

# **DESIGNING A MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS IN KERALA**

Thesis Submitted to the University of Calicut  
for the Degree of

**DOCTOR OF PHILOSOPHY  
IN  
PSYCHOLOGY**

By

**FATHIMA M A**

Supervisor and Guide

**Dr. MILU MARIA ANTO**



**POST-GRADUATE AND RESEARCH DEPARTMENT OF PSYCHOLOGY  
PRAJYOTI NIKETAN COLLEGE, PUDUKAD  
(Affiliated to the University of Calicut)  
2025**



# PRAJYOTI NIKETAN COLLEGE

(Aided and Affiliated to the University of Calicut)  
Re-accredited with 'A' Grade by NAAC

PUDUKAD - 680 301, THRISSUR DT., KERALA

## CERTIFICATE

This is to certify that this thesis titled “**DESIGNING A MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS IN KERALA**” is a Bonafide record of the research work carried out by **FATHIMA M A** under my supervision and guidance and that no part of this has been presented before for the award of any degree, diploma, associateship or fellowship of other similar title or recognition.

Pudukad

Date: 7.01.2025



  
Dr MILU MARIA ANTO

Supervising Teacher

**Dr. MILU MARIA ANTO**  
Associate Professor  
Department of Psychology  
Prajyoti Niketan College  
Pudukad, Thrissur



# PRAJYOTI NIKETAN COLLEGE

(Aided and Affiliated to the University of Calicut)

Re-accredited with 'A' Grade by NAAC  
PUDUKAD - 680 301, THRISSUR DT., KERALA

## CERTIFICATE

This is to certify that no corrections were pointed out by the adjudicators of the Ph.D. thesis titled “ **DESIGNING A MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS IN KERALA**” submitted by Ms. **Fathima M A** under my supervision from the Department of Psychology, Prajyoti Niketan College, Pudukad.

Soft copy attached is the same as that of the resubmitted copy.

Pudukad

Date: 7.01.2025



**Dr MILU MARIA ANTO**

Supervising Teacher

**Dr. MILU MARIA ANTO**  
Associate Professor  
Department of Psychology  
Prajyoti Niketan College  
Pudukad, Thirissur

## DECLARATION

I, **FATHIMA M A**, do hereby declare that this thesis entitled “**DESIGNING A MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS IN KERALA**” is a bonafide record of the research work done by me under the guidance of **Dr. MILU MARIA ANTO**, Assistant Professor, Department of Psychology, Prajyoti Niketan College for the award of the degree of Doctor of Philosophy in Psychology at the University of Calicut that has not been placed by anybody in any University for the award of any Degree or Diploma, Associateship, Fellowship, or other similar title of recognition.

Pudukad

Date: 07.01.2025

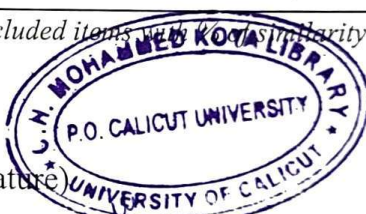
  
**FATHIMA M A**



**UNIVERSITY OF CALICUT  
CERTIFICATE ON PLAGIARISM CHECK**

1.	Name of the Research Scholar	Fathima M A	
2.	Title of thesis / dissertation	Designing a Mental Health Awareness Program for School Teachers in Kerala	
3.	Name of the Supervisor	Dr Milu Maria Anto	
4.	Department/Institution	Post-Graduate And Research Department Of Psychology, Prajyoti Niketan College, Pudukad (Affiliated To The University Of Calicut)	
5.	Similar content (%) identified	Non Core	Core
		Introduction/ Theoretical overview/Review of literature/ Materials & Methods/ Methodology	Analysis/Result/Discussion / Summary/Conclusion/ Recommendations
		8%	4%
	Acceptable maximum limit (%)	10	10
6.	Software used	iThenticate	
7.	Date of verification	15.03.2024	

\*Report on plagiarism check, specifying included/excluded items with the authority to be attached.



*Jamsheer N. P.*  
**JAMSHEER N. P.**  
Assistant Librarian  
University of Calicut  
Malappuram - 673 635

Checked by (with name , designation & signature)

Name and signature of the Researcher *Fathima* FATHIMA M-A

Name and signature of the Supervisor *Dr. Milu Maria Anto*  
**DR. MILU MARIA ANTO**  
Head of the Department  
Psychology  
Prajyoti Niketan College  
Pudukad - 680 301

The Doctoral Committee\* has verified the report on plagiarism check with the contents of the thesis, as summarized above and appropriate measures have been taken to ensure originality of the Research accomplished herein.

Name & Signature of the HoD/HoI (Chairperson of the Doctoral Committee) *Dr. Binu P. Chacko*  
**DR. BINU P. CHACKO**  
Principal

**Prajyoti Niketan College, Pudukad**  
Pudukad - 680 301, Kerala



In case of languages like Malayalam, Tamil etc..on which no software is available manual check shall be made by the Doctoral Committee, for which an additional certificate has to be attached.

## **ACKNOWLEDGEMENTS**

It is with immense gratitude that I extend my heartfelt appreciation to all those who have contributed to the fruition of this research endeavour.

First and foremost, I express my sincerest gratitude to my research supervisor, Dr. Milu Maria Anto, for her guidance, support, and scholarly insights throughout this research journey. Her mentorship has been instrumental in shaping the direction and success of this study. I would like to also thank her mentor Dr Jayan, for his valuable inputs in refining the thesis.

I am sincerely grateful to Prajyoti Niketan College for providing me with the invaluable opportunity to conduct research at their esteemed research centre. A special mention to the former Principal Dr Shaijan Paul, who was extremely helpful in resolving the hurdles in the beginning stages of my PhD journey, especially during the admission process. I am also deeply thankful to the faculty members of the Department of Psychology, whose collective wisdom and encouragement have been invaluable. Their scholarly contributions and guidance have greatly enriched my understanding of the subject matter.

I extend my gratitude to my esteemed co-scholars, whose encouragement and support have been a source of motivation and inspiration. Their constructive feedback has played a significant role in shaping up my thesis.

A special mention is reserved for my partner Dr Shafeeq, whose unwavering support and encouragement have been a constant source of strength. His belief in my abilities has motivated me to persevere through challenges and complete this research project. Him being equally involved in raising our daughter, sharing the cognitive load and stepping up when necessary has been crucial in this journey.

I am profoundly grateful to my dear daughter, Shaziya, who had to accommodate the most as I navigated through the demands of this research journey. Her resilience and adaptability have been a constant source of inspiration. Her unconditional love despite my absences have been so nurturing for me during this entire journey.

I would like to extend my immense gratitude to my parents for embodying hard work and serving as exemplary role models who uplift others as they progress in their own lives. They have never discouraged me from exploring a career path that was so different from theirs. I'm deeply grateful to them and my siblings for their support throughout, especially in ensuring that my daughter was well-cared for, enabling me to wholeheartedly dedicate myself to this research endeavour. Their support and presence eased my worries, enabling me to fully concentrate on my research.

I am indebted to all my past teachers, whose guidance and teachings have shaped my academic journey. A special mention goes to Elizabeth Miss, whose influence has been a driving force behind the inception of this research.

To all those who have knowingly or unknowingly supported me through this journey, I extend my sincere gratitude. Even to those who made the journey challenging and those who created hurdles, as their actions have served as a valuable lesson on how not to conduct oneself.

I extend my gratitude to the higher power for guiding me through this journey and providing me with the strength to overcome obstacles along the way. Lastly, I would like to thank the resilient parts in me for the dedication and perseverance that have culminated in the completion of this research endeavour.

**Fathima M A**

## TABLE OF CONTENTS

<i>Chapters</i>	<i>Topics</i>	<i>Page No.</i>
	List of Tables	
	List of Figures	
	List of Appendices	
	Abbreviations	
	Abstract	
<b>I</b>	<b>INTRODUCTION</b>	<b>1-48</b>
<b>II</b>	<b>METHOD</b>	<b>49-76</b>
<b>III</b>	<b>FINDINGS AND DISCUSSION</b>	<b>77-180</b>
<b>IV</b>	<b>SUMMARY AND CONCLUSION</b>	<b>181-206</b>
<b>V</b>	<b>RECOMMENDATIONS</b>	<b>207-214</b>
	<b>REFERENCES</b>	<b>215-240</b>
	<b>APPENDICES</b>	

## LIST OF TABLES

<i>Table No.</i>	<i>Title</i>	<i>Page No.</i>
1	Outline of the 5-day Mental Health Awareness Program for School Teachers	72
2	Outline of the 4-day Trial Run of the Mental Health Awareness Program for School Teacher	74
3	Socio-Demographic Details of Participants in Teacher Survey	82
4	Exposure and Approach to Mental Health Problems- Teacher Survey	84
5	Response to Vignette Questions - Teacher Survey	86
6	Descriptive Statistics of MHLq Variables- Teacher Survey	87
7	Correlation between MHLq Variables and Responses to Vignette Questions- Teacher Survey	88
8	Correlation between responses to vignette questions - Teacher Survey	89
9	Correlation of MHLq Variables and Vignette Responses with Exposure and Approach towards Mental Health Problems	90
10	Mean, Standard Deviation and ‘t’ Values for Mental Health Literacy Variables and Identifying Depression	92
11	Mean, Standard Deviation and ‘t’ Values for Mental health Literacy Variables and Response to Student Distress (Talk to Parents)	94
12	Mean, Standard deviation and ‘t’ values for Mental health Literacy Variables and Response to Student Distress (Refer to Professionals)	95
13	Socio-Demographic Details of Participants - Teacher Interview	99
14	Identified Themes and Sub Themes Under the Domain 1“Understanding About Mental Health”	102
15	Identified Themes and Sub-Themes Under the Domain 2 “Attitude towards Help-Seeking”	104

<i>Table No.</i>	<i>Title</i>	<i>Page No.</i>
16	Identified Themes and Sub-Themes Under the Domain “Approach towards Students”	106
17	Identified Themes and Sub-Themes Under the Domain 4 “Mental Health Promotion”	108
18	Socio-Demographic Details: Student Survey	113
19	Mean Scores of Self Esteem, Resilience and Locus of Control - Student Survey	114
20	Identified Themes and Sub-Themes Under the Domain “Understanding about Mental Health”	117
21	Identified Themes and Sub-Themes Under the Domain “Understanding about Mental Health Problems”	118
22	Identified Themes and Sub-Themes Under the Domain “Understanding of Causes of Mental Health Problems”	119
23	Identified Themes and Sub-Themes Under the Domain “Understanding of Mental Health Professionals”	120
24	Identified Themes and Sub-Themes Under the Domain “Expectations from Parents”	122
25	Identified Themes and Sub-Themes Under the Domain “Expectations from Teachers”	123
26	Socio-Demographic Details: Expert Interviews	125
27	Identified Themes and Domains - Expert Interviews	126
28	Comparison of the Mental Health Awareness Content for Teachers	156
29	Feedback from Participant Teachers of Trial Implementation of the Awareness Program	176

## LIST OF FIGURES

---

<i>Figure No.</i>	<i>Title</i>	<i>Page No.</i>
1	Dual-Continua Model	5
2	Outline of the Research Process	46
3	Structure of Research Onion	53
4	Outline of the Research Process	56
5	Steps in Content Analysis	62
6	Outline of Survey among Teachers	81
7	Outline of Focused Group Discussion Among Teachers	96
8	Outline of Interview Among Teachers	97
9	Domains, Themes and Sub Themes- Teacher Interview	110
10	Domains and Themes Identified from Response to Open-Ended Questions- Student Survey	116
11	Likelihood to Seek Help from Various Sources	121
12	Current Level of Awareness Among Teachers- Expert Interview Domain 1	127
13	Need for Mental Health Awareness Among Teachers- Expert Interview Domain 2	128
14	Teacher Factors- Expert Interview Domain 3	129
15	Recommendations/ Suggestions- Expert Interview Domain 4	130
16	Process of Designing Mental Health Awareness Program for School Teachers in Kerala	162
17	Outline of the Five-Day Mental Health Awareness Program for School Teachers	172
18	Outline of the Four-Day Trial Implementation of the Awareness Program for Teachers	174
19	Teacher and Expert Feedback of the Trial Run	177
20	Outline of the Research Process	186

---

# LIST OF APPENDICES

---

<i>Appendix</i>	<i>Title</i>
A	Teacher Survey
A1	Informed Consent Form
A2	Personal Data Sheet
A3	Vignette Based Questions
A4	Mental Health Literacy Questionnaire
B	Teacher Focused Group Discussion
B1	Message to Teachers
B2	Informed Consent Form
B3	Focused Group Discussion Schedule
C	Teacher Interview
C1	Message to Teachers
C2	Informed Consent Form
C3	Focused Group Discussion Schedule
D	Student Survey
D1	Informed Consent Form
D2	Personal Data Sheet
D3	Rosenberg Self Esteem Scale
D4	Brief Resilience Scale
D5	Locus of Control Scale
D6	Open Ended Questions
E	Interview Schedule (Experts)
F	Program Handouts
F1	Day 1 Handout
F2	Day 2 Handout
F3	Day 3 Handout
F4	Day 4 Handout
G	Participant Feedback Forms
G1	Day 1 Feedback Forms
G2	Day 2 Feedback Forms
G3	Day 3 Feedback Forms
G4	Day 4 Feedback Forms
H	Expert Evaluation Form
I	Publication
J	Certificate of Approval

---

## **Abbreviations**

ADHD	: Attention Deficit Hyperactivity Disorder
CBSE	: Central Board of Secondary Education
DALY	: Disability-Adjusted Life Year
DIET	: District Institute of Education and Training.
DMHP	: District Mental Health Program
DSM	: Diagnostic and Statistical Manual of Mental Disorders
FGD	: Focus Group Discussion
HIC	: High-Income Country
ICSE	: Indian Certificate of Secondary Education
IGCSE	: International General Certificate of Secondary Education
LD	: Learning Disorder
LMIC	: Low- and Middle-Income Country
LOC	: Locus of Control
MH	: Mental Health
MHLq	: Mental Health Literacy Questionnaire
MHP	: Mental Health Problems
NHM	: National Health Mission
ORC	: Our Responsibility to Children
PBIS	: Positive Behavioral Interventions and Supports
SCERT	: State Council of Educational Research and Training
SMHP	: School Mental Health Program
WHO	: World Health Organization
WISE	: Wellbeing Information and Strategies for Educators
YLD	: Years Lived with Disability

# CHAPTER I

## INTRODUCTION

- Background
- Mental Health Beyond Absence of Illness
- Adolescent Mental Health
- School Mental Health
- Mental Health Awareness Program for School Teachers
- Research Gap
- Relevance of the study
- Research Aim/ Statement Of The Problem
- Research Objectives
- Research Questions
- Working Definitions



Mental health is a multifaceted construct that is relevant to the overall well-being of an individual. The World Health Organization (WHO) defines mental health as "a state of wellbeing in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2022). Mental health is considered a fundamental human right, which is not just the absence of mental disorders. It is relevant for adequate decision-making, forming healthy relationships, and overall socio-economic development.

Mental health development encompasses biological, cognitive, emotional, and social changes, with adolescence being a critical stage for these changes (Nayak et al., 2022). Adolescence is characterized by increased vulnerability to developing mental disorders, with symptoms of most adult neuropsychiatric disorders emerging within this period (Schneider, 2013). Therefore, early identification and promotion of mental health in adolescence is fundamental to preventing the development of long-term mental health disorders and ensuring the overall well-being of adolescents (Kessler et al., 2005; Patel et al., 2007). Teachers play a crucial role in identifying mental health disorders and promoting the mental health of their adolescent students (Marsh, 2016; Manjari & Srivastava, 2020; Venkataraman, 2019; Wei et al., 2013; Ekornes, 2015; Whitley et al., 2013; Mazzer & Rickwood, 2015). They are often the first to notice signs of mental health issues and can provide essential support and referrals (Marsh, 2016; Manjari & Srivastava, 2020; Mazzer & Rickwood, 2015; Venkataraman, 2019). Mental health literacy among teachers plays a major role in early identification, adequate classroom support, and facilitating professional help for children and adolescents facing mental health problems (Whitley et al., 2013; Dods, 2016; Ní

Chorcora, & Swords,2022; Bruland, 2017; Venkataraman, 2019; Wei et al., 2013; Yamaguchi et al., 2020; Whitley, 2016).

