate the other three elements; approaches that do not include all components do not fully meet the criteria of the MHL framework.

Nevertheless, approaches like social emotional learning and positive psychology contribute significantly to MHE, offering valuable strategies for mental health such as developing emotional regulation, resilience, interpersonal skills, and critical thinking (Coughlan *et al.,* 2024; Fitzpatrick and Riedel, 2019). Given the variability across school contexts and the multifaceted nature of mental health issues, no single blueprint exists for MHE interventions (Cosgrove *et al.,* 2024; Mills *et al.,* 2023). Therefore, it is valuable to consider and integrate diverse approaches to address the complexity of mental health needs in individual school contexts (Salerno, 2016). This can include various theory-informed approaches that offer effective strategies for improving different aspects of MHL and contribute valuable knowledge and skills. Following Santre (2022) and Kågström *et al.*'s (2023) approach to alignment, other theoretically informed MHE strategies can be positioned

within a MHL framework, typically fitting within the first component of "understanding how to obtain and maintain good mental health." This integrated approach creates a multifactorial and comprehensive framework capable of meeting the overarching goals of MHE and MHL (Amado-Rodríguez *et al.*, 2022).

Figure 2 provides a visual representation of this conceptualisation, illustrating how MHL functions as a specific framework within the broader context of MHE, with its four distinct components forming a comprehensive approach to MHE in schools and how various MHE approaches such as social emotional learning and positive psychology fit within the MHL framework.

### Bernstein's educational theory

Basil Bernstein's educational theory provides an analytical framework for examining how mental health knowledge is structured and transmitted in schools through three interrelated "message systems": curriculum, pedagogy, and assessment. Curriculum refers to "what counts as valid knowledge," pedagogy to "what counts as valid transmission of knowledge," and assessment to "what counts as a valid realisation of the knowledge" (Bernstein, 2003, p. 77). These systems collectively shape students' engagement with mental health concepts (Barrett, 2024; Frandji and Vitale, 2011). Central to this framework is the "pedagogic device," which transforms knowledge from academic disciplines to classroom contexts through three fields: production (where specialised knowledge is created), recontextualisation (where knowledge is selected for teaching), and reproduction (where knowledge is transmitted to students) (Ashbee, 2021; Barrett, 2024). This process illuminates how mental health knowledge is transformed from health disciplines into educational practices (Liu, 2020).

Two key analytical concepts are particularly relevant for MHE: classification and framing (Tang *et al.*, 2023). Classification refers to the strength of boundaries between knowledge
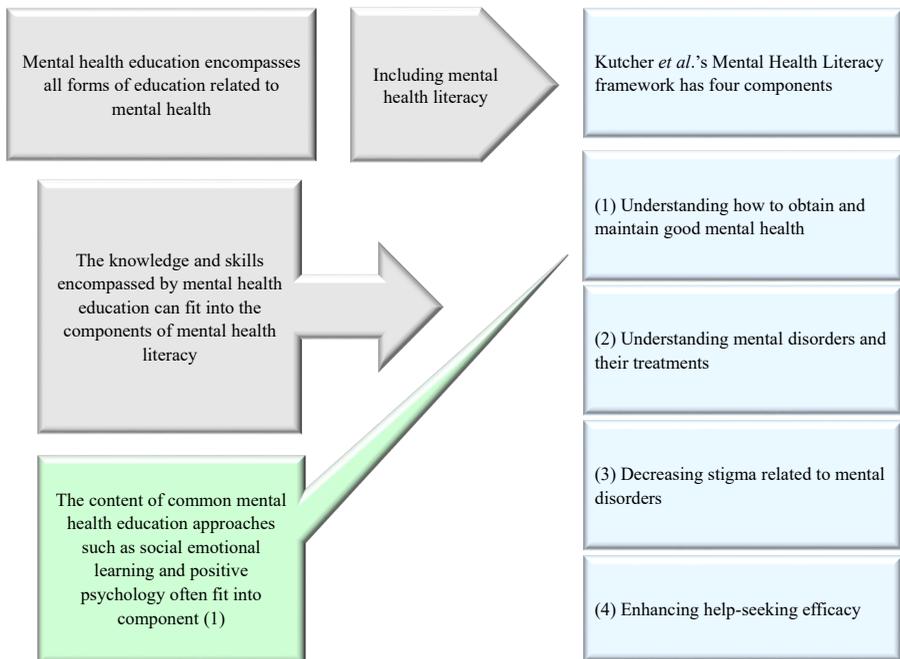


**Figure 2.** Alignment of MHE approaches within MHL framework. Source: Authors' own work

categories, with strong classification maintaining clear subject distinctions and weak classification promoting integration (Barrett, 2024). Framing relates to control over pedagogic practices—strong framing gives teachers explicit control over knowledge selection, while weak framing allows greater student autonomy (Barrett, 2024). The distinction between vertical discourse (abstract, generalisable knowledge) and horizontal discourse (everyday, context-specific knowledge) is especially significant for MHE, as it helps bridge formal mental health concepts with students' everyday experiences (Bernstein, 1990; Singh and Kwok, 2023). This mediation is crucial for effective MHE that connects theoretical knowledge with practical application.