Indian adolescents, especially those from low-income areas, are found to be less likely to seek professional help, (Saraf, 2018; Mehra et al., 2022; Ogorchukwu, 2016) hence, the treatment gap for mental healthcare in India is a concerning issue (Shidhaye et al., 2017; Kaur & Pathak, 2017). Several factors like stigma, lack of awareness, preference for informal sources of support, and poor governance contribute to this treatment gap (Saraf, 2018; Gaiha, 2020; Mascayano et al., 2015; Weinmann, & Koesters, 2016; Goyal et al., 2020). The scenario is not different in Kerala, despite being the most literate state in India (Praveenlal, 2013). Developing a culturally appropriate mental health literacy program for teachers will equip them with the knowledge and skills necessary to support the mental health and well-being of their students effectively (Manjari & Srivastava, 2020; Atilola, 2016; Leishman, 2006; Holt, 2019; Weston, 2014; Nastasi, 2003). These programs should be designed to address the specific needs of teachers within their cultural context, thereby helping them to identify and effectively address mental health concerns in students (Manjari & Srivastava, 2020; Atilola, 2016; Leishman, 2006; Holt, 2019; Weston, 2014; Nastasi, 2003)

The present research work aims to explore the needs of teachers relative to their cultural context and develop a mental health awareness program tailored specifically to their needs. The following pages of this introductory chapter elaborate on the concepts of mental health and well-being in detail; emphasizing on the value of early detection and intervention of mental health disorders in adolescence, the role that teachers play in promoting mental health, and the current status of mental health awareness among teachers, thereby leading to the relevance of the present research

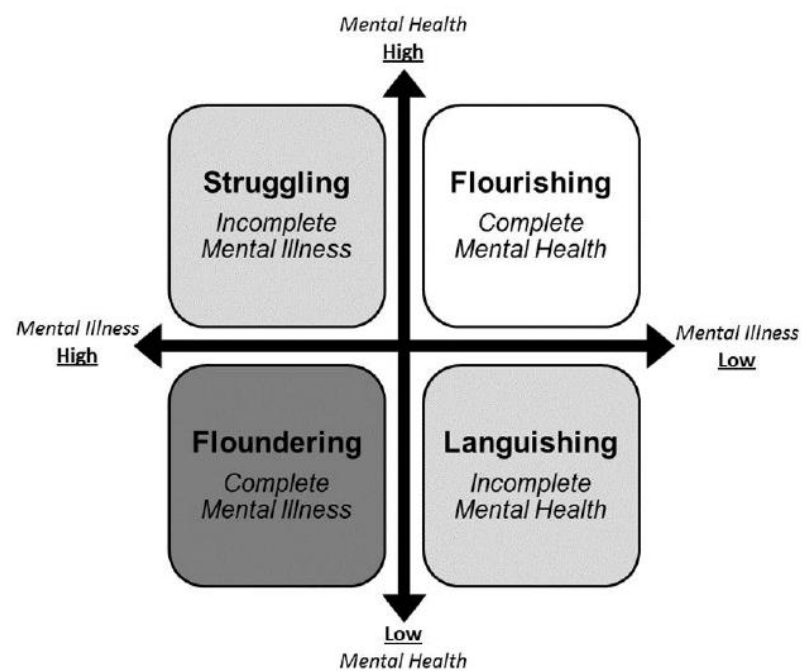
work which intends to Design a tailored mental health Awareness Program for School Teachers in Kerala.

### **MENTAL HEALTH BEYOND ABSENCE OF ILLNESS**

Mental well-being is a multifaceted concept, encompassing both positive emotions and effective functioning (Williams et al., 2020). It is more than just the absence of illness; it has several other dimensions, such as fulfilling relationships, strength utilization, community contribution, and resilience (Ryff, 2014). The "Dual Continua" model, proposed by Keyes, posits that mental health and illness are distinct but interrelated dimensions. Multiple studies have indicated that mental health and illness are not merely opposite extremes on a single spectrum, but rather distinct and interrelated concepts (Keyes & Lopez, 2002; Keyes, 2005; Westerhof, & Keyes, 2010; Agteren & Iasiello, 2020)

**Figure 1**

*Dual-Continua Model*



*Note:* Model by Keyes and Lopez (2002), sourced from: Teng, E., Venning, A., Winefield, H. & Crabb, S. (2015) Half full or half empty: The measurement of mental health and mental illness in emerging Australian adults. *Social Inquiry into Well-Being*, 1, 1–12 [DOI: 10.13165/SIIW-15-1-1-01]

The “Dual Continua” model acknowledges that individuals can experience flourishing, moderate mental health, or languishing states along the continuum (Keyes, 2005). Flourishing individuals exhibit high levels of emotional, psychological, and social well-being, while languishing individuals experience low levels of all three. Those with moderate mental health experience a mix of positive and negative feelings and behaviours. Research has shown that individuals with mental illness can still experience well-being and flourish (Allen et al., 2020). Therefore, the mere presence or absence of mental illness cannot accurately indicate a person's mental health status (Keyes, 2005).

Recent positive psychology research has also given considerable attention to the concept of eudemonic well-being, emphasizing the realization of one's potential and personal growth (Ryff & Singer, 2008). Comprising autonomy, environmental mastery, personal growth, positive relationships, purpose in life, and self-acceptance, eudemonic wellbeing encompasses six key elements of positive functioning (Ryff, 1989). These elements significantly contribute to mental health and well-being, fostering higher levels of well-being, self-esteem, and life satisfaction (Ryan & Deci, 2017; Ryff & Keyes, 1995; Diener & Seligman, 2002; Steger et al., 2006). The emphasis on positive mental health outcomes highlights the importance of promoting eudemonic well-being rather than solely focusing on treating mental illness (Ryan & Deci, 2017; Ryff & Keyes, 1995; Diener & Seligman, 2004; Steger et al., 2006).

Despite the essential nature of positive mental health, our society often tends to focus on mental illness over holistic mental health and well-being (Huppert, 2009). In India, as a lower-middle-income country, secondary and tertiary prevention are prioritized over primary prevention, particularly in the realm of mental health (Kallivayalil & Enara, 2018). Being the second-most populous country, India has a

severe shortage of mental health professionals, particularly in rural areas (Kapur, 1979; Badrakalimuthu, 2009; Kumar, 2011). Shifting towards mental health promotion and primary prevention, particularly in rural areas, is the practical way to reduce the treatment gap (Purgato et al., 2020; Kallivayalil & Enara, 2018). However, the focus on secondary and tertiary prevention persists due to the medical-pathological model of prevention being followed in India (McPheeters, 1976). A more comprehensive approach to mental health interventions necessitates an understanding of mental well-being beyond the mere absence of illness.

Ensuring mental health and happiness, especially during adolescence, is crucial, as it can have long-term implications for the overall health and development of an individual (McDougall, 2011; Patel, 2007). Addressing mental health challenges during this phase can play a crucial role in preventing long-term mental health issues in adulthood (WHO, 2022). Recognizing and promoting positive mental health and well-being in adolescence therefore becomes imperative for the well-rounded development of healthy individuals (Schwarz, 2009; Laski, 2015).

## **ADOLESCENT MENTAL HEALTH**

Adolescence is a critical period for mental health and welfare, marked by significant physical, social, and academic changes (Nebhinani & Jain, 2019). This transitional phase can lead to both positive growth and an increased risk of psychological disorders (Kessler et al., 2005). The continued plasticity of the brain during adolescence can result in both risk-taking behaviour and creativity (Griffin, 2017). Additionally, increased autonomy and identity formation during this phase can make them susceptible to several psychological challenges (Nayak et al., 2022). Societal trends and environmental factors also have a significant impact on the general

health and well-being of adolescents (Call, 2002; Milfont & Denny, 2017; Basu, 2020). Factors such as parenting support, school atmosphere, and interpersonal relationships are also crucial for promoting subjective wellbeing and academic achievement among them (Cunsolo, 2017; Milfont & Denny, 2017; Basu, 2020). Understanding the various factors that influence adolescents is essential for formulating ways to promote their overall well-being (Zaky, 2016).

A major challenge during this volatile period is the wide range of emotional and behavioural challenges, as well as mental disorders, that can significantly affect the well-being of adolescents. Depression is one of the most widespread mental health problems that affect them (Avenevoli et al., 2015). Anxiety disorders, including generalized anxiety, social anxiety, and panic disorders, also have a significant impact on a large number of adolescents, leading to increased emotional distress and a reduced ability to function adequately in daily life (Merikangas et al., 2010). Another problem commonly observed among adolescents is substance abuse, which is of great concern and is frequently seen along with other mental health disorders (Cerdá et al., 2015). Some adolescents may also struggle with self-harming behaviours, such as cutting or deliberate self-injury, which can be distressing and indicative of underlying emotional turmoil (Cassels & Wilkinson, 2016).

In addition to emotional and behavioural problems, many adolescents grapple with difficulties associated with neurodevelopmental disorders like attention-deficit/hyperactivity disorder (ADHD) and learning disorder (LD). Adolescents with ADHD are likely to face difficulties in their academic achievement and social engagement due to deficits in regulating attention and behavioural issues associated with the condition (Cheung et al., 2015). Adolescents with learning difficulties may have negative self-perceptions that impact their academic achievements (Claassens,

2009), which can further lead to emotional and behavioural problems (Johnson, 2001; Kiuru et al., 2011). The significance of early identification and intervention in mitigating the long-term impact of emotional and behavioural problems, as well as neurodevelopmental disorders, on adolescent development cannot be overstated.

### **Primary Prevention and Early Intervention**

Early intervention needs to be comprehensive, as the mental health of adolescents is influenced by a variety of factors that can contribute to the development of mental disorders. Factors such as family conflicts, exposure to domestic violence, substance abuse, and academic challenges during adolescence can lead to mental health problems (Chhabra, 2011). During this crucial stage of development, the presence of emotional and behavioural issues, as well as challenges in family and peer relationships, also contribute to the emergence of mental disorders (Aldam, 2019). Additionally, individual factors such as self-esteem, coping strategies, and the presence of social support from parents, teachers, and peers, play a crucial role in comprehending and managing mental disorders in adolescents (Sulistiowati et al., 2020).

The presence of societal stigma and unfavourable attitudes towards seeking mental health help can intensify mental health difficulties in this susceptible population (Chandra, 2007). The distinct nature of adolescent-developing brains, hormonal fluctuations, and vulnerability to mental health problems thus emphasize the need for specific interventions and assistance (Schwarz, 2009). It becomes essential to adopt a comprehensive approach that takes into consideration familial, societal, and individual aspects to effectively support the mental well-being of adolescents, especially those who are experiencing mental disorders (Hall & Cheston, 2002). Early

interventions not only alleviate immediate challenges but also contribute to the long-term resilience and mental health of the future generation.

A comprehensive approach that includes primary, secondary, and tertiary preventive strategies is essential to ensure adequate mental health and well-being among adolescents (Mrazek & Haggerty, 1994). Primary prevention, operating at a universal level, is characterized by initiatives promoting mental well-being, resilience, and awareness to reduce the overall incidence of mental health disorders (van Doesum & Hosman, 2009). Secondary prevention, in contrast, focuses on early detection and intervention for individuals at heightened risk, thereby preventing the progression to more severe mental health conditions (Forness et al., 2000; Häfner, et al., 2004)). Tertiary prevention involves targeted interventions for individuals already experiencing mental health challenges, emphasizing symptom management, relapse prevention, and overall functional improvement (Almeida, 2014).

Despite advancements in mental health awareness, globally, mental health prevention is presented with persistent challenges. De-stigmatization efforts have contributed to an increased acknowledgment of mental health as an integral component of overall well-being; however, significant gaps persist, particularly in low- and middle-income countries with limited resources and infrastructure for mental health services (Patel, 2018). Moreover, the escalating global burden of mental health disorders necessitates comprehensive and achievable prevention strategies (Jacka et al., 2014; Vigo et al., 2016).

Addressing the mental health needs of children and adolescents call for coordinated efforts, proper resource allocation, and a proactive approach at various levels of our society and governance. Notably, schools play a pivotal role in these

strategies, serving as key settings for detecting and supporting students facing mental health challenges.

## **SCHOOL MENTAL HEALTH**

Schools play a critical role in promoting mental health among adolescents. The integration of school-based interventions holds promise for early identification (Kim et al., 2022; Mehra et al., 2022). Teachers, as frontline observers, play an important role in this process, utilizing their close interactions with students to identify subtle signs of mental health concerns (Kim et al., 2022). Integrating teacher perspectives into screening processes enhances the accuracy of early identification. They are strategically positioned to identify early signs of mental health problems in students and facilitate timely treatment (Johnson et al., 2011; Manjari & Srivastava, 2020; Venkataraman, 2019). They can also facilitate access to mental health services, reduce stigma, and promote prevention efforts (Whitley et al., 2013; Rossen & Cowan, 2014; Carr, 2018; Wei et al., 2013; Manjari & Srivastava, 2020). Teachers are often the first point of contact for students who may be experiencing mental health problems, making it essential that they are equipped with the necessary knowledge and skills to identify and respond to these issues effectively.

According to the World Health Organization (WHO), teachers are the most effective agents for promoting mental health in schools (Hamoda et al., 2022). Teachers can create a supportive environment that fosters positive relationships, encourages open communication, and promotes mental health literacy among students, thereby reducing stigma and encouraging help-seeking behaviour among them (Henderson et al., 2018). Furthermore, teachers can promote prevention efforts by integrating mental health into the school curriculum. School-based mental health

interventions through classroom management strategies, such as socio-emotional learning programs, are effective in promoting mental health among adolescents (Weare & Nind, 2011).

Effective classroom management strategies are crucial for creating a conducive learning environment and improving student discipline (Afifah, 2022; Findley, 2011). These strategies include being organized, consistent, reinforcing, and using a student-centred approach (Polirstok 2015, Vijayan et al., 2016). Developing realistic expectations about students based on their developmental stage, fostering healthy relationships between teachers and students, and implementing communication strategies that encourage open dialogue and understanding also need to be focused on (Ginsburg & Drake, 2002; Pianta et al., 2012). Evidence-based practices, clear expectations, and routines are also essential for effective classroom management (Mitchell et al., 2017). Effective classroom management can have a positive impact on adolescent mental health and well-being.

Effective classroom management practices have been extensively explored in various studies, revealing their significant influence on the mental health and well-being of students (Postholm, 2013; Aliakbari et al., 2015; Korpershoek et al., 2016; Seden et al., 2020; Batool et al., 2023; Karasova & Nehyba, 2023). These findings underscore the importance of adopting a multifaceted approach to promoting mental health in the classroom, incorporating both prevention and intervention strategies while considering the well-being of both students and teachers (Reinke, 2011; Shinde et al., 2016; Shah & Kumar, 2012). By implementing these strategies, teachers can better support their students' mental health needs and create a positive and supportive learning environment. Hence, all of these aspects should be considered while developing a mental health awareness program for teachers.

However, teachers in India encounter various difficulties when trying to implement school mental health programs. One significant challenge is the lack of necessary training and support to fulfill their roles effectively in such programs (Reinke, 2011). Teachers in India feel unprepared to deal with mental health issues among their students and believe they need more training and support (Shinde et al., 2016). Another hurdle is the negative attitudes surrounding mental health among them. Teachers in India often link mental health problems to negative stereotypes and feel uneasy discussing mental health with their students (Shah & Kumar, 2012). This becomes a roadblock to identifying and helping students who may be dealing with mental health problems.

In addition, teachers in India often have large classes and heavy workloads (Rajak & Chandra, 2017; Gupta, 2004), leaving little time and energy for implementing school mental health programs. Teachers often feel overwhelmed and stressed, which can hinder their ability to effectively implement mental health-promoting initiatives (Das et al., 2018). Ensuring teacher well-being is essential for fostering a positive learning environment and promoting student well-being within schools. Teachers who are emotionally and mentally supported create a safe and nurturing classroom environment, serving as role models for resilience and healthy behaviors.

Several research findings emphasize the importance of teacher well-being for the wellbeing of students as well as in implementing health promotion activities (Glazzard & Rose, 2019; Kamboj & Garg, 2021; Hascher & Waber, 2021; Bilz et al., 2022; Li, Mayer, & Malmberg, 2022; Dreer, 2023). Hence, focusing on strategies such as teacher self-care becomes essential to prevent burnout and ensure wellbeing among teachers. Self-care strategies can include stress management techniques, maintaining

a healthy work-life balance, and seeking support from colleagues and mental health professionals (Cherniss, 1980). Teachers' well-being is also important for better classroom management and supporting students with mental health problems (Falk et al., 2021; Graham et al., 2011; Gibbs & Miller, 2014).

Studies have shown that self-care interventions for teachers can be effective in reducing burnout and improving overall well-being (Kim et al., 2019; Krame, 2021; Agyapong et al., 2023). Including self-care elements in mental health awareness programs can help address the stressors that teachers face in their profession, such as high workloads, emotional exhaustion, and challenging student behaviours (Haydon, 2019; Taylor et al., 2019). When teachers are stressed, exhausted, or burned out, they may struggle to create a positive learning environment and support their students' emotional needs (Farber, 1991). On the other hand, teachers who prioritize their well-being and engage in self-care are more likely to be effective in managing their classrooms and providing support for students (Lomas and van der Maden, 2021; Shah, 2023; Shu, 2022; Taylor et al., 2019; McCallum & Price, 2010; Graham et al., 2011; Matteucci, 2017; Taylor et al., 2019).