### Freire's critical pedagogy

Critical pedagogy, originating from Paulo Freire's work, offers analytical insights for developing learners' capacity to critique dominant power structures related to mental health (Freire, 2005; O'Toole, 2017). This approach promotes critical consciousness, empowering students through reflection and dialogue to actively transform their realities (Roberts, 2021; Seyi-Oderinde, 2021). When applied to mental health contexts, critical pedagogy encourages students to assess dominant narratives and broader sociocultural factors that affect their mental health (O'Toole, 2017; Seyi-Oderinde, 2021).

Freire (2005) criticised the "banking model" of education in which students passively receive information, advocating instead for problem-posing approaches in which knowledge is co-created through dialogical exchanges (Roberts, 2021). This collaborative process transforms MHE into an experience that empowers student learning by respecting their agency and lived experiences (Luitel *et al.*, 2022). At its core, critical pedagogy combines critical reflection with concrete action to challenge oppressive structures (Roberts, 2021), enhancing self-awareness while cultivating creative thinking—crucial skills for MHE (Luitel *et al.*, 2022).

Freire's "Pedagogy of Hope" provides a foundation for MHE that fosters belief in positive change (Luitel *et al.*, 2022). By encouraging students to envision alternatives to current realities in relation to mental health, this approach shifts perceptions from viewing mental health as static to seeing it as dynamic and changeable (Seyi-Oderinde, 2021). For this study, critical pedagogy highlights the importance of addressing power dynamics, sociocultural contexts, and critical reflection in mental health curricula and pedagogy, supporting students in developing agency in their wellbeing journey.

### Findings and discussion

#### Research question 1 propositions

The first research question guiding this review asked what knowledge and skills are emphasised in research and theory for effective mental health curriculum. The first five propositions respond to key themes highlighted in academic literature relating to effective MHE curriculum. Table 2 provides a summary of the propositions resulting from this review.

> *P1.* Mental health curriculum should comprehensively integrate all four MHL components as an interconnected system.

The MHL framework comprises four interconnected components that mutually reinforce one another, yet research indicates that coverage of these components in MHE is often incomplete or imbalanced. This review revealed significant inconsistencies in how MHL interventions address the four core components of the framework. For instance, interventions such as iHEART (Kelley *et al.*, 2021) and the Harry Potter-Based CBT curriculum (Klim-Conforti *et al.*, 2023) focused extensively on teaching resilience and coping skills for maintaining good mental health but had little or no content on knowledge of mental disorders, stigma reduction, or help-seeking strategies. Conversely, Lanfredi *et al.*'s (2019) intervention emphasised stigma reduction through social contact and increasing knowledge but offered minimal content

**Table 2.** Findings and discussion summary table

| Findings and discussion summary |
| --- |

*RQ1: Curriculum*

P1  MHE curriculum should comprehensively integrate all four MHL components as an interconnected system
P2  MHE curriculum should reflect the subjective, individualised nature of mental health and consider social, cultural, and environmental contexts
P3  Effective MHE curriculum should include biopsychosocial and continuum models that acknowledge the complexity of mental health experiences
P4  Effective MHE should include the development of communication competencies
P5  MHE requires the development of problem-solving capabilities, practical skill training, and localised knowledge

*RQ2: Pedagogy*

P6  Didactic pedagogy inhibits student engagement in MHE but can be enhanced through multimedia integration
P7  Active learning approaches, particularly interactive and experiential methods, enhance MHE effectiveness
P8  Student-led approaches and co-learning transform MHE by fostering agency and critical engagement

**Source(s):** Authors' own work

on maintaining good mental health, while Yamaguchi *et al.*'s (2020) classroom-based intervention concentrated on knowledge and help-seeking behaviour but provided limited coverage of stigma reduction and mental health maintenance.

While many interventions nominally include the first component—understanding how to obtain and maintain good mental health—they rarely define specific knowledge requirements or provide substantive content, a finding corroborated by Choi (2023) and Nobre *et al.* (2021). The second component of MHL, which focuses on understanding mental disorders, is prioritised in most interventions (Caban *et al.*, 2023), yet studies highlight that coverage of this component is often insufficient (Chou *et al.*, 2022; Marinucci *et al.*, 2022). Adolescents have expressed the need for more comprehensive education in this component, criticising schools for addressing mental health illness in superficial, tokenistic ways that fail to provide necessary depth (Goodwin *et al.*, 2023; Marinucci *et al.*, 2022). Regarding stigma reduction—the third component of MHL—interventions frequently address this separately rather than within an integrated framework (Chisholm *et al.*, 2012; Seedaket *et al.*, 2020), with systematic reviews reporting mixed but generally positive results in stigma reduction (Williams *et al.*, 2022). The fourth component - help-seeking - suffers from significant lack of uniformity, with programs inconsistently addressing critical elements such as cultural barriers to help-seeking, practical service access skills, and the distinctions between formal and informal help-seeking pathways (Coughlan *et al.*, 2024; Seyi-Oderinde, 2021) and reviews revealing limited improvements in actual help-seeking behaviours (Lindow *et al.*, 2020; Ma *et al.*, 2023).

This fragmented approach is problematic because these components function as an interconnected system that reinforces learning and application. Knowledge about mental disorders enables symptom recognition—a critical first step toward help-seeking—and supports development of other MHL dimensions (Chou *et al.*, 2022; Yang *et al.*, 2018). Similarly, the components addressing knowledge, stigma reduction, and help-seeking efficacy demonstrate significant interdependence. Accurate information significantly impacts stigmatising attitudes, while prejudiced beliefs can obstruct knowledge acquisition (Kutcher *et al.*, 2016; Skre *et al.*, 2013). Both public and self-stigma create significant barriers to accessing mental health services (Bale *et al.*, 2020; Ionescu-Corbu and Ursu, 2023), while teaching skills to reduce stigmatising attitudes consistently improves help-seeking behaviours

(Lanfredi *et al.*, 2019; Mansfield *et al.*, 2020). Effective help-seeking ultimately depends on adolescents first recognising problems, understanding when action is needed, acknowledging their need for help, and developing positive attitudes toward treatment—all elements requiring comprehensive integration within the MHL framework (Jorm, 2019; Kagstrom *et al.*, 2023; Kutcher and Wei, 2017).

These findings demonstrate the critical need to reconceptualise MHE as an integrated curriculum that systematically incorporates all MHL components, leveraging their interconnections to enhance effectiveness and directly address the limitations of current fragmented approaches in supporting adolescent mental health.

*P2.* Mental health education curriculum should reflect the subjective, individualised nature of mental health and consider social, cultural, and environmental contexts.

Individual experiences of mental health are inherently subjective, with effective approaches to managing mental health varying significantly between individuals (Bjørnsen *et al.*, 2017). This variability necessitates MHE that provides diverse tools and opportunities for students to explore strategies tailored to their unique circumstances. The World Health Organization (2021) emphasises that mental health is deeply embedded in complex social, cultural, and environmental contexts (Webber *et al.*, 2023), requiring curriculum that acknowledges these contextual factors. Effective MHE must be culturally sensitive and developmentally appropriate, recognising the interplay between adolescents' capabilities and their environmental contexts (Mansfield *et al.*, 2020; Olyani *et al.*, 2021). Among the interventions examined, this recognition of cultural adaptation is exemplified by Mental Health and High School Curriculum Guide (The Guide), based on Kutcher's MHL model, which from its origins in Canada (Kutcher *et al.*, 2015) has undergone cultural adaptations across diverse contexts including Romania (Ionescu-Corbu and Ursu, 2023), Southeast Asia (Nguyen *et al.*, 2020), Nicaragua (Ravindran *et al.*, 2018), and Wales (Simkiss *et al.*, 2023), with researchers recognising the need to incorporate culturally relevant content and local service information.

Through Bernstein's theoretical lens, this contextualisation represents the reproduction process whereby knowledge about mental health is transmitted to students (Ashbee, 2021; Barrett, 2024). The classification and framing of mental health knowledge must remain sufficiently flexible to accommodate diverse cultural perspectives and individual experiences (Liu, 2020). What counts as "valid knowledge" in MHE includes understanding of systemic factors and cultural diversity. Critical perspectives reveal significant limitations with conventional approaches, with Dobia and Roffey (2017) highlighting how traditional frameworks often privilege Western individualistic perspectives, potentially reinforcing cultural hegemony by failing to include knowledge about systemic inequities and institutional biases.

Academic literature further critiques how resilience-focused curriculum content may inadvertently obscure knowledge about systemic problems by emphasising individual adaptation rather than understanding structural injustices (Brown and Dixon, 2020; Maiese, 2022). This individualisation fails to address how factors such as historical discrimination, marginalisation, and colonisation may impact adolescent mental health. Freire's critical pedagogy offers a theoretical framework for addressing these limitations by empowering adolescents through critical engagement with mental health knowledge in relation to their personal experiences (Chou *et al.*, 2022; Mansfield *et al.*, 2020). This approach encourages students to assess dominant narratives and social contexts, enhancing their ability to question stigmatising beliefs and contextual factors affecting wellbeing (O'Toole, 2017; Seyi-Oderinde, 2021).