As we emphasize the significance of self-care strategies for nurturing the well-being of teachers and consequently enhancing classroom dynamics and student outcomes, it becomes evident that mental health literacy among teachers is essential to complement these efforts. Just as prioritizing self-care equips teachers with the resilience needed to navigate the demands of their profession, fostering mental health literacy empowers teachers to recognize, understand, and effectively respond to the diverse mental health needs of their students.

## **Mental Health Literacy among School Teachers**

Mental health literacy plays a pivotal role in shaping teachers' effectiveness as facilitators in school mental health initiatives, due to its influence on their capacity to recognize and respond to students' mental health challenges. Mental health literacy encompasses the knowledge, attitudes, and skills necessary to identify, comprehend, and respond to mental health problems (Jorm et al., 1997). Mental health awareness and attitudes towards seeking help are primarily influenced by family, friends, and teachers (Gaiha et al., 2014; Ogorchukwu et al., 2016). Given their role as primary caretakers in schools, teachers are well-positioned to identify early signs of mental health issues, facilitate access to appropriate resources, and reduce the stigma surrounding mental illness (Maclean and Law, 2022). The importance of mental health literacy among teachers cannot be overstated, as it equips them to recognize, understand, and appropriately respond to the mental health needs of their students.

Secondary school teachers worldwide exhibit inadequate mental health literacy (MHL) and negative attitudes towards mental illness (Parikh et al., 2016; Aluh et al., 2018). Studies across various countries underscore significant deficits in teachers' comprehension of mental health, particularly concerning depression (Parikh et al., 2016; Aluh et al., 2018; Yamaguchi et al., 2021). Global research emphasizes the pivotal role of MHL for teachers in identifying and addressing students' mental health issues, while also highlighting challenges in identifying at-risk students (Yulianti et al., 2021).

Similarly, studies among secondary school teachers in India reveal notable gaps in mental health literacy, especially regarding depression, necessitating targeted interventions (Parikh et al., 2016; Prabhu et al., 2021). Despite a significant proportion

of teachers identifying adolescents with mental health issues, MHL regarding depression remains insufficient among high school teachers in India (Prabhu et al., 2021). Furthermore, prevalent negative beliefs surrounding mental illness among teachers in India stress the importance of interventions to enhance awareness and understanding through training programs (Kaur et al., 2023).

The findings unanimously indicate a lack of mental health awareness among teachers and a need for training to enhance classroom management skills. Teachers can promote students overall well-being and academic potential by partnering with families to facilitate healthy development (Henderson et al., 2018). To effectively play this role, teachers need to have better awareness as well as skills to facilitate mental health and well-being among students. Teachers need mental health education and support services, such as mental health awareness programs, which will empower them to identify and respond to students exhibiting signs of distress (Gibson et al., 2014; Shelemy et al., 2019).

### **IMPORTANCE OF MENTAL HEALTH AWARENESS PROGRAMS**

Effective promotion of mental health in schools calls for providing teachers with the necessary knowledge, skills, and resources to support students. Mental health awareness and training programs for teachers have been gaining worldwide significance in recent years (Hooker, 2008; Koller et al., 2004). These programs aim to equip teachers with knowledge, skills, and strategies to promote mental health and well-being among their students.

Numerous studies conducted worldwide underscore the importance of mental health training initiatives for teachers. Research consistently demonstrates the beneficial effects of these programs on enhancing understanding, perspectives, and

competencies regarding mental health among teachers (Kutcher et al., 2013; Powers et al., 2014; Imran et al., 2018; Granada-López et al., 2023; Bowyer et al., 2023; Pozo-Rico et al., 2023; Masters, 2019; Tomé et al., 2020). These studies reveal improvements in mental health literacy, self-efficacy, and overall well-being among educators following training interventions.

The research findings reaffirm the importance of mental health literacy among teachers and emphasize the importance of targeted training programs to address the specific challenges faced by them in school settings. To begin with, teachers should receive training to address mental health stigma and promote mental health literacy. In particular, teachers require an understanding of the prevalence of various types of mental health problems among students and the impact it has on them (Kutcher et al., 2016). The teacher also needs to be trained to have the skills to recognize the signs of common mental health problems, such as anxiety and depression, as well as risk factors for mental illness, including bullying, family and parenting factors, trauma, poverty, etc. Additionally, teachers would also benefit from training on how to provide classroom support and facilitate referrals for students with emotional distress or mental health concerns (Jorm et al., 2010; Belfield et al., 2015). Positive classroom management strategies are also fundamental to promoting mental health among students. Teachers have to adopt positive classroom management strategies to create a supportive and inclusive learning environment (Durlak et al., 2011; Masten & Powell, 2003). Furthermore, they also need to be trained to teach students about mental health and well-being, as well as to provide them with skills to manage their own mental health (Kutcher et al., 2015).

In India, mental health awareness and training programs for teachers are still in their nascent stages. There have been some initiatives to promote mental health

literacy among teachers through various programs. Studies have found that teachers who had attended mental health awareness programs or training had more mental health literacy and were more equipped to identify mental health problems among students, as well as being more likely to suggest professional help (Prabhu et al., 2021). Moreover, mental health awareness programs for teachers have a positive effect on their knowledge and attitude towards mental health which enhanced their skills to identify and manage mental health issues among students (Shah & Kumar, 2012).

The state of Kerala has been proactive with respect to mental health promotion, especially school mental health (Ganga & Kutty, 2012; Ramkumar, 2015). The Government of Kerala introduced the School Mental Health Program (SMHP) in Kerala in 2001 with the goal of promoting good mental health and preventing mental health issues among students. The program includes mental health awareness sessions for teachers, counselling services for students, and mental health screening and referral services (Ramkumar, 2015). The program aims to provide a comprehensive package of health and social services to all government and government-aided schools in the state. As part of this program, mental health education and training are provided to teachers through the District Mental Health Program (DMHP) and the National Health Mission (NHM) (Ramkumar, 2015).

Various programs implemented in Kerala also specifically focus on mental health awareness and teacher training. One such initiative is the Thalir program, which aims to improve mental health and well-being among adolescent girls. Teachers in schools undergo training through this program to recognize mental health issues in girls and refer them to professionals for proper care (Raman & Thomas, 2023). Another program, Ullasaparavakal, focuses on building life skills and resilience in schoolchildren. Teachers play a crucial role by guiding student sessions and providing

support (Periera et al., 2019). Additionally, the Unarv program aims to promote positive mental health among schoolchildren by teaching them skills to manage stress, with teachers trained to identify signs of stress and offer support (Jayaprakash & Sharija, 2017). Our Responsibility to Children (ORC) under the Women and Child Development Department of Kerala Government, is another program focused on creating child-friendly schools in Kerala wherein teachers receive training to establish a positive and supportive learning environment, address mental health issues, and provides necessary support.

As highlighted above, Kerala has undertaken multiple initiatives to impart mental health education and training for teachers, striving to enhance the mental health and well-being of students. These comprehensive programs encompass diverse facets of mental health awareness, intending to empower teachers with the necessary knowledge and skills to identify and address mental health issues among students. However, despite these efforts, the programs face certain limitations that hinder them from reaching their full potential.

## **REVIEW OF RELEVANT LITERATURE**

### **Prevalence of Adolescent Mental Health Problems**

In 2009, Merikangas, Nakamura, and Kessler conducted a comprehensive review to understand childhood mental disorders through epidemiology. Their objectives included providing a contextual understanding of epidemiology, offering concise prevalence estimates for specific mental disorders in children, outlining correlates and risk factors, and discussing vital issues in the field. The review emphasized the crucial role of epidemiology in comprehending childhood mental disorders and proposed future research directions (Merikangas et al., 2009). Despite methodological

variations, a consensus emerged, indicating a significant prevalence of mental disorders among young individuals. Anxiety disorders ranked as the most prevalent. Following it were disorders of behaviour, mood, and substance use. Alarming, less than half of the affected youths sought treatment for their mental health problems (Merikangas et al., 2009).

In the context of increasing importance of child and adolescent mental health in India, a meta-analytic study was conducted by Malhotra and Patra in 2014. This study explored the status of child and adolescent mental health in India through a review of sixteen community-based studies (14,594 participants) and seven school-based studies (5,687 participants). The findings show a prevalence rate of 6.46% (95% confidence interval: 6.08% - 6.88%) for psychiatric disorders in the community and 23.33% (95% confidence interval: 22.25% - 24.45%) in schools. This is the first such study in India, revealing shortcomings in current reporting systems. With around 447 million individuals below 18 years old in India, the 6.46% prevalence rate suggests that 29 million children and adolescents have psychiatric issues, posing challenges due to limited mental health resources and slow progress in child and adolescent psychiatry. Urgent attention and resources are needed to address this public health concern (Malhotra & Patra, 2014).

In the same year a comprehensive investigation was carried out in Houston to analyse the complex procedure of estimating the consequences of psychiatric disorders on adolescents. This study specifically examined subthreshold (SUB) and full syndrome (FS) disorders. Drawing data from a probability sample of 4,175 youths aged 11–17 years, the analysis scrutinized DSM-IV diagnostic categories, emphasizing the prevalence and associated impairment of subthreshold conditions (Roberts et al., 2014). The combined prevalence of FS and SUB disorders was 58.4%.

Among individuals with FS disorders, 49.6% exhibited moderate to severe impairment, in contrast to 37.8% for SUB disorders. The findings highlight the significant impact of subthreshold (SUB) disorders on adolescent mental health, adding complexity to the challenges posed by full syndrome (FS) disorders. The findings suggest that SUB disorders play a substantial role in the overall public health burden of adolescent psychiatric issues and emphasize the need for comprehensive research and clinical interventions. Recognizing the unique characteristics and implications of SUB disorders alongside FS disorders is essential for developing effective strategies to address the diverse nature of psychiatric challenges in adolescents (Roberts et al., 2014).

In 2015, a study by Erskine et al. utilized data from the Global Burden of Disease Study (2010) to explore the impact of mental and substance use disorders on individuals aged 0–24 years. The study measured the burden in disability-adjusted life years (DALYs), combining years lived with disability (YLDs) and years of life lost (YLLs). The findings revealed that globally, mental and substance use disorders were the primary contributors to disability among children and youth, accounting for a quarter of all YLDs (54.2 million). In terms of DALYs, they ranked 6th, representing 55.5 million DALYs (5.7%). This ranking rose to 5th when considering the mortality burden of suicide. While these disorders were the leading cause of DALYs in high-income countries (HICs), they ranked 7th in low- and middle-income countries (LMICs) due to mortality associated with infectious diseases. The study highlights the substantial contribution of mental and substance use disorders to the disease burden among children and youth globally. Moreover, it suggests that with improvements in reproductive health and the management of infectious diseases in LMICs, the proportion of disease burden attributable to mental and substance use disorders in this

population is likely to increase. This shift underscores the necessity for a re-evaluation and adjustment of health services in these countries (Erskine et al., 2015).

A National Mental Health Survey was conducted across 12 states in India (Gururaj et al., 2016) employing a comprehensive multi-stage, stratified, random cluster sampling technique. Interviews were conducted among all individuals aged 18 years and above in selected households. A sub sample in four states specifically examined the methodology's feasibility in understanding mental morbidity among adolescents aged 13 to 17 years. The survey revealed that 10.7% of adults and 7.3% of adolescents experienced mental disorders. Among adolescents, morbidity prevalence was 7.3%, with an equal distribution between males (7.5%) and females (7.1%). The prevalence of mental health disorders among adolescents in rural areas was much lower compared to the prevalence in metro cities at 13.5%. Specific prevalence rates identified anxiety disorders at 3.6% and depressive disorders at 0.8%, underscoring the significant burden of mental health issues in India.

The Global Burden of Disease Study conducted in India (2019) by the India State-Level Disease Burden Initiative Mental Disorders Collaborators sheds light on the prevalence and impact of mental disorders across Indian states from 1990 to 2017. With mental disorders ranking among the leading non-fatal disease burdens in India, the study aimed to comprehensively understand their prevalence, disease burden, and associated risk factors. Utilizing data from various sources, the researchers estimated that in 2017, approximately 197.3 million individuals in India experienced mental disorders, marking a significant increase from 1990. Notably, depressive disorders and anxiety disorders affected 45.7 million and 44.9 million people, respectively. The study found a modest correlation between the prevalence of depressive disorders and suicide rates. The contribution of mental disorders to total Disability-Adjusted Life

Years (DALYs) in India rose from 2.5% in 1990 to 4.7% in 2017, with depressive disorders being the largest contributor. The report underscores substantial variations in the burden of different mental disorders among states, emphasizing the need for tailored policies and healthcare responses to effectively address the evolving mental health landscape in India (Sagar et al., 2020)

A similar extensive international undertaking, the Global Burden of Diseases, Injuries, and Risk Factors Study further assessed the global burden of mental disorders in 2019. As part of that undertaking, the prevalence and impact of 12 mental disorders across 204 countries and territories from 1990 to 2019 were assessed in 2022 (GBD 2019 Mental Disorders Collaborators, 2022). The prevalence of anxiety disorders, mood disorders such as depression and bipolar disorder, schizophrenia, autism spectrum disorders, conduct disorder, attention-deficit hyperactivity disorder, eating disorders, idiopathic developmental intellectual disability, etc. were explored in this study (GBD 2019 Mental Disorders Collaborators, 2022). The findings revealed an increase in the global number of disability-adjusted life years (DALYs) due to mental disorders, reaching 125.3 million in 2019. Mental disorders accounted for 4.9% of global DALYs, with consistent age-standardized DALY rates (GBD 2019 Mental Disorders Collaborators, 2022). Notably, years lived with disability (YLDs) contributed significantly to the burden, emphasizing the continued prominence of mental disorders as a global health challenge. The study highlighted the ongoing need for coordinated efforts in prevention and treatment by governments and the global health community (GBD 2019 Mental Disorders Collaborators, 2022).

The Indonesia National Adolescent Mental Health Survey (I-NAMHS), conducted in 2021, was the first nationwide mental health survey for Indonesian adolescents aged 10 –17 years. Drawing data from 5,664 pairs of adolescents and

caregivers, the study revealed that one in three adolescents grappled with mental health problems in the past year, and one in twenty received a diagnosis of a mental disorder. Anxiety disorders were the most prevalent at 3.7%, followed by major depressive disorder (1.0%) and conduct disorder (0.9%). Despite increased accessibility to health facilities, merely 2.6% of adolescents sought professional help. The impact of COVID-19 was palpable, with 1 in 20 adolescents reporting heightened feelings of depression, anxiety, loneliness, or difficulty concentrating. Caregivers, predominantly from schools (38.2%), sought mental health services, while 43.8% of those recognizing their adolescent needed help refrained from seeking assistance, opting for independent management or support from family and friends (Wahdi et al., 2023).

A recent meta-analytic review conducted in India in 2022, aimed at comprehensively understanding the overall prevalence of various mental health problems affecting rural Indian adolescents. These problems included depression, anxiety disorders (such as generalized anxiety disorder, panic disorder, separation anxiety, and social anxiety disorder), suicidality, hyperactivity, emotional problems, conduct problems, and peer problems. Adhering to PRISMA guidelines, the analysis meticulously selected 35 studies from databases like PubMed, Science Direct, JSTOR, Web of Science, Google Scholar, and ProQuest for in-depth examination (Rajkumar et al., 2022). Findings suggest an overall high prevalence of mental health problems, with depression at 27%, anxiety disorders at 26%, and social anxiety disorder at 23%. Gender differences were minimal, though social anxiety was more prevalent among females. Meta-regression indicated that factors such as tools used, sample size, setting, sampling technique, and year of publication influenced prevalence rates. Key determinants of mental health problems in rural adolescents included age, socio-economic status, academic and family environment, along with individual factors such

as social media usage, physical activity, and substance use. As India constitutes a significant portion of the world's adolescent population, these findings bear global implications, underscoring the urgent need for targeted interventions and mental health support in this demographic.

### **Need for Primary Prevention and Early Intervention**

A review article by Shastri (2009) highlighted the high need to develop comprehensive strategies to tackle child mental health issues in India. He advocates for both prevention and promotion, emphasizing deficiencies in mental health services, especially the urban-centric focus on tertiary care centres. The article recommended a collaborative, multi-disciplinary approach involving health, education, and social services, utilizing existing policies. India's low rankings in education and human development, coupled with the alarming statistic that 10% of 5 –15-year-olds had diagnosable mental health disorders, underscored the gravity of the situation. Contributing factors, such as a lack of appropriate stimulation and parenting styles, were identified. Accentuating the gap between children's needs and available resources, the article called for essential multi-agency services and partnerships to promote mental health. It emphasized the establishment of community mental health clinics and the pivotal role of primary mental health workers. The government was urged to take immediate action in developing a comprehensive policy covering all aspects of children's mental health. Although the 11th Five-year plan included specific policies, the article highlighted the lack of resources to meet the high incidence of children needing mental health services, necessitating urgent attention and resource allocation.

In another review article published in the *International Journal of Mental Health Systems*, the importance of early detection and treatment of mental disorders was highlighted. The study suggested a new design of preventive strategies within a youth-focused, multidisciplinary, and trans-diagnostic framework. The authors emphasized the ethical responsibility of mental health professionals to guide entities in meeting the mental health needs of youth. The review discussed the "at-risk mental state" concept, indicated the positive effects of interventions, and suggested a hybrid strategy for those in at-risk states. Encouragement for reforming youth mental health services through integration and collaboration was emphasized, highlighting the feasibility of providing multidisciplinary and integrated healthcare for individuals under 25 with various mental health difficulties. Mental health professionals were seen as having a responsibility to guide social, political, and overall healthcare actors in promoting and maintaining mental health. The review also addressed various factors associated with youth mental health and called for joint efforts among health researchers, professionals, service institutions, and governments to deliver integrated and multidisciplinary actions, particularly in the early stages of prevention (Colizzi et al., 2020).

An evidence review was conducted by Carbone (2020) in the wake of the COVID-19 pandemic, emphasizing primary prevention and early intervention for mental health concerns. The review highlighted the escalating risk factors for mental health issues during the pandemic, including social isolation, unemployment, and trauma. Inspired by the 'two-pronged' COVID-19 strategy, it recommended a dual-focused approach for nations: preventing new-onset mental disorders and fortifying mental healthcare responses. Primary prevention, especially, was crucial to avoid a surge in mental health disorders, and scaling up evidence-based interventions could

reduce the existing prevalence. The review also highlighted the need for robust public policies to address the current upheaval and its consequences, emphasizing tailored support for diverse demographic groups.

In their 2022 study, Jihye Kim, Dong-gook Kim, and Randy Kamphaus also highlighted the significance of early detection and intervention to address common mental health problems among adolescents. Published in the *Georgia Educational Researcher*, the study, titled "Early Detection of Mental Health Through Universal Screening at Schools," underscored the importance of identifying and intervening early, particularly through the Behavioural and Emotional Screening System (BESS). The research found that universal mental health screening in schools effectively detected children at risk of behavioural or emotional problems, particularly those with mild symptoms. The study, which employed the Latent Class Growth Model (LCGM), revealed distinct academic trajectory patterns between normal-risk students and those with mild to moderate mental health symptoms. The research demonstrated the effectiveness of universal mental health screening in schools, contributing to improved academic performance and fewer mental health problems in adulthood (Kim et al., 2022).

In their 2022 editorial, Minnis, Gajwani, and Ougrin addressed the post-COVID-19 challenges in mental health services for adolescents and young adults. They advocated for early identification and prevention of youth mental illness through the proposed "Developmental Clinical Staging Model," aiming to bridge the gap between child and adult mental health services. The authors urged a recalibration of priorities, emphasizing a dedicated focus on assessing and treating psychiatric disorders in young individuals at Stages 1 and 2. Highlighting the pressures on mental health services for this age group, they recommended scalable interventions, improved

functional outcomes, and active engagement of non-help-seeking individuals. The editorial underscored the importance of translating research into cost-effective, scalable interventions and addressed challenges such as missed diagnoses and poor early identification, leading to wider social, health, and occupational disadvantages.

In 2022, Mehra et al. conducted a comprehensive review to evaluate the effectiveness of mental health interventions for adolescents in India from 2010 to 2020. The study included 11 interventions, primarily school-based, focusing on life skills, coping skills, resilience curricula, and digital interventions. The findings revealed the positive impact of school-based programs on emotional and behavioural outcomes among students. However, the study highlighted the insufficient attention given to mental health interventions for adolescents in India, emphasizing the need for a more comprehensive and tailored approach to address the unique needs of this population. The research also noted the limited and fragmented implementation of school mental health programs in the country.

### **Classroom Management and Student Wellbeing**

In 2013, May Britt Postholm published a comprehensive review in the *European Educational Research Journal*, providing insights into various factors influencing classroom management. The article reviews studies on classroom management, highlighting its dual focus: creating a conducive environment for meaningful learning and contributing to students' social and moral development. Initially rooted in behaviourist principles, classroom management has evolved to view the class as a social system. Factors influencing it include teachers' self-awareness, multicultural dynamics, behaviour strategies, knowledge gaps, contextual awareness, rule adherence, relationships, and commitment. The article emphasizes the shift

towards understanding classroom management as crucial for both maintaining order and facilitating learning processes during activities thereby facilitating overall well-being of students (Postholm, 2013).

In 2015, Aliakbari and Bozorgmanesh investigated the impact of assertive classroom management strategies on students' performance in the context of an “English as a Foreign Language (EFL)” classroom in Iran. This study explored the utilization of assertive classroom management strategies by Iranian high school teachers and examined their impact on student performance. Through a survey involving 123 female students, the study reveals that Iranian teachers employ varying degrees of organization, teaching management, teacher-student relationships, and teacher punishment-reward strategies. A positive correlation was found between teachers' assertiveness and students' performance. These findings have implications for the development of in-service training programs for teachers. (Aliakbari et al., 2015).

In 2016, Korpershoek, et al. conducted a meta-analysis exploring the effects of classroom management strategies and programs on students' outcomes, such as academic, behavioural, social-emotional, and motivational outcomes in primary education. The analysis consisted of 54 controlled intervention studies, both random and non-random, published in the last decade (2003–2013). The results indicated small but statistically significant effects on all outcomes, with the exception of motivational outcomes. The programs were categorized based on the presence or absence of four strategy types: those focusing on the teacher, student behaviour, students' social-emotional development, and teacher–student relationships. Notably, interventions concentrating on students' social-emotional development demonstrated the most substantial impact, particularly on social-emotional outcomes. Additionally, there

were also findings suggesting that teacher-focused programs may positively influence students' academic outcomes (Korpershoek et al., 2016).

A 2020 study by Seden, Wangmo, and Dorji, published in the *Journal of International Students in Teacher Education (JISTE)*, explored the impact of classroom well-being on learning. In this qualitative research, an investigation was conducted to delve into students' perspectives on classroom well-being and to assess its influence on student learning. The study involved twelve participants from Samtse College of Education, selected through purposive sampling. Semi-structured interviews and classroom observations served as the data collection methods, and a thematic approach was employed for analysis. The research uncovered that classroom well-being significantly contributes to the enhancement of student learning. It substantiates that diverse educational factors directly impact students' well-being and, consequently, their learning experiences (Seden, Wangmo, & Dorji, 2020).

Batool, Bhatti, and Waseem (2023) explored the impact of various classroom management strategies on elementary students' academic achievement in Pakistani schools. Data from 100 teachers in 33 selected girls' schools was collected using a questionnaire and examination scores in English. The findings, analysed through frequency, mean, and ANOVA, revealed that teachers employing strategies like praise and reward, encouraging group engagement, patience, and communication had a more significant positive impact on students' high achievement. Conversely, strategies such as physical arrangement, rules, time management, and monitoring had a lesser effect on student scores. The study recommends that teachers enhance their understanding of effective classroom management strategies and create a positive learning environment without resorting to threats or shouts. (Batool et al., 2023).

A systematic review by Karasova and Nehyba (2023) explored the significance of effective communication skills in behaviour management within the classroom. The study focused on student-centred teacher responses and their impact on behaviour problems and student engagement. The findings emphasized the crucial role of effective communication skills in behaviour management, offering valuable insights for teachers to enhance their practices. Implementation of student-centred communication strategies is suggested as a means for teachers to effectively manage classrooms, foster a positive and productive learning environment, and support students in achieving improved learning outcomes (Karasova & Nehyba, 2023).

### **Influence of Teacher Wellbeing on Student Wellbeing**

In 2018, the Carnegie School of Education at Leeds Beckett University conducted an exploratory research study examining the influence of teacher well-being on pupil progress in primary schools. The study involves ten schools in Yorkshire and the East Midlands. Positive teacher emotions were found to contribute to better student learning outcomes, emphasizing the need for proactive measures to reduce workload and prioritize staff health (Glazzard & Rose, 2019).

In a cross-sectional survey by Kamboj and Garg (2021) in Haryana, India, the influence of emotional intelligence and resilient character traits on the psychological well-being of 200 school teachers was explored. The study revealed that perseverance significantly predicts psychological well-being, while self-reliance plays an inconsistent but significant role as a mediator between emotional intelligence and teachers' well-being. The study emphasizes practical implications for enhancing teachers' perseverance and emotional intelligence and their impact on classroom well-being (Kamboj & Garg, 2021).

In 2021, a systematic review by Hascher and Waber explored 98 studies from 2000 to 2019 across disciplines, aiming to understand teacher well-being, its prevalence, predictors, and outcomes. The research identified social relationships as a crucial factor influencing teacher well-being, emphasising the need for a precise definition and increased research attention to unravel its predictors and outcomes. The study contributes to clarifying the construct of teacher wellbeing, incorporating diverse theoretical foundations and challenging the expectation that teacher well-being is at risk. Categorizing correlates and predictors, especially social relationships, played a pivotal role. Importantly, empirical evidence suggests that teacher well-being significantly influences teaching quality, highlighting its broader impact in the educational context especially classroom well-being.

In 2022, another study investigated the connection between teachers 'and students' well-being based on data from 2,686 students and 805 teachers across 48 schools in Germany. The study identified correlations between teachers' emotional exhaustion and students' subjective health complaints. The findings revealed that teacher psychological wellbeing is linked to students' satisfaction with school, with the perception of teacher support acting as a mediator. These findings contribute valuable insights into the influence of teachers' well-being on the socio-emotional development of their students (Bilz et al., 2022).

A study by Li, Mayer, and Malmberg (2022) aimed to investigate the relationship between student behaviour, teacher emotions, and teacher well-being, using the broaden-and-build theory to integrate different constructs of teacher well-being. Employing a quantitative micro-longitudinal approach, the study involved 20 homeroom teachers in Taiwan and utilized a three-level model to evaluate variance components of emotions. The researchers used Bayesian estimation for data analysis

and found that disruptive student behaviour significantly affected teachers' positive and negative emotions. Furthermore, the impact of student behaviour on teacher emotions was observed to vary across days and individuals. Notably, the study revealed that positive emotions predicted teachers' end-of-working-day general well-being, shedding light on the intricate interplay between student behaviour, teacher emotions, and teacher well-being in the classroom (Li, Mayer, & Malmberg, 2022).

Benjamin Dreer (2023) explored the outcomes of teacher well-being in a systematic review. Adhering to PRISMA guidelines, the review meticulously evaluated 44 studies encompassing over 76,990 teachers. The review primarily focused on uncovering the potential consequences associated with teacher well-being. The findings revealed that teacher well-being has a significant correlation with improved sleep quality in teachers, higher teacher retention rates, enhanced teacher-student relationships, and positive student outcomes (Dreer, 2023).

### **Mental Health Literacy among School Teachers**

In 2016, Parikh et al. conducted a comprehensive study to examine the knowledge and attitudes of secondary school teachers in Ahmedabad (India) regarding mental illness. This study involved a sample of 520 teachers from English-medium schools. The findings revealed that a significant proportion of teachers exhibited an inadequate understanding of mental illnesses and predominantly held a negative attitude towards such conditions. These findings emphasize the urgent need for targeted interventions and educational programs for teachers aimed at improving awareness about mental health and mitigating the prevailing stigma associated with it (Parikh et al., 2016).

A cross-sectional descriptive survey conducted among teachers in secondary schools in southeast Nigeria. The survey explored the mental health literacy of secondary school teachers, focusing on their knowledge of depression. A total of 120 teachers participated, with 86.7% completing the questionnaires. The findings revealed poor mental health literacy among the teachers, as only 16.3% correctly identified and labelled the depression vignette. The study highlighted the need to improve mental health literacy among teachers in Nigeria to better support students with mental health issues (Aluh,et al., 2018.)

A systematic literature review in the “Journal of Educational, Health, and Community Psychology,” authored by Yulianti, Surjaningrum, Sugiharto, and Hartini (2021), further provides a comprehensive overview of teachers' mental health literacy. The literature review process involved assessing evidence from various sources such as SpringerLink, Science Direct, Jstor, Eric, and PubMed. From an initial pool of 633 articles, the researchers narrowed down their focus to seven relevant ones, all in English, specifically related to mental health literacy studies in school settings. The primary findings emphasized the critical role of mental health literacy for teachers, particularly in recognizing and addressing students' mental health problems. The review identified challenges faced by teachers, particularly in identifying at-risk students, especially in the context of junior and senior high school settings where daily interactions involve a large number of students. The urgency of providing teachers with effective training and support to enhance their mental health literacy skills was specifically highlighted.

Published in 2021, another study by Yamaguchi et al. in Japan delved into the mental health literacy of 665 high school teachers. The outcomes of this investigation indicated low levels of mental health literacy among the participating teachers. This

highlighted the necessity of implementing educational initiatives focused on enhancing teachers' understanding and knowledge of mental health. Such initiatives would not only benefit teachers in understanding the complexities of mental health but also help them to support students grappling with mental health challenges. The study by Yamaguchi et al. highlighted a pressing need for proactive measures to enhance mental health awareness among teachers within the educational setting (Yamaguchi et al., 2021).

In 2021, a cross-sectional study aimed at evaluating the mental health literacy of high school teachers and identifying predictors influencing study outcomes was conducted in southern India (Prabhu et al., 2021). The study involved 460 high school teachers with a minimum of five years of teaching experience, spending at least six hours weekly with adolescents. Semi-structured questionnaires assessed their MHL and the findings revealed that the teachers' MHL regarding depression was below the desired level. Despite this, 288 teachers (62.6%) identified adolescents with mental health issues during their careers, with 172 (59.72%) referring them to mental health professionals. Backward logistic regression analysis identified several predictors of MHL among teachers, including educational status, marital status, class size, previous mental health training, and self-efficacy in seeking mental health information, spreading awareness, and providing referrals. The findings show that sociodemographic factors and training experiences significantly influenced MHL among high school teachers, emphasizing the importance of establishing training programs and referral networks for early intervention among adolescents.

In 2023, Kaur, Behere, and Kulkarni explored the beliefs surrounding mental illness among 147 teachers in Sikar city, Rajasthan. The research brought to light prevalent negative beliefs among the participating educators, highlighting potential

challenges in fostering a supportive and understanding environment. The study emphasised the need for targeted interventions, proposing strategies such as knowledge enhancement and increasing awareness through training programs. Negative beliefs observed could be effectively tackled through comprehensive educational initiatives, contributing to a more informed and empathetic approach among teachers in Sikar city. The findings from the study emphasize the ongoing importance of proactive measures in cultivating positive attitudes and understanding towards mental health within the teaching community (Kaur et al., 2023).

### **Mental Health Awareness Programs For Teachers**

In 2013, a study by Kutcher et al., evaluated the efficacy of a teacher training program in the Nova Scotia Province of Canada. The teacher training program aimed to support educators in delivering a high school mental health curriculum within their classrooms. It involved three one-day training sessions provided to 89 educators from 37 schools. The participants, who were Grade 9 teachers, completed pre- and post-training questionnaires to measure knowledge and attitudes towards mental health and mental disorders. The program received positive ratings and satisfaction from the participants, indicating its effectiveness in improving educators' knowledge and attitudes related to mental health.

A study exploring awareness of child mental health issues among elementary school staff was conducted in the United States of America in 2014 (Powers et al., 2014). The study aimed to evaluate the effectiveness of a brief mental health training program for school staff and determine the duration of its impact. The research focused on employees within an urban school district in a southeastern state, all of whom attended a mandatory orientation for participation in a newly introduced school-based

mental health support program. Using a 27-item instrument, the study measured participants' knowledge of mental health before and after the training. The sample consisted of 157 participants, primarily female, with diverse racial/ethnic representation. The majority of participants were classroom teachers or paraprofessional staff, with an average of 10 years of work experience in their current positions. Key findings revealed a notable increase in accurate knowledge of child mental health issues among participants post-training. The study underscored the potential for school staff to identify signs of student mental health needs and appropriately refer them for mental health services. Overall, the research emphasized the crucial role of high-quality mental health training for school staff in effectively utilizing school-based mental health services (Powers et al., 2014).

A study in urban Lahore, Pakistan, assessed the impact of the World Health Organization's School Mental Health Programme (SMHP) on mental health literacy and self-efficacy among teachers (Imran et al., 2018). The randomized study (n = 231) revealed that the intervention group, exposed to a three-day WHO-EMRO School Mental Health Manual-based training, experienced significant improvements in mental health literacy and teacher self-efficacy, particularly in classroom management and assisting students with mental health issues. Positive effects extended to the overall school environment. Despite potential limitations, the study emphasizes the promise of the program for mental health promotion and early intervention in schools.

In 2021, Granada-López et al. conducted a comprehensive examination of the experiences of 685 teachers in Aragon, Spain, concerning mental disorders in students. The study shed light on the teachers' awareness of the necessity for training in recognizing symptoms and comprehending available mental healthcare resources. Notably, the findings accentuate the importance of incorporating mental health self-

care for teachers within training programs, stressing its role in fostering a supportive educational environment (Granada-López et al., 2023).