Effective mental health curriculum should therefore incorporate what Dobia and Roffey (2017) describe as a two-way knowledge framework that integrates individual skill development with knowledge about cultural identity and systemic factors—essential for creating relevant content for diverse communities. By incorporating these knowledge

components, MHE curricula can authentically address local cultural contexts and student needs, providing adolescents with comprehensive understanding of not only individual mental health strategies but also the social contexts that shape their wellbeing—a crucial dimension sometimes overlooked in traditional approaches to MHE (Brown and Dixon, 2020; Maiese, 2022).

> *P3.* Effective mental health curriculum should include biopsychosocial and continuum models that acknowledge the complexity of mental health experiences.

Findings from this review indicate widespread criticism of biomedical frameworks that dominate many MHL interventions. School-based programs often reflect biomedical orientations synonymous with the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Casañas *et al.,* 2022; Jorm, 2019; Kusan, 2013; Newcomb-Anjo, 2019; Wei *et al.,* 2013), with focus on pathology rather than mental wellbeing (Bjørnsen *et al.,* 2017). While biomedical explanations may reduce perceived personal responsibility toward mental illness, they can foster negative attitudes toward recovery and increase stigma through perceptions of individuals as deficient or unlikely to recover (Chou *et al.,* 2022; Mansfield *et al.,* 2020; Wahl *et al.,* 2019). Empirical findings link biomedical explanations with increased rejection and self-stigmatisation among adolescents who internalise negative perceptions based on these definitions (Lindley, 2012; Newcomb-Anjo, 2019). Young people themselves often criticise the negative framing inherent in biomedical approaches (Foulkes and Stapley, 2022).

In contrast, the biopsychosocial model offers a holistic alternative by integrating biological, psychological, and social factors into understandings of mental health (Wong *et al.,* 2021). This model emphasises the interdependence of these factors, highlighting how each contributes to and is influenced by the others, thus addressing the biomedical model's tendency to overlook significant psychosocial influences (Wong *et al.,* 2021). The biopsychosocial perspective posits that mental health issues arise from complex interactions among genetics, cognitive styles, and social contexts such as trauma (Newcomb-Anjo, 2019). This integrated approach extends beyond individualistic views that can predominate in some interventions (Marinucci *et al.,* 2023). By acknowledging the complex factors that impact mental health outcomes (WHO, 2021), this model aligns closely with critical pedagogy's emphasis on critiquing structural forces that influence wellbeing (Freţian *et al.,* 2023; Webber *et al.,* 2023). Research suggests that biopsychosocial explanations can reduce stereotypes and contribute to broader reductions in stigmatising attitudes (Cheetham *et al.,* 2020; Lindley, 2012).

Complementing the biopsychosocial approach, continuum models offer valuable frameworks for conceptualising mental health in educational contexts. These models position mental health on a spectrum where positive and negative states coexist, emphasising that experiencing negative emotions or having a mental disorder diagnosis does not preclude the capacity for positive mental health (Newcomb-Anjo, 2019). This perspective aligns with Freire's "Pedagogy of Hope," which provides a foundation for MHE that fosters belief in the possibility of positive change (Luitel *et al.,* 2022). By encouraging students to envision alternatives to current realities, this approach shifts perceptions from viewing mental health as static to seeing it as dynamic and changeable (Seyi-Oderinde, 2021). The Australian National Children's Mental Health and Wellbeing Strategy exemplifies this approach with its Mental Health and Wellbeing Continuum, acknowledging that children with mental illness may still function well while others may be experiencing poor mental health without having a diagnosis (National Mental Health Commission, 2021). Similarly, the Children's Wellbeing Continuum reflects the fluid and dynamic nature of mental health, moving beyond traditional binary models of diagnosis toward a nuanced view that describes mental health across functioning levels (Paton *et al.,* 2025).

This proposition advocates for a fundamental shift in MHE curriculum from biomedical to biopsychosocial with the inclusion of continuum frameworks, representing what Bernstein would identify as a recontextualisation of mental health knowledge in educational settings

(Liu, 2020). By integrating these models, curriculum can better acknowledge the complexity of mental health experiences that biomedical approaches often overlook. This shift aligns with Freire's critical pedagogy by encouraging students to explore personal experiences and narratives, developing critical consciousness about their own mental health and the factors that influence it (Fitzpatrick and Riedel, 2019; Seyi-Oderinde, 2021). When educators teach students to recognise these complexities, they foster more nuanced understandings that acknowledge mental illness as encompassing varied experiences potentially affecting anyone due to combinations of genetics, life history, and social factors, with recovery being a unique and individualised process (Lindley, 2012). Such frameworks ultimately better prepare students to navigate the complex realities of mental health in themselves and others.