In 2023, Bowyer et al. evaluated the success of the Mental Health Literacy for Educators Training Program for primary school teachers in Queensland, Australia. The longitudinal study revealed improvements in teachers' knowledge and confidence in supporting children with mental health and developmental concerns post-training. The evaluation suggested the program's success and recommended further research to assess knowledge maintenance and teacher-helping behaviours (Bowyer et al., 2023).

Pozo-Rico et al. (2023) designed, implemented, and evaluated a 14-week teacher training program to enhance teaching quality, innovation, and protection of teachers' mental health and well-being. The study indicated positive influences on teacher well-being, resilience, emotional competence, and self-efficacy. The findings emphasized the importance of such training in addressing the challenges faced by educators (Pozo-Rico et al., 2023).

In 2023, Masters assessed the outcomes of an online mental health literacy course for pre-service teachers in Canada. The study revealed significant improvements in mental health literacy, reduced stigma, and increased self-efficacy among participants. The findings identified effective practices contributing to program success, emphasising the potential of enriched online mental health literacy courses (Masters, 2019).

In the same year, Tomé et al. investigated the impact of the ES'COOL training program on mental health knowledge and skills among teachers in Portugal. The study involved 276 teachers and demonstrated significant improvements in teachers' skills and knowledge related to mental health post-training (Tomé et al., 2020).

## **RESEARCH GAP**

Within the domain of mental health awareness programs for teachers, several key research gaps have been identified. These include empirical gaps concerning the effectiveness of existing programs, practical gaps related to the implementation of mental health support initiatives, and conceptual gaps in understanding the specific needs and challenges faced by teachers in promoting mental health within educational settings (Ramkumar, 2015; Jain et al., 2020; Abirami & Kala, 2020).

## **RELEVANCE OF THE STUDY**

The prevalence of mental health issues among adolescents poses significant challenges worldwide, necessitating effective intervention strategies within educational settings. Despite numerous mental health awareness initiatives, several drawbacks limit the effectiveness of these programs, particularly in regions like Kerala. One major concern is the burden placed on teachers, who are already overburdened with various responsibilities. Teachers often serve as coordinators of school mental health programs and act as counsellors, adding to their workload (Ramkumar, 2015). This exacerbates existing challenges, leading to potential burnout and hindering their ability to effectively support students (Jain et al., 2020; Abirami & Kala, 2020). Recognizing teachers as reliable resources capable of filling the existing mental health service gap, Indian studies advocate for equipping them with necessary skills (Venkataraman et al., 2019).

Teacher burnout is a pressing concern globally, as high stress levels and work demands can adversely affect teacher well-being and student learning outcomes (Kim et al., 2019). Recognizing the interdependence of teacher and student mental health, mental health awareness programs must extend beyond students to include teacher

self-care. Programs should emphasize creating a healthy and supportive educational environment, promoting positive relationships, and addressing socio-emotional skills (Wang et al., 2018; Greenberg et al., 2017). However, existing awareness initiatives often lack thorough need assessment prior to development, leading to issues like teacher burnout (Ramkumar, 2015).

This research aims to bridge these identified gaps through a comprehensive approach. By conducting need assessments among teachers, experts, and students, the demand for mental health awareness programs and the specific requirements of the target audience will be empirically evaluated. Existing mental health content and classroom management strategies will be reviewed to assess their effectiveness and relevance. Subsequently, a tailored mental health awareness program will be developed based on identified gaps and needs, addressing practical limitations in resources available to teachers. The program will undergo a trial run to evaluate its adequacy and relevance in real-world educational settings.

By systematically addressing these research gaps, this study seeks to advance knowledge in mental health awareness among teachers, ultimately enhancing support systems and promoting well-being within educational environments. The research aligns with the vision of creating a conducive learning environment where both teachers and students thrive. Its mission is to empower teachers with the necessary knowledge and skills to effectively navigate mental health challenges, thereby fostering a culture of well-being and resilience within educational settings. The expected outcomes include improved teacher confidence in identifying and responding to mental health issues among students, enhanced teacher well-being, and ultimately, improved student mental health outcomes.

## **RESEARCH AIM/ STATEMENT OF THE PROBLEM**

The aim of the study is to design a mental health awareness program for high school and higher secondary school teachers in Kerala after carrying out an extensive need assessment to identify specific concerns. It also aims to incorporate mental health promotion practices and teacher well-being, which are grossly ignored in existing awareness programs.

The current study is titled as “ DESIGNING A MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS IN KERALA”

## **RESEARCH OBJECTIVES**

1. Understand the current level of mental health awareness and attitude among school teachers towards student mental health as well as the need for a new mental health awareness program.
2. Develop a Mental health Awareness Program tailored for high school and higher secondary school teachers in Kerala.
3. Evaluate the relevance and adequacy of the Mental Health Awareness Program developed in the present study.

## **HYPOTHESES**

### **1. Relation between Mental Health Literacy among Teachers and Identification of symptoms in Vignettes**

- 1.1 There is no significant relationship between mental health literacy among teachers and the identification of symptoms in vignette as mental health problem.
- 1.2 There is no significant relationship between mental health literacy among teachers and the identification of symptoms in vignette as depression.

**2. Relation between Mental Health Literacy among Teachers and Responses to Students with Mental Health Problems**

2.1 There is no significant relationship between mental health literacy among teachers and talking to the student as their response to students with mental health problems .

2.2 There is no significant relationship between mental health literacy among teachers and talking to the parents as their response to students with mental health.

2.3 There is no significant relationship between mental health literacy among teachers and referring to professionals as their response to students with mental health problems .

**3. Relation between Identification of Symptoms in Vignette and Response to Students with Mental Health Problems**

3.1 There is no significant relationship between teachers identifying symptoms in vignette as mental health problem, and talking to students as their response to students with mental health problems .

3.2 There is no significant relationship between teachers identifying symptoms in vignette as mental health problem, and talking to parents as their response to students with mental health problems.

3.3 There is no significant relationship between teachers identifying symptoms in vignette as mental health problem, and referring to professionals as their response to students with mental health problems.

3.4 There is no significant relationship between teachers identifying symptoms in vignette as depression, and talking to students as their response to students with mental health problems .

3.5 There is no significant relationship between teachers identifying symptoms in vignette as depression, and talking to parents as their response to students with mental health problems.

3.6 There is no significant relationship between teachers identifying symptoms in vignette as depression, and referring to professionals as their response to students with mental health problems.

**4. Relation between Mental Health Literacy and Exposure to Mental Health Problems Among Teachers**

4.1 There is no significant relationship between mental health literacy and exposure among teachers to mental health problems.

**5. Relation between Mental Health Literacy and Approach towards Mental Health Problems Among Teachers**

5.1 There is no significant relationship between mental health literacy and approach towards mental health problems.

**6. Relation between Exposure to Mental Health Problems among Teachers and Identification of Symptoms in Vignette**

6.1 There is no significant relationship between Exposure to Mental Health Problems among Teachers and the identification of symptoms in vignette as mental health problem.

6.2 There is no significant relationship between Exposure to Mental Health Problems among Teachers and the identification of symptoms in vignette as depression.

**7. Relation between Teachers' Approach towards Mental Health Problems and Identification of Symptoms in Vignette**

7.1 There is no significant relationship between Teachers' Approach towards Mental Health Problems and the identification of symptoms in vignette as mental health problem.

7.2 There is no significant relationship between Teachers' Approach towards Mental Health Problems and the identification of symptoms in vignette depression.

**8. Relation between Exposure to Mental Health Problems and Responses to Students with Mental Health Problems among Teachers**

8.1 There is no significant relationship between exposure among teachers to mental health problems and their response to students with mental health problems (talk to students)

8.2 There is no significant relationship between exposure among teachers to mental health problems and their response to students with mental health problems (talk to parents)

8.3 There is no significant relationship between exposure among teachers to mental health problems and their response to students with mental health problems (refer to professionals).

**9. Relation between Teachers' Approach towards Mental Health Problems and Responses to Students with Mental Health Problems among Teachers**

9.1 There is no significant relationship between teachers' approach towards mental health problems and talking to the student as their response to students with mental health problems.

9.2 There is no significant relationship between teachers' approach towards mental health problems and talking to the parents as their response to students with mental health problems.

9.3 There is no significant relationship between teachers' approach towards mental health problems and referring to professionals as their response to students with mental health problems.

**10. Comparison of Mental Health Literacy among Teachers with respect to Identification of Symptoms in Vignette**

10.1 There is no significant difference in mental health literacy between those who identified symptoms in vignette as mental health problem versus those who did not.

10.2 There is no significant difference in mental health literacy between those who identified symptoms in vignette as depression versus those who did not.

**11. Comparison of Mental Health Literacy among Teachers with respect to Response to Students Mental Health Problems.**

11.1 There is no significant difference in mental health literacy between those who would talk to students with mental health problems versus those who wouldn't.

11.2 There is no significant difference in mental health literacy between those who would talk to parents of students with mental health problems versus those who wouldn't.

11.3 There is no significant difference in mental health literacy between those who would give professional referral to students with mental health problems versus those who wouldn't.

## RESEARCH QUESTIONS

The key research question has been formulated based on the aim, objectives and hypotheses of the current study. From the key research questions sub questions were also formulated which would be addressed during the course of the research.

### Key Research Question

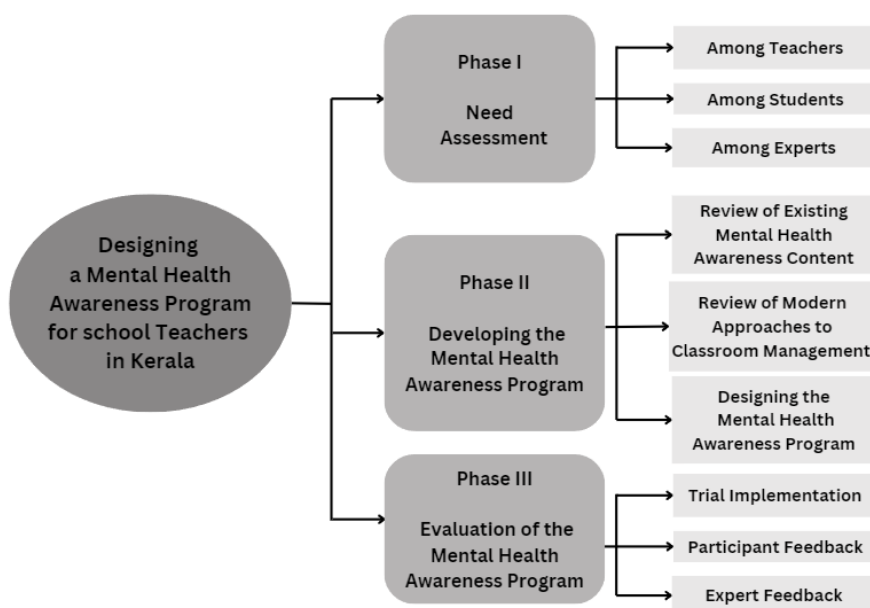
What components should be included in a tailored mental health awareness program for school teachers in Kerala to effectively address their specific needs and challenges?

### Sub Questions

- What is the extent of the need for a new mental health awareness program among school teachers in Kerala?
- What specific content should be incorporated into the mental health awareness program designed for teachers?
- How relevant and adequate is the proposed content of the program for school teachers in Kerala?

Figure 2

*Outline of the Research Process*



## **WORKING DEFINITIONS**

### **Mental Health**

Mental health refers to a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, work productively, and contribute to their community. It encompasses emotional, psychological, and social well-being, and is influenced by various factors including genetics, environment, and life experiences.

### **School Mental Health**

School mental health refers to efforts aimed at promoting and supporting the mental health and well-being of students within the educational setting. It involves creating a positive and supportive school environment, implementing interventions to address mental health concerns, and providing access to resources and support services for students, teachers, and staff.

### **Adolescence**

Adolescence refers to the transitional stage of development between childhood and adulthood, typically characterized by physical, psychological, and social changes. It encompasses the period from approximately ages 10 to 19, during which individuals undergo significant growth and development, both physically and emotionally.

### **School Teachers**

School teachers are professionals responsible for facilitating learning and development among students within schools. They play a crucial role in shaping students' academic, social, and emotional growth during their formative years. School teachers engage in various instructional activities, provide guidance and support, and contribute to

creating a positive and inclusive learning environment. The current study focuses on high school and higher secondary school teachers who primarily deals with adolescents.

### **Mental Health Literacy**

Mental health literacy refers to the knowledge and understanding of mental health issues, including recognition of symptoms, available treatments, and sources of support. It encompasses the ability to identify mental health problems, seek appropriate help, and engage in positive coping strategies. Mental health literacy is essential for promoting early intervention, reducing stigma, and improving overall mental health outcomes.

### **Mental Health Awareness Program**

Mental health awareness program is a structured initiative designed to increase knowledge and understanding of mental health issues among a specific target audience, such as students, teachers, or community members. These programs typically provide education, training, and resources to promote mental health awareness, reduce stigma, and encourage help-seeking behaviors. The aim is to equip participants with the skills and knowledge needed to support their own mental health and that of others.

### **Evaluation**

In the context of this research, evaluation refers to a systematic process aimed at assessing the relevance and adequacy of the content of the mental health awareness program developed for teachers. This process involves gathering, analyzing, and interpreting data from feedback forms from participants and experts.

## CHAPTER II

### METHOD

- Introduction to Research Methodology
- Research Design
- Phase I: Need Assessment
  - 1) Teachers
  - 2) Students
  - 3) Experts
- Phase II: Developing The Mental Health Awareness Program
  - 1) Review of Existing Mental Health Awareness Content for Teachers
  - 2) Review of Modern Approaches To Classroom Management
  - 3) Designing the Mental Health Awareness Program
- Phase III: Evaluation of the Mental Health Awareness Program
- Ethical Considerations



Methodology is a general research strategy that describes the way research is carried out. It elaborates on the methods chosen for inquiry and describes the philosophical presumptions and beliefs that help build an understanding of the research topic. Research methodology is an essential component in a thesis as it ensures the tools, procedures, and underlying philosophy are all in congruence (Melnikovas, 2018). The method chapter outlines the methodology employed to address the research objectives. A detailed explanation of the various aspects of the process, namely, research philosophy, research design, sampling methods, data collection tools, and analysis procedures, gives transparency to the research process (Melnikovas, 2018; Saunders et al., 2019). It describes the various phases involved in the process as well as the specific methods utilized at each stage, providing the blueprint for the present research process.

Research Onion is a tool that helps to organize the research and develop the research design (Saunders et al., 2019). It helps in understanding complex research processes by breaking them down into different layers, representing their different facets. Figure 3 illustrates the various facets of the present research work using the research onion model by Saunders et al. (2019). The six layers include philosophy, approach, methodological choices, strategy, time frame, and techniques and procedures (Melnikovas, 2018). The outline of the present study, utilizing the research onion framework, is elaborated below.

**Research Philosophy:** This study is guided by the philosophy of pragmatism. A pragmatic paradigm is popular in social science research due to its flexibility in integrating both qualitative and quantitative methods (Melnikovas, 2018). This philosophy has several advantages in social science research, especially in a study like the present one, which includes a need assessment. Understanding the current level of

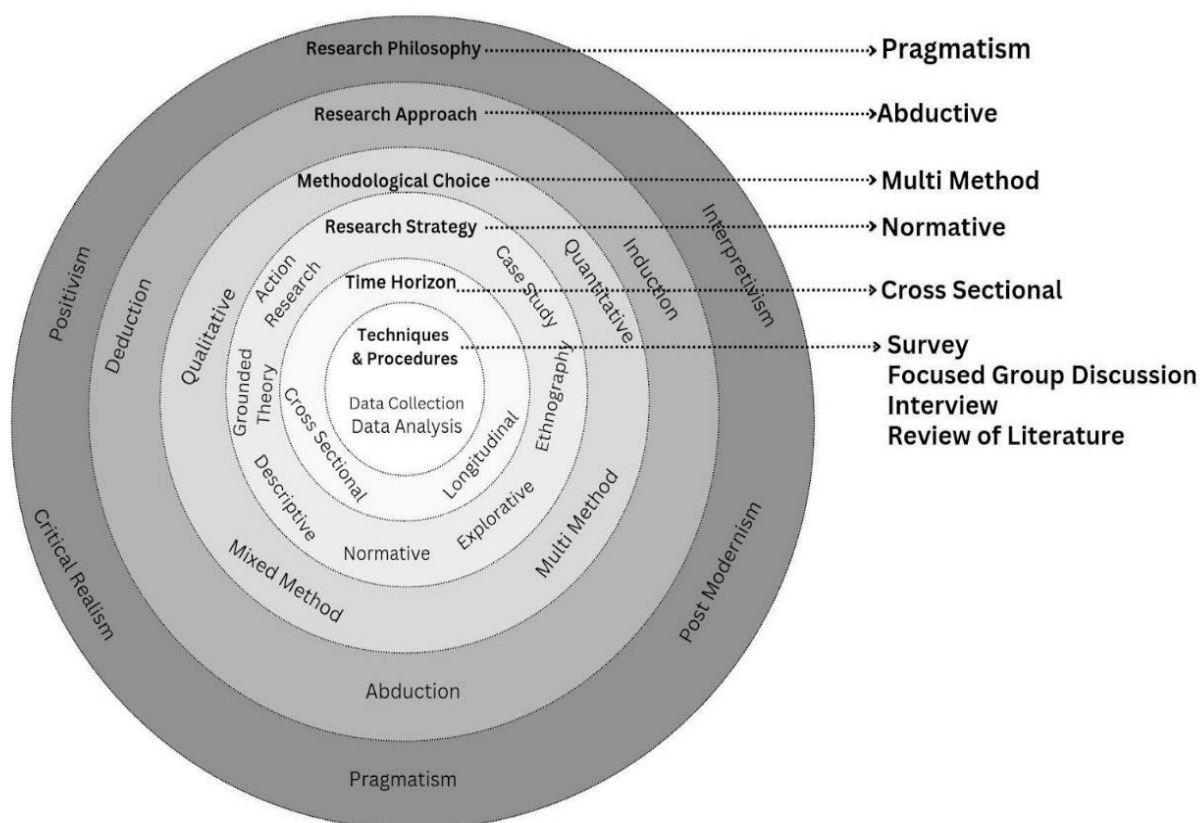
mental health awareness among teachers and their perceived needs is necessary to create a program that is beneficial for them. The methodological flexibility of pragmatism allows the researcher to incorporate diverse methods, ensuring a comprehensive exploration of mental health awareness among teachers as well as exploring the diverse nature of the teacher-student relationship, the overall well-being of students, and classroom intervention strategies. Emphasizing practical applicability, it prioritizes strategies that are not only theoretically sound but also applicable in real classroom settings. The flexibility of pragmatism ensures responsiveness to specific requirements and challenges based on contextual factors, contributing to a program that is culturally and socially relevant to teachers and students. This approach thus enables a strong foundation for developing a mental health awareness program that is methodologically flexible, applicable to classroom settings, apt to the cultural and social context, and inclusive of the needs of both students and teachers.

**Research Approach:** According to Saunders et al. (2016), the three main approaches to theory development are deductive, inductive, and abductive approaches. A deductive approach is one that moves from a general rule to a specific conclusion and is typically employed in theory testing. Inductive reasoning, on the other hand, is a way of theory-building where specific observation leads to the formulation of a general rule. The third approach is abductive reasoning. Choosing the best explanation or hypothesis based on the data and observations at hand is known as abductive reasoning. The aim of abductive reasoning is to form the most likely explanation for a set of observed facts. It is commonly used to present the most likely course of action when there are contradicting or incomplete pieces of information (Paavola et al., 2006; Kuosa, 2011).

The present study utilizes abductive reasoning aligned with the pragmatic research philosophy. A review of the literature that was available and the information from already existing teacher awareness programs were combined with the conclusions drawn from expert, teacher, and student needs assessments. Based on the findings, the present work aims to develop a mental health awareness program tailored for high school and higher secondary school teachers in Kerala. Abductive reasoning plays a crucial role in this study by facilitating a nuanced understanding of the unique cultural and social context of teachers and thereby facilitating the development of a mental health awareness program specifically designed for them.

**Figure 3**

*Structure of Research Onion*



*Note:* The figure outlines the method of the present research work using the “research onion” method adapted from Saunders et al. (2019, p. 108).

**Methodological Choices:** Methodological choices refer to the type of data used in the research. The two data types are quantitative and qualitative. Quantitative data refers to numerical data that can be counted or quantified. Qualitative data is descriptive in nature, referring to things that are observable but are not directly quantifiable. Researchers can choose between mono-method, mixed-method, and multi-method approaches based on the type of data involved. Mono-method involves the use of a single research strategy, either quantitative or qualitative, while mixed-method combines both methods, and multi-method involves the concurrent use of multiple methods at different stages to address research questions (Melnikovas, 2018).

A multi-method approach is used in the current study, combining quantitative and qualitative data simultaneously in different phases. This strategic combination attempts to make use of the strengths of both techniques, providing a more comprehensive and refined view of the research findings. Qualitative data obtained through interviews and open-ended questionnaires allows for an in-depth understanding of the experiences, perspectives, and context around the need for mental health awareness among teachers. On the other hand, quantitative data obtained through surveys provides numerical insights and statistical trends about the same. Concurrently using both methodologies in different phases helps in triangulating findings, thereby increasing the validity and reliability of the study findings and recommendations.

**Research Strategy:** The research strategy includes the overall plan for conducting the research. According to Saunders et al. (2016), experimental research, action research, case study research, grounded theory, ethnography, and archival research are the different strategies that cater to various research goals and methodologies. But it is appropriate to take into account the categories employed in "Futures Studies" when

exploring and evaluating prospective future scenarios, trends, and opportunities (Puglisi, 2001; Kosow & Gaßner, 2008). The methodologies in "Futures Studies" are used to identify patterns of future development, propose activities to reach a desired future, or investigate the probable developments of future occurrences. As a result, there are three major study strategies: descriptive (to describe how the future might unfold), normative (to advise activities for a preferable future), and explorative (to explore different future possibilities). The present study utilizes a normative approach that prescribes actions to enhance mental health awareness among teachers by developing a mental health awareness program based on the need assessment findings.

**Time Horizon:** The time horizon represents the temporal aspect of the research. The approach in which data is collected at one point in time is called cross-sectional research, while the approach in which the data collected over an extended period is called longitudinal research. The temporal aspect of the research is determined based on research objectives and questions. The current research employs a cross-sectional exploration of mental health awareness among teachers.

**Techniques and Procedures:** The techniques and procedures used in the research work constitute the last layer of the research onion. Several techniques were used in the present study, such as surveys, focused group discussion, and interviews. Surveys were conducted among teachers as well as students. Alongside this, qualitative insights were extracted through open-ended questions in surveys, focused group discussion and telephonic interviews. Thematic analysis was applied to interpret the qualitative data. Both descriptive and inferential analyses were utilized to draw meaningful conclusions.

## RESEARCH DESIGN

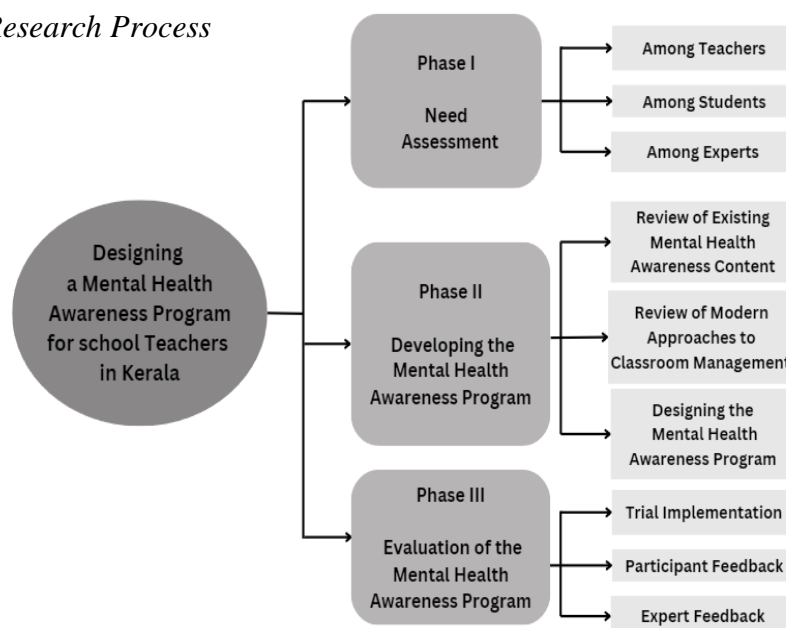
The present study utilizes a **Mixed Method Design**. It was done in three phases (Fig. 3). Phase one was “Need Assessment” for assessing the need for a mental health awareness program among school teachers in Kerala. The need assessment was done among teachers, students, and experts. The second phase involved developing the mental health awareness program for school teachers, which was designed based on findings triangulated from need assessments and a review of existing awareness programs for teachers as well as modern classroom management strategies. The contents of the program were evaluated through trial implementation in the third phase.

## METHOD

Given the multifaceted nature of the study, it was organized into distinct phases (Figure 4), each involving different samples, instruments, and analysis methods. These phases are delineated below to provide clarity on the study's methodology and progression:

**Figure 4**

### *Outline of the Research Process*



*Note:* The figure outlines the three phases in the present research work, “Designing a Mental Health Awareness Program for School Teachers in Kerala.”

## **Phase I: Need Assessment**

The need assessment was done to understand the ground reality of the level of awareness and attitude school teachers have towards student mental health. It also explores the cultural and contextual factors influencing teachers in their approach to student mental health and mental health problems. This was done by collecting information from teachers, students, and experts from fields associated with mental health and education. The need assessment was done during the period of 2020-2022.

### ***Part 1: Need Assessment Among Teachers***

**Objective:** To explore the current level of mental health awareness and attitude towards student mental health problems among high school and higher secondary school teachers in Kerala.

**Design:** Exploratory Design

**Participants:** There were three samples of teachers among whom the need assessment was done.

- ***Teacher Sample 1:*** High school and higher secondary school teachers teaching in schools across Kerala. The sample included teachers who had at least one year of teaching experience and are teaching or have taught in Kerala. The data was collected from 180 teachers across Kerala, with a total of 74 participants selected through a random sampling method using a simple random table. This approach ensured randomness and minimized bias in participant selection.
- ***Teacher Sample 2:*** A group of six probationary teachers. The participants were teacher trainees who had completed B.Ed. and were in probationary teaching. Participants were selected using the convenience sampling method.

The teachers were contacted and briefed about the study, and those who gave consent to participate were included.

- **Teacher Sample 3:** Thirty-nine high school and higher secondary school teachers. Teachers from across Kerala were selected through convenience sampling. The sample included teachers who had at least one year of teaching experience and are teaching or have taught in Kerala. The teachers were contacted and briefed about the study, and those who gave consent to participate were included.

**Instruments:** Multiple instruments were used for need assessment among teachers, such as surveys, focused group discussions and individual interviews. A personal data sheet, mental health literacy questionnaire, and vignette-based questions were utilized for the survey, while a semi-structured focused group schedule and a semi-structured interview schedule were used for focused group discussion and individual interviews, respectively. The tools are described below.

1. **Personal Data Sheet:** Includes demographic details like age, gender, teaching experience, and information like whether they have attended any mental health awareness or training programs, whether they have personally experienced mental health problems and sought help for them, or whether they know others with mental health problems or others who sought help for it, etc(Appendix: A2).
2. **Mental Health Literacy Questionnaire (MHLq-Adults)** (Dias et al., 2018). Participants self-reported their mental health literacy on 29 items in four dimensions, namely (a) Knowledge of Mental Health Problems (11 Items) (b) Erroneous Beliefs/Stereotypes (8 Items). (c) Help-Seeking and First Aid Skills (6 Items), and (d) Self-Help Strategies (4 Items).

Six items of the erroneous beliefs' subscale required reverse scoring before the computation of the total score. A high global or subscale score indicates better knowledge and more positive beliefs about mental disorders. Cronbach's Alpha values were good for the total score, ranging from acceptable to questionable for the subscales: Total Score (29 items)  $\alpha = 0.84$ ; Factor 1, knowledge of mental health problems (11 items)  $\alpha = 0.74$ ; Factor 2, erroneous beliefs/stereotypes (eight items)  $\alpha = 0.72$ ; Factor 3, first aid skills and help-seeking behaviour (six items)  $\alpha = 0.71$ ; Factor 4, self-help strategies (four items)  $\alpha = 0.60$ . (Dias et al., 2018). The higher the score of the subscale "Erroneous Beliefs/Stereotypes," the lower the erroneous beliefs and stereotypes; hence, the subscale is referred to as "No Erroneous Beliefs/Stereotypes" in the results and discussion chapter(Appendix: A4).

3. ***Vignette-Based Questions***: A vignette (based on Jorm, et al., 2007) describing a student with depression was used. The vignette described a hypothetical student in a classroom setting showing symptoms of moderate-level clinical depression. The vignette was followed by questions assessing whether the teacher identified the symptoms as those of a "mental health problem". There were questions about how the teacher would respond to the student in such situations and if they would direct the students to mental health professionals. The vignette was included as the MHLq did not have items specifically assessing the ability to identify mental disorders by recognizing symptoms (Appendix:A3).

4. ***Semi-Structured Focused Group Discussion (FGD) Schedule:*** This schedule was developed based on questions in the MHLq. It included questions exploring (Appendix: B3)
  - a. Basic background information
  - b. Level of understanding about mental health and mental health problems
  - c. Attitude towards student mental health problems
  - d. Ability to identify and help students facing mental health problems
  
5. ***Semi-Structured Interview Schedule:*** The interview schedule was developed with minor modifications to the FGD schedule. It included questions exploring (Appendix: D3)
  - a. Basic background information
  - b. Level of understanding about mental health and mental health problems
  - c. Attitude towards student mental health problems
  - d. Ability to identify and help students facing mental health problems

**Procedure:** The initial phase of the study focused on need assessment among teachers. The library facility was used to do an initial review of the literature. A pilot survey was done among teachers to finalize the tools for the main study. Personal datasheets, MHLqs, and vignette-based questions were included in the survey. The questionnaires were distributed in schools and collected after a week's time. Out of 86 completed questionnaires, after eliminating 12 with obvious response biases (neutral response, dissent, and acquiescence bias), the remaining 74 were scored and analysed. Responses to the vignette questions were coded and analysed using descriptive analysis and mean differences.

Teacher feedback revealed that the questionnaires were too long and repetitive, leading to either non-response or biased responses. However, the open-ended responses to the vignette questions revealed some significant findings. After discussion with the research guide, other techniques for data collection, such as focused group discussion and individual interviews, were considered.

The COVID-19 pandemic and resulting lockdown and restrictions made it difficult to conduct a focused group discussion on school premises. As a result, it was decided to conduct the discussion online using the Zoom platform. A schedule of questions was formed with questions derived from MHLq. A pilot FGD was conducted to familiarize with and check the feasibility of the process of FGD. A brief overview regarding the FGD was sent to prospective participants, and six of them confirmed their willingness to participate. The date and time were fixed according to the convenience of all participants. All the participants had completed their B.Ed. and were working as probationary teachers. The FGD was conducted and the session was recorded with permission, while the transcript was made later. The transcripts were translated into English and analysed qualitatively. Pilot individual interviews were also conducted among two teachers to familiarize and check the feasibility of the interview process. The interviews were transcribed, and preliminary content analysis was done.

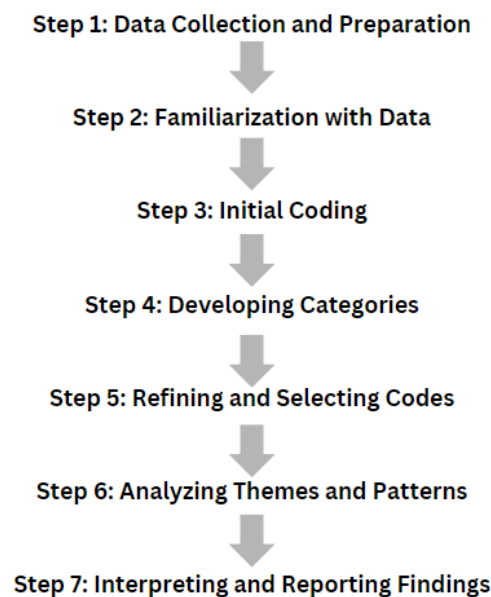
The interviews gave more robust and quality data; hence, in consultation with the supervisor, it was decided to use individual interviews to continue the need assessment to explore the level of awareness among teachers and the need for a mental health awareness program for them. Individual interviews additionally eliminated the logistical issues that arose with focused group discussions concerning agreement on the timing and schedules of teachers.

Based on the responses and feedback from the pilot interview and future analysis requirements, a few modifications were made to the interview schedule. As part of the need assessment, 39 interviews were conducted. Interviews were done until the data reached saturation level. Audios from the interview were recorded with permission and later transcribed. The transcripts were translated into English and further subjected to analysis.

**Analysis:** The quantitative data underwent descriptive analysis, and mean differences were analyzed using SPSS 16. The responses to the vignette-based questions and the focused group and interview transcripts were analysed using content analysis. The responses to the questions were thoroughly read to get familiar with the content. Initial codes were generated after thoroughly reading the text. Themes were elicited from the codes and further refined after review. The themes were finalized and further grouped into domains, and inferences were drawn. The findings are elaborated in the results and discussions chapter.

**Figure 5**

*Steps in Content Analysis*



**Part 2: Need Assessment Among Students**

**Objective:** To explore the current status of various mental health parameters in students, their inclination to seek help, and expectations from teachers while facing a mental health problem.