    *P4.* Effective mental health education should include the development of communication competencies.

Communication skills are an essential aspect of MHE and studies are increasingly emphasising their critical importance for improving adolescents' MHL (Caban *et al.*, 2023; Chou *et al.*, 2022; Mansfield *et al.*, 2020; Suryaputri *et al.*, 2024). This proposition addresses two essential dimensions: establishing shared conceptual understanding through clear vocabulary and developing context-specific communication skills.

    A foundational aspect of mental health communication involves establishing clear vocabulary and conceptual understanding. Research consistently highlights the problematic nature of language in MHE, where misunderstandings arise when terms like "depression" are used inconsistently among adolescents, educators, and health professionals (Leighton, 2009; Marinucci *et al.*, 2022). It is crucial to encourage students to explore their existing understandings of mental health language, clarify misconceptions, and address pejorative terminology (Bone *et al.*, 2015; Lindley, 2012), as enhanced vocabulary not only aids understanding but also helps students feel validated and better able to articulate their feelings and conditions accurately (Figas *et al.*, 2024). This dimension aligns with Bernstein's theory of horizontal and vertical discourse, where MHE must bridge the gap between adolescents' everyday language (horizontal discourse) and professional terminology (vertical discourse), requiring explicit instruction in translating between these discourse types (Barrett, 2024; Singh and Kwok, 2023).

    The second dimension concerns developing communication skills tailored to improve adolescents' MHL, particularly in relation to help-seeking behaviours across different contexts. Applying Bernstein's discourse theory, students must learn to develop skills to communicate mental health concepts effectively across peer, family, and professional settings (Barrett, 2024). Research consistently shows that adolescents predominantly seek help from informal sources such as friends and family rather than from formal services (Ionescu-Corbu and Ursu, 2023; Newcomb-Anjo, 2019). This pattern evolves throughout adolescence, with peer relationships becoming increasingly significant (Kagstrom *et al.*, 2023; Kostenius *et al.*, 2020). This shift creates a paradoxical vulnerability: while peers become preferred confidants, adolescents' heightened sensitivity to social feedback means negative peer interactions can significantly deter future help-seeking attempts (Kvist Lindholm and Zetterqvist Nelson, 2015). Alongside this preference for peer support, there is strong consensus that adult involvement remains critical when addressing serious mental health concerns (Bale *et al.*, 2020; Ross *et al.*, 2012).

    MHE curriculum must therefore include teaching adolescents skills to articulate mental health concerns across various support contexts: with peers, family members, and professional help sources (Bale *et al.*, 2020; Ross *et al.*, 2012). Specific lessons and activities focused on communication skills—including listening, speaking, empathy, disclosing mental health issues, and providing support—significantly improve MHL, particularly help-seeking attitudes and behaviours (Boustani *et al.*, 2015; Caban *et al.*, 2023; Chou *et al.*, 2022; Suryaputri *et al.*, 2024). Caban *et al.* (2023) highlighted that theoretical frameworks such as interpersonal communication theory, verbal person-centred frameworks, and communication

privacy management theory can be useful in teaching effective disclosure, empathetic messaging, and privacy management, providing a foundation for interventions aimed at enhancing help-seeking and support across different contexts (Mansfield *et al.*, 2020).

Developing these differentiated communication competencies empowers students to navigate their mental health journey with agency and proficiency, reflecting critical pedagogy emphasis on empowerment (Roberts, 2021). These essential skills transform adolescents from passive recipients to active participants in their help-seeking process, enabling them to engage effectively with support systems across peer, family, and professional contexts—ultimately fulfilling a critical dimension of comprehensive MHE.

> *P5.* MHE requires developing problem-solving capabilities, practical skill training, and localised knowledge.

Help-seeking efficacy represents a critical component of MHL, yet research consistently shows that adolescents often lack the knowledge and skills to effectively access support when needed (Goodwin *et al.*, 2023; Wei *et al.*, 2024). MHE must move beyond mere information provision to equip students with specific capabilities that translate knowledge into action. Problem-solving and problem-posing skills form the cognitive foundation for effective help-seeking behaviours, preparing students to navigate complex situations by developing their analytical abilities to identify issues and determine appropriate responses (Bada *et al.*, 2023; Grummitt *et al.*, 2023). Problem-posing skills, aligned with Freire's concept of critical consciousness, encourage adolescents to question entrenched ideas about mental health, facilitating understanding of barriers and envisioning alternatives when confronted with obstacles (Scholz *et al.*, 2023; Seyi-Oderinde, 2021).