**Design :** Exploratory Design

**Participants:** Ninety-nine high school and higher secondary school students. The participants were selected through convenience sampling. The participants of this study were high school and higher secondary school students from Kerala who attended the program “Responsible Adolescents (READ)” organized by MKMS Education (Muttath Knowledge Management Services). MKMS is an organization that aims to help adolescents become self-aware, socially responsible, and well-rounded individuals (The Hindu, 2020). The participants were chosen from this program as it was a platform where adolescents from all parts of Kerala participated.

**Instruments:** The below instruments were used for need assessment among students:

1. **Personal Data Sheet:** Includes demographic details like age, gender, class, siblings, residence, monthly family income, parents' education, and occupation (Appendix: D2).
2. **Rosenberg's Self-Esteem Scale:** Rosenberg's Self-Esteem Scale (RSE), developed by Morris Rosenberg (1965), is used to assess self-esteem among students. It is used to measure global feelings of self-worth and consists of 10 items that examine rates on a four-point Likert scale, from strongly agree (scored 3) to strongly disagree (scored 0). RSE has high internal reliability, which is 0.92, and strong construct validity. The scale scores range from 0-30. Scores between 15 and 25 are within the normal range; scores below 15 suggest low self-esteem (Appendix: D3).

3. **Brief Resilience Scale:** (Smith et al., 2008) The brief resilience scale (BRS) was used to assess the ability to bounce back or recover from stress. There are six items in the brief resilience scale (BRS). Items 1, 3, and 5 are positively worded, and items 2, 4, and 6 are negatively worded. The BRS is scored by reverse-coding items 2, 4, and 6 and finding the mean of the six items (Appendix: D4).

The unidimensional factor of the Brief Resilience Scale (BRS) explained 55% - 67% of the variance over the 4 samples tested with Principal Component Analysis (PCA). Internal consistency reliability ranged from  $\alpha = .80$  to  $\alpha = .91$ .

4. **Multidimensional Locus of Control Scale** (Levenson, 1972): The Multidimensional Locus of Control IPC Scale (IPC LOC Scale) is an instrument for assessing the locus of control. Scores range between 0 and 48. A high rating on the Internal Locus of Control scale indicates a strong internal locus of control. An internal locus of control can be helpful for successful behaviour change. High ratings on either the Powerful Others scale or the Chance scale indicate a strong external locus of control. If the score is high on the Powerful Others scale, one typically believes that one's fate is controlled by other people; if one's score is high on the Chance scale, one believes one's fate is controlled by chance. Each subscale is totalled separately, and +24 is added to each to get a final score (Appendix: D5)

Internal consistency reliability, assessed through Cronbach's alpha coefficient, demonstrated satisfactory values above 0.70 for all three dimensions of locus of control. Criterion validity, assessed through correlations with the Rosenberg self-esteem scale (RSES), showed significant associations, confirming the validity of the IPC LOC Scale.

5. ***Semi-structured Questionnaire:*** The open-ended questions explore the understanding of mental health problems and the causes of such problems. Likelihood to seek mental health help from a) parents, b) friends, c) teachers, and d) mental health professionals. Thirdly, awareness about various mental health professionals and the services they provide (Appendix: D6).

Gaining insights into the current status of self-esteem, resilience, and locus of control among students is pivotal in customizing a training program for teachers. By understanding the unique psychological profiles of students, teachers can be better equipped to address their needs effectively. A program tailored to enhance self-esteem can empower students to believe in themselves, fostering a positive learning environment. Likewise, addressing resilience can equip students with the tools to navigate challenges with resilience and determination. Recognizing the locus of control can guide educators in empowering students to take charge of their own growth and well-being. Therefore, a thorough assessment of these parameters serves as the foundation for creating a training program that truly meets the psychological needs of the student community.

Additionally, understanding the level of mental health awareness among students and their inclination to seek help from various sources for mental health concerns will also help teachers to be informed of the ground reality and facilitate necessary support for the students based on their needs. Understanding the gap in students' mental health awareness and factors influencing their help-seeking behaviour will help in including necessary resources in the program to help teachers be equipped to handle the needs of their students.

**Procedure:** The questionnaires were compiled as a Google Form and distributed among the participants in READ 2020. The assessment was conducted in September 2020. There were close to 200 students who registered for READ, and out of those, 113 participants responded to the questionnaire. Ninety-nine participants out of 113 completed the open-ended questions. The responses to the open-ended questions were thematically coded and subjected to both quantitative and qualitative analysis.

**Analysis:** Descriptive analysis was utilized. Quantitative data was analysed using SPSS 16. The responses to the open-ended questions were analysed using Content Analysis. The responses to the questions were thoroughly read and familiarized with. Initial codes were generated after thoroughly reading the text. Themes were elicited from the codes and further refined after review. The themes were finalized, and inferences were drawn. The findings are elaborated in the results and discussions chapter.

### ***Part 3: Need Assessment among Experts***

**Objective:** To explore expert observations regarding the need for mental health awareness programs for school teachers in Kerala.

**Design :** Exploratory Design

**Participants:** Experts from various fields, such as psychology, social work, education were interviewed. The experts were chosen by purposive sampling. The experts were contacted, and twenty-one of them who gave consent to participate were included in the study. The following were the experts interviewed:

***Experts from the Government Sector:*** Experts from the government sector included (a) A senior lecturer in the District Institute of Education and Training (DIET). DIET is a nodal agency for providing academic and resource support at the district and grassroots levels for the success of various strategies and programs undertaken in the areas of elementary education. (b) Two trainers from Our Responsibility to Children Kerala (ORC). The project ORC is designed to address the increasing tendency in youth and adolescents towards deviant behaviour. ORC is a planned community intervention that connects with children and young people between the ages of 12 and 18 years, aiming to create a multi-collaborative platform for Government agencies, professional agencies, parents, and teachers to equip youth with appropriate know-how to face the challenges of the world they live in.

***Mental Health Experts Associated with Adolescent Mental Health:*** The other experts interviewed were:

(a) Clinical Psychologists: Two clinical psychologists primarily dealing with children and adolescents, practicing in the private sector in Thrissur.

(b) Consultant psychologists: Three consultant psychologists who are primarily dealing with academic backwardness, conduct issues, and learning difficulties working in the private sector in Thrissur.

(c) Psychiatric social worker: A psychiatric social worker with 22 years of experience, currently working as a counsellor in a college in Ernakulam.

(d) School counsellors: Twelve school counsellors working in various schools from districts Trivandrum (2), Alappuzha (1), Kollam (1), Kottayam (1), Ernakulam (3), Thrissur (2), Malappuram (1), and Kozhikode (1). Five of them were from the CBSE board, six were from SCERT, and two were from ICSE syllabus schools.

(e) Special Educator: A special educator with more than 15 years of experience practicing in Ernakulam in the private sector.

**Tools:** A semi-structured interview schedule was used for need assessment among experts. (Appendix E). The interview schedule included the following:

- a. Basic background information
- b. Experts' observations on the current level of awareness among teachers
- c. Experts' observations on the need for mental health awareness programs
- d. Experts' recommendations for designing a mental health awareness program

**Procedure:** Individual interviews with experts were conducted in telephonic mode. The semi-structured interviews aimed to understand the experts' observations on the current status of mental health awareness among teachers as well as their observations regarding the need for awareness programs for teachers. The experts were contacted and given a brief overview of the study. Those who gave consent were further interviewed at a time convenient for them. The interview audio was recorded with permission and later transcribed for further analysis.

**Analysis:** Transcripts were analysed using Content Analysis. Firstly, the responses to the questions were thoroughly read to become familiar with the content. Initial codes were generated and further refined into themes. The themes were later grouped into domains, and inferences were drawn. The findings are elaborated in the results and discussions chapter.

## **Phase II: Developing the Mental Health Awareness Program**

Phase II was developing the mental health awareness program after triangulating the findings from the review of existing mental health awareness content and the review of modern approaches to classroom management as well as the findings from Phase I.

### ***Part 1: Review of Existing Mental Health Awareness Content for Teachers***

**Objective:** Review of the existing mental health awareness content for teachers.

**Design:** Heuristic Analysis

**Sample:** Six shortlisted mental health awareness content for teachers. Only those programs with a module or manual for the content were finally selected and reviewed.

The contents selected for review are as follows:

1. Mental Health Promotion for School Children: A Manual for School Teachers and School Health Workers (WHO, 2021)
2. Classroom WISE (Wellbeing Information and Strategies for Educators): Discussion Guide ([www.mhttcnetwork.org](http://www.mhttcnetwork.org), accessed January 18, 2023).
3. Mental Health and High School Curriculum Guide: Teacher Knowledge Update (Kutcher & Wei, 2018)
4. Early Identification and Intervention of Mental Health Problems in School-Going Children and Adolescents: Modular Handbook for Teachers and Allied Stakeholders (Nagpal, 2022)
5. Training Module: Our Responsibility to Children (ORC, 2015)
6. School Mental Health Through Empowering the Education Sector: A Manual for School Teachers and Counsellors (John et al., 2006)

**Procedure:** An extensive search was done on the “Google Search Engine,” and several programs were shortlisted. Content analysis was employed to analyze the content of the programs.

**Analysis:** The content of the manuals and modules was thoroughly reviewed. The topics covered in the content reviewed were compared. The findings are further elaborated in the results and discussion chapter.

### ***Part 2: Review of Modern Approaches to Classroom Management***

**Objective:** To review the various modern approaches to classroom management.

**Design :** Exploratory (Qualitative) Design

**Sample :** Several approaches to classroom management were selected. Those approaches with sufficient evidence were shortlisted for the review. The following approaches were reviewed:

1. Positive Behavioural Interventions and Supports (PBIS) (Sugai & Simonsen, 2012; Fluke & Peterson, 2013)
2. Trauma-Informed Classrooms (Brunzell, & Norrish, 2021; Sweetman, 2022)
3. Restorative Practice in Classrooms (Thorsborne & Vinegrad, 2017)
4. Strength-Based Classrooms (Brunzell & Norrish, 2021; Baron, 2023)
5. Social Emotional Learning (Durlak et al., 2017)

**Analysis:** Content Analysis was employed to elicit the major tenets of the above approaches. The major tenets of each approach were reviewed. It is further summarized in the results and discussion chapter.

***Part 3: Designing the Mental Health Awareness Program***

**Objective:** To finalize the content and design the mental health awareness program for school teachers in Kerala.

**Research Design :** Applied Research Design

**Procedure:** The content of the mental health awareness program was finalized after triangulating information from

- a) A review of existing mental health awareness content for teachers,
- b) A review of modern approaches to classroom management and
- c) Findings from the need assessment in the present study.

Table 1 outlines the content of the mental health awareness program. The major themes included are as follows

1. Understanding about Child and Adolescent Development,
2. Mental Wellbeing and Mental Health Concerns,
3. Teacher Wellbeing,
4. Classroom Wellbeing and
5. Practice Sessions

Efforts were made to include content that gave equal importance to the early identification of mental health problems as well as mental health promotion. The program also includes practical self-care practices that teachers can incorporate into their busy schedules. The format of the awareness program was finalized after discussion with the supervisor. A detailed explanation of the topics and the rationale and relevance of including each is elaborated in the results and discussion chapter.

**Table 1***Outline of the 5-day Mental Health Awareness Program for School Teachers*

Day	1	2	3	4	5
<b>Theme</b>	<b>Understanding about Child and Adolescent Development</b>	<b>Mental Wellbeing and Mental Health Concerns</b>	<b>Teacher Wellbeing</b>	<b>Classroom Wellbeing</b>	<b>Practice Sessions</b>
<b>Topics (75 min each)</b>	Imp of Mental Health Awareness Among Teachers  Biology of Mental Health  Psychosocial Development	Factors Influencing Student Wellbeing  Mental Health Concerns among students (2 sessions)	Mental Health Professionals and Help Seeking  Teacher Self-care (Cognitive Distortions, Assertiveness, Self-Care Training)	Empowering Classroom Practices (Trauma-Informed, Strength Based, Restorative)  Handling Students in Distress	Vignette-Based Group Activity: Identifying warning signs  Challenging Cognitive distortions  Role Play: Non-Violent Communication
<b>Activities (30 min each)</b>	Breathing Exercise for Stress Relief  Social Identity Wheel	Grounding Exercise  Wheel of life Reflection Activity	Guided Meditation  Teacher Characteristics - Reflection Activity	Somatic Exercises  Strength of Self: Reflection Activities	Group Discussion: Practical changes that can be implemented in their settings

### **Phase III: Evaluation of the Mental Health Awareness Program**

**Objective:** To evaluate the relevance and adequacy of the mental health awareness program designed.

**Design:** Mixed Method Design

**Participants:** Six high school and higher secondary school teachers and six experts from the fields of mental health and education. The participants were selected through convenience sampling.

**Instruments:** A participant evaluation form (Appendix: G) and an expert evaluation form (Appendix: H) was created by the researcher to evaluate the relevance and adequacy of the content during trial implementation of the awareness program. The evaluation forms included rating scales for the adequacy, relevance, duration, and pacing of the content of the awareness program, as well as the practice activities included.

**Procedure:** The content and structure of the mental health awareness program designed for school teachers were evaluated through trial implementation. A pamphlet describing the awareness program was distributed among various teacher groups. Those who showed interest were personally contacted. During the initial enquiry, it was observed that the teachers faced challenges in committing to the original five-day program due to various school-related obligations. To address this, adjustments were made to accommodate their availability. After careful consideration and discussion with the guide, it was decided to conduct the trial run over four days, spread across two weekends, with each day consisting of four hours of engagement. The Zoom platform was chosen as the medium for conducting the sessions to ensure remote accessibility.

In order to fit the reduced timeframe, certain modifications were made to the program (Table 2). The duration of group discussions and some practice activities were shortened accordingly. Out of the 16 teachers registered for the program, six were able to attend the sessions on the scheduled days and times.

**Table 2**

*Outline of the 4-day Trial Run of the Mental Health Awareness Program for School Teachers*

Day	1	2	3	4
Theme	Understanding about Child and Adolescent Development	Mental Wellbeing & Mental Health Concerns	Teacher Wellbeing	Classroom Wellbeing
<b>Topics (40 min each)</b>	Imp of Mental Health Awareness Among Teachers + Biology of Mental Health  Psychosocial Development  Factors Influencing Student Wellbeing	Mental Health Concerns among students (2 sessions)  Mental Health Professionals and Help Seeking	Cognitive Distortions, Assertiveness,  Self-Care	Empowering Classroom Practices (Trauma-Informed, Strength-Based, Restorative)  Handling Students in Distress
<b>Activities (15 min each)</b>	Breathing Exercise for Stress Relief  Social Identity Wheel  Wheel of life Reflection Activity	Grounding Exercise  Vignette Based Group Activity: Identifying Warning Signs	Guided Meditation  Teacher Characteristics Reflection Activity  Challenging Cognitive Distortions	Somatic Exercises  Strength of Self: Reflection Activities  Non-Violent Communication: Group Activity

Throughout the trial run, participants provided feedback about the sessions by completing evaluation forms at the end of each day. The sessions were recorded for further evaluation by experts. The recorded sessions were shared with six experts in the fields of mental health and education, who carefully evaluated the content and completed the evaluation form and provided recommendations based on their observation.

**Analysis:** Descriptive analysis was employed to analyse the feedback from participants and experts. Additional responses from the evaluation forms and the insights from the experts were also examined to gain a comprehensive understanding of the strengths and areas for improvement in the content and structure of the program.

## **ETHICAL CONSIDERATIONS**

The ethical clearance for the study was approved by the Research Advisory Committee. Before commencing the study, all participants were briefed on its general outline. Prior to their involvement, informed consent was obtained from each participant, ensuring their voluntary participation. High school and higher secondary students who attended the "Responsible Adolescents (READ)" program by MKMS Education were included in this study's student cohort. Parents were informed and consent was obtained by program coordinators for the students to participate in the need assessment, ensuring voluntary participation.

Throughout the study, strict confidentiality was maintained regarding individual-specific data on various measures. The audio recording of one-on-one interviews and focus group discussions was conducted only after securing consent from the participants. Participants were furnished with the contact details of both the researcher and supervisor for any queries or additional information required about the research. Furthermore, participants were explicitly informed of their right to withdraw from the study at any juncture. Those participating in interviews were apprised that there would be no direct or indirect benefits associated with their involvement in the study.



## CHAPTER III

### **FINDINGS AND DISCUSSION**

- Introduction
- Phase I: Need Assessment
  - 1) Teachers
  - 2) Students
  - 3) Experts
- Phase II: Developing The Mental Health Awareness Program
  - 1) Review of Existing Mental Health Awareness Content for Teachers
  - 2) Review of Modern Approaches To Classroom Management
  - 3) Designing the Mental Health Awareness Program
- Phase III: Evaluation of the Mental Health Awareness Program



This chapter methodically reveals the results and discussions of the present research work, providing a thorough description of the empirical observations and analytical conclusions. The results are organized in a way that is consistent with the goals of the research, offering a logical story that captures the qualitative and quantitative aspects of the data. This chapter is divided into three sections based on the three phases of the present study. The first section includes findings from the need assessment among teachers, students, and experts, and the second section comprises the process and findings associated with the development of the mental health awareness program for school teachers. The third section discusses the evaluation of the mental health awareness program that was developed.