Adolescents express preference for practical skill development to help them navigate mental health challenges. They specifically value support in developing concrete action plans tailored to their personal contexts (Hart *et al.*, 2018; Johnson *et al.*, 2021) and skills for accessing and utilising resources beyond simply being informed services exist (Marinucci *et al.*, 2022). Studies in this review highlighted that participatory teaching methods, including role-playing, simulations, and group discussions, have proved especially effective for developing specific help-seeking skills and building confidence in practicing them (Baetens *et al.*, 2024; Bıdık and Sisman, 2021; Liao *et al.*, 2023; Mori *et al.*, 2022). Notably, adolescents prioritise learning how to help peers in distress, viewing this as both relevant and a pathway to developing their own help-seeking skills (Rickwood *et al.*, 2004; Wilcox *et al.*, 2023). This emphasis on practical application aligns with critical pedagogy that promotes connecting theory with real-world application rather than passive absorption of information (Akinsanya and Ojotule, 2022; Seyi-Oderinde, 2021).

The practical application of these skills requires localising support through knowledge of specific pathways within students' immediate contexts—translating abstract knowledge into actionable capabilities (Jorm, 2020). Effective MHE must teach students skills about how to find and access credible community, professional, and online youth mental health services (Ma *et al.*, 2023; O'Dea *et al.*, 2021), with particular emphasis on school-based support systems as accessible entry points (Bale *et al.*, 2020). Through Bernstein's theoretical lens, this practical translation represents the bridging of vertical discourse (professional mental health knowledge) with horizontal discourse (everyday, context-specific practices) that enables students to meaningfully apply their learning (Singh and Kwok, 2023). Personalised collaboration with health services further strengthens practical skill development by familiarising students with mental health professionals and addressing common concerns about confidentiality and professional roles, thereby removing barriers to help-seeking (Goodwin *et al.*, 2023; Kagstrom *et al.*, 2023; Warford, 2019).

This proposition reconceptualises MHE from passive information reception to active capability development, emphasising the practical skills and localised knowledge that empower adolescents to effectively navigate help-seeking pathways. By integrating problem-solving capabilities, practical skill training, and context-specific knowledge of resources,

MHE can bridge the gap between awareness and action, ultimately enhancing adolescents' agency in their mental health journey.

*Research question 2 propositions*
The second research question guiding this review asked what pedagogical approaches and strategies are considered effective in mental health education? The following three propositions address this question by identifying pedagogical approaches and strategies that have been highlighted in research as being effective for student learning in MHE.

This review revealed a notable gap in many studies, which failed to detail the pedagogical approaches used in MHE interventions. Seyi-Oderinde (2021) similarly observed minimal attention to pedagogical methods across programs. Lindley (2012) suggests that this lack of detail may reflect the reporting emphasis in published research but likely also indicates a broader neglect of the importance of pedagogical structures in MHE. However, Bernstein (1990) stresses that pedagogy is essential in education as it shapes how knowledge is transmitted and internalised by learners, profoundly impacting their engagement and understanding. Bernstein's concept of pedagogic discourse emphasises that curriculum and pedagogy are inextricably intertwined, and that understanding and improving educational endeavours requires considering both the curriculum content and pedagogic approaches to enhance learning processes (Singh and Kwok, 2023).

> *P6.* Didactic pedagogy inhibits student engagement in MHE but can be enhanced through multimedia integration.

This review found that didactic teaching remains prevalent in MHE, with education predominantly delivered through lecture-style presentations and traditional instructional materials like texts and PowerPoint slides (Lanfredi *et al.*, 2019; Liao *et al.*, 2023; Mohammadi *et al.*, 2020; Ojio *et al.*, 2021). Systematic reviews consistently highlight the ineffectiveness of these methods, with evidence demonstrating minimal impact on students' MHL and their tendency to cause information overload without meaningful engagement (Chisholm *et al.*, 2012; Chou *et al.*, 2022). Students have criticised the excessive reliance on didactic content in MHE that fails to connect with their personal experiences (Chou *et al.*, 2022; Johnson *et al.*, 2021), and both stakeholders and students have articulated that interventions should not rely on didactic methods, but rather utilise approaches that encourage interaction and provide opportunities to practice skills (Brooks *et al.*, 2021; Cairns and Rossetto, 2019). This critique aligns with Freire's rejection of the "banking model" of education whereby students merely receive deposited knowledge without active participation (Freire, 2005). Through Bernstein's theoretical lens, these didactic approaches feature strong framing that limits students' agency in their learning process (Barrett, 2024).

When didactic teaching is necessary due to practical constraints, its limitations can be mitigated through strategic integration of multimedia elements (Mohammadi *et al.*, 2020). Visual resources and multimedia support learning by increasing motivation, enhancing relatability, and improving information retention (Jones *et al.*, 2011; Meilsmeidth *et al.*, 2024; Newcomb-Anjo, 2019). Studies indicate that visually engaging content can significantly improve attitudes toward mental distress and help-seeking behaviours (Chisholm *et al.*, 2012; Goodwin *et al.*, 2023), with adolescents particularly favouring visual materials that depict personal narratives of mental health (Johnson *et al.*, 2021). Videos and animations are especially effective, enhancing attention and retention (Hart *et al.*, 2018; Williams *et al.*, 2022) while presenting complex concepts accessibly and fostering empathy more effectively than traditional instruction (Brooks *et al.*, 2021; Jiao *et al.*, 2020; Ojio *et al.*, 2021; Seedaket *et al.*, 2020).

This proposition acknowledges the practical realities of educational settings while providing evidence-based strategies to enhance traditional teaching methods. While purely didactic approaches may be limited in effectiveness, thoughtful integration of visual and

multimedia elements can transform these methods into more engaging and impactful educational experiences that better meet the learning preferences and needs of adolescents in MHE contexts.

> *P7.* Active learning approaches, particularly interactive and experiential methods, enhance mental health education effectiveness.

Research consistently demonstrates that active learning approaches significantly enhance MHE effectiveness by fostering engagement and deepening understanding. Unlike traditional passive pedagogies, active learning positions students as participants rather than recipients, requiring both mental and physical engagement through activities like reflection, questioning, discussion, and problem-solving (Hayes *et al.*, 2019; Scholz *et al.*, 2023). This approach aligns with Freire's (2005) critical pedagogy, which rejects the "banking model" of education in favour of approaches that empower students to engage critically with content and apply learning to effect change (Akinsanya and Ojotule, 2022; Seyi-Oderinde, 2021).

Systematic reviews provide strong evidence supporting active learning's effectiveness in MHE. Scholz *et al.* (2023) found that interventions incorporating active learning strategies demonstrate greater impact on mental health outcomes compared to passive approaches, while Clarke *et al.* (2021) identified well-scaffolded instruction that actively engages students in skill development as a key characteristic of effective interventions. These findings are reflected in numerous successful MHE programs that employ strategies such as role-play, discussion, and interactive activities to enhance engagement and reduce stigma (Hayes *et al.*, 2019; Lanfredi *et al.*, 2019), while practical group-based activities and games effectively develop emotional awareness and problem-solving skills (Kelley *et al.*, 2021; Lindow *et al.*, 2020).

Interactive and experiential pedagogies are particularly effective forms of active learning in MHE. Reviews by Nobre *et al.* (2021), Mohammadi *et al.* (2020), Choi (2023), and Weare and Nind (2011) identify interactive methodologies as key facilitators in effective MHE interventions. Mohammadi *et al.* (2020) found that 58.9% of reviewed interventions utilised interactive teaching methods. Students consistently expressed preference for these types of approaches, reporting that interactive elements make learning more engaging and relatable, particularly for understanding complex concepts like stress and wellbeing (Chisholm *et al.*, 2012; Jones *et al.*, 2011). Successful implementations included dance, yoga, storytelling, role-plays, and games to boost engagement (Liao *et al.*, 2023; Wilcox *et al.*, 2023), written feedback and anonymous questions for participation (Marinucci *et al.*, 2024), and tactile materials and creative methods to enhance interactivity (Bentham *et al.*, 2013; Lehner *et al.*, 2022).

These approaches transform the pedagogical relationship in MHE by positioning students as active participants rather than passive recipients. Beyond merely improving engagement, they also foster agency and critical consciousness about mental health—essential elements for translating knowledge into meaningful behaviour change. By helping students develop empathy, shared values, and understanding of multiple perspectives, interactive and experiential pedagogies support the relationship-building and social-emotional learning fundamental to effective MHE (Bella-Awusah *et al.*, 2014; Tang *et al.*, 2023).

> *P8.* Student-led approaches and co-learning transform mental health education by fostering agency and critical engagement.

Student-led learning pedagogies, deeply aligned with Freire's critical pedagogy, fundamentally transform MHE by repositioning students from passive recipients to active participants, creating learning environments that prioritise adolescent agency, autonomy, and critical engagement with mental health concepts (Klim-Conforti *et al.*, 2023; Newcomb-Anjo, 2019; Tang *et al.*, 2023). Student-centred learning empowers students to critically engage with MHE concepts and take responsibility for their learning, adapting content to ensure its

relevance with respect for their personal dignity and individual goals (Klim-Conforti *et al.*, 2023; O'Toole, 2017).

This approach focuses on increasing student agency and participation in MHE by reducing traditional authoritative structures and promoting autonomy-supportive classrooms that minimise teacher dominance (Clarke and Hoskin, 2022; Tang *et al.*, 2023). Aligning with Bernstein's concept of "weak framing," which advocates for reduced teacher control and greater student input (Bernstein, 1990; Tang *et al.*, 2023), these methods empower adolescents to become proactive about their mental health, enhancing help-seeking behaviours and wellbeing management (O'Toole, 2017; Seyi-Oderinde, 2021). Research indicates that adolescents are more likely to adopt healthy behaviours when motivated autonomously, highlighting the need for education that promotes self-governance while avoiding top-down directives that can diminish motivation and increase resistance (Newcomb-Anjo, 2019; Williams *et al.*, 2022). Autonomy-supportive classrooms meet students' intrinsic needs for competence and self-determination, crucial foundations for mental health and wellbeing (Clarke and Hoskin, 2022; Scholz *et al.*, 2023).

Co-learning environments extend these principles further by positioning teachers and students as mutual participants in the educational process. These environments are rooted in Freire's (2005) dialogical approach to learning, which positions education as a collaborative journey where both parties discuss, explore, and solve problems together (Tang *et al.*, 2023).Teachers function as co-learners rather than sole experts, which not only alleviates pressure on educators but also enriches the learning experience, fostering deeper collective understanding within a supportive community (McAllister *et al.*, 2017; Mohammadi *et al.*, 2020). By blurring traditional hierarchical boundaries between teachers and students (Bernstein, 2000), co-learning promotes a more inclusive and egalitarian educational environment (Tang *et al.*, 2023).

The findings of this review align with multiple studies demonstrating the effectiveness of these approaches. Klim-Conforti *et al.* (2023) found that student-centred MHE not only boosted student confidence and self-compassion but also fostered trust, relationships, and help-seeking by treating students as responsive, agentic individuals with complex needs. Scholz *et al.*'s (2023) systematic review indicated that the most successful MHE programs feature student-centred methodologies, establishing a strong link between such strategies and positive wellbeing outcomes. Additional research by Tang *et al.* (2023), Yang *et al.* (2018), Wyn *et al.* (2000), and McAllister *et al.* (2017) consistently highlighted the benefits of prioritising student agency in MHE.

This proposition challenges fundamental assumptions about power dynamics in MHE, asserting that effective pedagogy requires not just engaging teaching techniques but also transformation of the teacher-student relationship. By positioning students as co-creators rather than recipients of mental health knowledge, these approaches enhance relevance, increase motivation, and ultimately develop the agency essential for adolescents to become active participants in their own mental health journey. These pedagogical approaches directly address barriers to MHL by making content personally meaningful and fostering the autonomy needed for effective help-seeking behaviours and ongoing mental wellbeing management.

### Limitations

This critical literature review has several limitations that should be acknowledged. As a qualitative narrative review, it inherently involves subjective interpretation. The breadth of literature examined, while extensive, cannot be exhaustive given the expanding field of MHE research. Additionally, the constructivist paradigm inevitably reflects the perspectives and context of the researchers that may not be universally applicable across all educational contexts. The propositions developed, while evidence-based, require empirical testing in diverse school settings to validate their effectiveness.

## Conclusion

This critical literature review examined approaches to MHE in secondary schools, with a specific focus on curriculum content and pedagogical approaches. Through analysis of academic research, it highlights the current fragmentation and inconsistency characterising MHE, while identifying potential pathways toward more effective practice. Our findings suggest a fundamental reconceptualisation of MHE is needed—one that moves beyond fragmented, biomedical approaches toward holistic, student-centred practices that acknowledge the complex, contextual nature of mental health. This requires curriculum that integrates all components of MHL while employing pedagogies that actively engage students as co-creators rather than passive recipients of knowledge. The established concept of MHL can serve as a framework for structuring MHE curriculum and provide consistent terminology for practitioners to clearly articulate what aspects of MHE are being targeted in interventions, enabling development of a more coherent educational practice.

This review provides foundational synthesis that can support future research in MHE by offering evidence-based insights that researchers might use to design and evaluate interventions, thereby contributing to a more coherent evidence base in this field. The eight propositions can be used in examination of the curriculum and pedagogical approaches of interventions and inform analysis of why they succeed or fail to achieve intended outcomes. Future research might also examine how these evidence-based propositions align with educator and student perspectives in practice to clarify implementation barriers and facilitators to effective practice within real-world school constraints. Given documented pressure on school curricula and teacher workload, such research could help provide the evidence-informed guidance educators need to navigate the complex landscape of mental health education and deliver effective MHE interventions.

By addressing these challenges, MHE can fulfil its potential as a crucial intervention in addressing the global youth mental health crisis, ultimately supporting adolescents in developing the knowledge, skills, and agency needed to navigate their mental health journeys effectively.

## Supplementary material

The supplementary material for this article can be found online.

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