Both quantitative and qualitative analysis was used to reach inferences. Descriptive statistical tools such as frequency, central tendency, and variability, as well as inferential tools such as correlation and mean differences, were used to analyse quantitative data. The tabular and graphical formats in which these quantitative insights are presented enable a more nuanced understanding of the trends, patterns, and relationships identified within the data. Qualitative results from content analyses have been integrated into the narrative at the same time, giving the interpretation more depth and context. By integrating these findings, the results chapter covers the findings from the need assessment, highlighting the current level of awareness among teachers in Kerala and the need for mental health awareness programs for them. This chapter also outlines how the findings from the need assessment and review of literature led to the development of a tailor-made mental health awareness program for school teachers in Kerala, as well as feedback from the trial run of the program.

This chapter, thus serves as an empirical testimony, outlining the main findings of the present research work and a detailed discussion based on the findings in each phase.

## **NEED ASSESSMENT**

The need assessment was done to explore the current level of awareness among school teachers and the need for the development of a new awareness program. The need assessment was done among teachers, students, and experts. The findings are as follows:

### **Part 1: Need Assessment among Teachers**

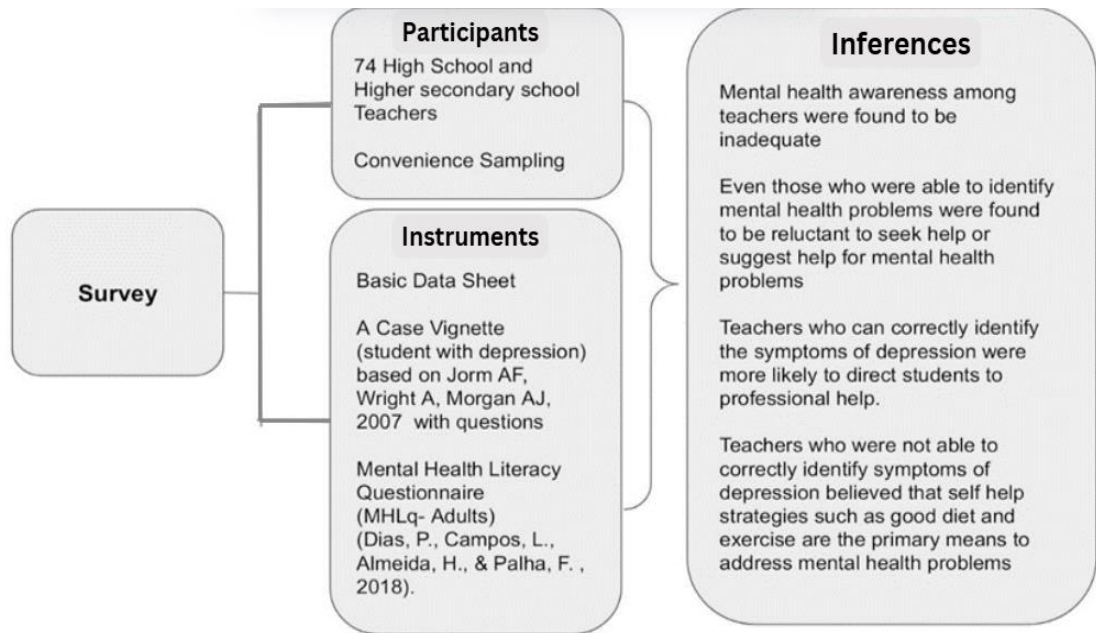
The need assessment among teachers involved multiple samples and employed various methods of data collection. Teacher sample 1 included 74 high school and higher secondary school teachers, among whom a survey was conducted. Teacher Sample 2 consisted of six probationary teachers who participated in a focused group discussion. Teacher Sample 3 included 39 teachers who were individually interviewed. The findings from each sample are elaborated below.

#### ***a) Survey***

A pilot survey was done among teachers to check the suitability of tools for the need assessment. The outline of the survey done among teachers is summarized in Figure 6.

**Figure 6**

*Outline of Survey among Teachers*



**Table 3***Socio-Demographic Details of Participants in Teacher Survey*

<b>Demographic Details</b>		<b>Total (N= 74)</b>	<b>Percentage</b>
Gender	Female	63	85%
	Male	11	15%
Age	20-30	17	23%
	31-40	32	43%
	41-50	19	26%
	50+	6	8%
Marital status	Married	62	84%
	Unmarried	12	16%
Children	Yes	59	80%
	No	15	20%
Education degree	BEd	50	68%
	MEd	7	9%
	Only subject graduation	17	23%
Subject degree	Undergraduate	17	23%
	Postgraduate	51	67%
	Only education degree	6	10%
Teaching experience	Less than 5 years	23	31%
	5-10 years	21	28%
	10- 15 years	12	16%
	15- 20 years	5	7%
	20+ years	13	18%
Syllabus teaching in	SCERT	46	62%
	CBSE	21	29%
	ICSE	6	8%
	IGCSE	1	1%
Subject teaching in	English	23	31%
	Other Languages	9	12%
	Mathematics	8	11%
	Science	19	26%
	Social sciences	7	10%
	Other	8	10%
Job satisfaction	Low	5	7%
	Average	16	21%
	High	54	72%

**Socio-Demographic Details of Participants in the Teacher Survey:** Table 3 shows the frequency distribution of demographic variables among participants in the teacher survey. Eighty-five percent of the participants were females, while 15% were males. The majority of the participants (43%) were between the ages of 31-40. Participants from the age groups 20-30 years and 41-50 years were 23% and 26%, respectively, while the remaining 8% were above 50 years of age. Eighty-four percent of the participants were married, and the remaining 16% were unmarried. Participants with children comprised 80%, while 20% did not have children.

Sixty-eight percent of the participants had completed a bachelor's in education (B.Ed.), and 9% had completed a master's in education (M.Ed.). The remaining 9% of the participants did not have a degree in "education.". With respect to subject qualification, 23% had completed an undergraduate degree, 63% had completed a postgraduate degree, and 10% did not have any subject degree. With respect to teaching experience, 31% of the participants had less than five years of experience, 28% had 5-10 years of experience, 16% had 10-15 years of experience, 7% had 15-20 years of experience, and the remaining 18% had more than 20 years of experience. Sixty-two percent of the participants were teaching in the SCERT syllabus, and 29% were teaching in the CBSE syllabus. While teachers from the ICSE syllabus comprised 8% of the participants, 1% were from the IGCSE syllabus.

English language teachers were the highest in the group at 31%, followed by science teachers at 26%. Twelve percent of the participants were other language teachers, while mathematics and social science teachers were 11% and 10%, respectively. The rest of the 10% consisted of other subjects such as physical education, crafts, and music. Seventy-two percent of the teachers reported high job

satisfaction, while 21% registered average job satisfaction, and the remaining 7% reported low job satisfaction.

**Table 4**

*Exposure and Approach to Mental Health Problems- Teacher Survey*

Item	Response	Frequency (N= 74)	Percentage	
Attended mental health training	Yes	39	53%	
	No	35	47%	
Mental health problem (self)	Experienced MHP	Yes	14	19%
		No	56	76%
		No Response	4	5%
	Sought professional help	Yes	11	15%
		No	46	62%
		No Response	17	23%
Mental health problem (other)	Experienced MHP	Yes	36	49%
		No	36	49%
		No Response	2	2%
	Sought professional help	Yes	31	42%
		No	24	32%
		No Response	19	26%
Mental health discussions with students	Never	4	6%	
	Rarely	49	66%	
	Often	21	28%	
Mental health discussions with teachers	Never	2	3%	
	Rarely	42	57%	
	Often	30	40%	
Confidence in Helping Students in Distress	Less confident	8	11%	
	Average	46	62%	
	Very confident	20	27%	

**Exposure and Approach to Mental Health Problems - Teacher Survey:** Table 4 summarizes responses to questions on exposure to mental health problems and approaches towards mental health problems among teachers who participated in the survey. Exposure to mental health problems was explored using three questions: whether the participants have 1) undergone any mental health training; 2) experienced mental health problems themselves or know someone who has experienced mental health problems; 3) sought help themselves or know others who have sought help for mental health problems. Responses show that 53% of the participants have attended some form of mental health training or awareness programs, while 47% have never attended any such programs. Nineteen percent (19%) of the participants have personally experienced mental health problems, but only 15% have sought help for them. Forty-nine percent (49%) of the participants knew others who had experienced mental health problems, and 42% knew others who had sought help for mental health problems.

Attitude towards mental health was studied by exploring whether they held discussions about mental health and mental health problems with students and colleagues and how confident they felt in helping students in distress. Majority of the teachers (66%) rarely discussed mental health with their students, and 6% never held any such discussions. However, 28% reported they often engaged in discussions about mental health with their students. More than half of the participants (57%) reported that they rarely had any discussions with their colleagues about mental health, and 3% never engaged in any such discussion. But 40% of the participants reported that they often had discussions about mental health with their colleagues. The majority (62%) of the participants reported average confidence in helping students in distress, while 27% reported high confidence and 11% reported low confidence.

**Table 5***Response to Vignette Questions - Teacher Survey*

<b>Vignette Question</b>	<b>Response</b>	<b>Frequency (N= 74)</b>	<b>Percentage</b>
Identified Symptoms in Vignette as Mental Health Problem	Yes	62	84%
	No	12	16%
Identified Symptoms in Vignette as Depression	Yes	13	18%
	No	61	82%
Response to Students with Symptoms	Talk to Students	60	81%
	Talk to Parents	27	36%
	Direct to Mental Health Professionals	22	30%

**Response to Vignette Questions - Teacher Survey:** Table 5 summarizes the responses to vignette-based questions. The vignette described a student with moderate-severe depression. The vignette had follow-up questions exploring whether the teachers were able to identify the symptoms as a mental health problem and how they would respond to such students. Eighty-four percent of the participants were able to identify the symptoms described in the vignette as indicative of mental health problems. Terms like "depression," "stress," "adjustment issues", "low confidence," and "teenage problems" were used to describe mental health issues faced by the student. Only 18% were able to recognise the symptoms of depression described in the vignette specifically as depression.

Talking to students, talking to parents, and referring to professionals were the options for the question on how the teacher would respond to the student in distress, as described in the vignette. The teachers could choose more than one option. Eighty-one percent of the participants responded that they would talk to the student. Thirty-six percent responded that they would talk to the parents' and only 30% mentioned that they would consider suggesting professional help.

**Table 6***Descriptive Statistics of MHLq Variables- Teacher Survey*

<b>Subscales of MHLq</b>	<b>Score Range</b>	<b>Mean</b>	<b>SD</b>	<b>Obtained Mean</b>	<b>Interpretation</b>
Knowledge of Mental Health Problems	11-55	44.50	4.45	45	Average
No Erroneous Beliefs or Stereotypes	8-40	19.75	2.92	34	Above Average
First Aid Skills and Help Seeking Behaviour	8-40	19.75	2.92	23	Average
The Self-Help Strategies	6-30	24.13	3.33	17	Below average
Global Score	29-145	105.27	7.05	119	Above average

**MHLq Variables - Teacher Survey:** Table 6 shows the descriptive statistics of the MHLq. The table summarizes the mean, standard deviation, and interpretation of the scores of subscales of MHLq. The questionnaire has four subscales and a global score. Subscale 1 is “Knowledge of Mental Health Problems,” which includes knowledge about symptoms of various mental health problems such as depression, substance use, etc. Subscale 2, “No Erroneous Beliefs and Stereotypes,” includes items assessing false beliefs and stereotypes about mental health problems. Higher scores denote less erroneous beliefs and stereotypes. “First Aid Skills and Help-Seeking” refers to the inclination to seek help from family, friends, psychiatrist or psychologist in times of mental distress, as well as to direct friends or family to a mental health professional when they seem to be in distress. Finally, “Self-Help Strategies” cover lifestyle practices that help maintain better mental health (good diet, exercise, sleep, etc). Most participants have average or above-average scores on the MHLq subscales (above-average scores on “Global Score” and “No Erroneous Beliefs or Stereotypes”; average score on “Knowledge of Mental Health Problems” and “First Aid Skills and Help Seeking.” ; below average score on “Self-Help Strategies”).

**Table 7**

*Correlation between MHLq variables & responses to vignette questions- Teacher Survey*

<b>Subscales</b>	<b>MHLq</b>	<b>Knowledge of Mental Health Problems (KMHP)</b>	<b>No Erroneous Beliefs or Stereotypes (EBS)</b>	<b>First Aid Skills and Help Seeking Behaviour (FASH)</b>	<b>The Self-Help Strategies (SHS)</b>	<b>MHLq Global Score (GLO)</b>
<b>Vignette Responses</b>						
<b>Identifying mental health problem (vignette)</b>		0.10	0.22	0.07	0.09	0.10
<b>Identifying depression (vignette)</b>		0.16	0.19	0.15	-0.27*	0.14
<b>Response to student MHP (talk to students)</b>		0.04	0.11	0.19	0.20	0.02
<b>Response to student MHP (talk to parents)</b>		0.24*	0.26*	0.08	0.21	0.25*
<b>Response to student MHP (refer to mental health professionals)</b>		0.16	0.28*	0.09	0.09	0.24*

Note \*  $p < 0.05$

**Correlation between MHLq variables and responses to vignette questions:** Table 7 shows the correlation between MHLq variables and the responses to vignette questions. Globally, the mental health literacy score was highly correlated to the teachers' inclination to talk to parents ( $r = 0.25$ ) and to suggest professional help ( $r = 0.24$ ;  $p < 0.05$ ) when they noticed students showing symptoms of depression. While exploring the relation between mental health literacy subscales and vignette responses further, it was seen that "No Erroneous Beliefs and Stereotypes" was highly correlated with the inclination to talk to parents ( $r = 0.26$ ) and to suggest professional help ( $r = 0.28$ ). Higher scores in "No Erroneous Beliefs and Stereotypes" indicate less erroneous beliefs. Therefore, less the erroneous beliefs about mental health problems, more the inclination to speak to parents and suggest professional help to students facing depression.

A positive correlation was also found between “Knowledge of Mental Health Problems” and inclination to “Speak to Parents” about the student’s depressive symptoms ( $r = 0.24$ ). This shows that the greater the knowledge about mental health problems, the greater the likelihood that teachers will involve parents in helping the student. A negative correlation was observed between “self-help strategy” and identifying symptoms of depression from the vignette ( $r = -0.27$ ). This shows that those participants who relied primarily on self-help strategies such as a good diet, exercise, sleep, and hygiene to tackle mental health distress were less likely to identify symptoms of depression.

**Table 8**

*Correlation between responses to vignette questions - Teacher Survey*

		Identifying Symptoms in Vignette		Response to student MHP		
		Mental Health Problem	Depression	Talk to Students	Talk to Parents	Refer to Professionals
Identifying Symptoms in Vignette	Identifying mental health problem	1	-	-	-	-
	Identifying depression	0.10	1	-	-	-
	Talk to Students	0.53**	0.13	1	-	-
Response to student MHP	Talk to Parents	0.25*	0.05	0.07	1	-
	Refer to Professionals	0.20	0.06	0.08	0.73**	1

Note \*  $p < 0.05$ , \*\*  $p < 0.01$

**Correlation between vignette responses:** Table 8 depicts the correlation between responses to vignette questions: 1) Identifying the problem faced by a student described in the vignette as "mental health problem" and "depression." 2) How they would respond to that student: by speaking with the student, contacting parents, or referring to professionals. Identifying symptoms as those of a "mental health problem" was found to be strongly correlated with addressing the issue with the student ( $r=0.53$ ) and speaking with parents ( $r=0.25$ ). Talking with parents was also strongly associated with referring to a professional ( $r=0.73$ ). The findings indicate that if teachers can identify symptoms of mental health problems, they are more likely to address the issue with students, engage with parents, and refer to professionals.

**Table 9**

*Correlation of MHLq Variables and Vignette Responses with Exposure and Approach towards Mental Health Problems*

	KMHP	NEBS	FASH	SHS	GLO	Ident MHP	Ident Dep	Talk to Stud	Talk to parents	Refer to Prof
<b>Mental health training</b>	0.11	0.20	0.04	0.05	0.03	0.05	0.16	0.05	-0.01	0.07
<b>Experience MHP (Self)</b>	0.12	0.13	0.01	0.16	0.09	0.04	0.05	0.00	0.03	0.06
<b>Help seeking (self)</b>	0.03	0.33**	0.05	0.05	0.08	0.03	0.16	0.09	0.12	0.14
<b>Experience with MHP(Known other)</b>	0.04	0.02	0.13	0.07	0.07	0.13	0.47**	0.12	0.10	0.01
<b>Help seeking (Known other)</b>	0.2	0.04	0.11	0.04	0.02	0.08	0.39**	0.01	0.09	0.01
<b>Discuss MH with students</b>	0.55	0.22	0.02	0.10	0.10	0.05	0.19	0.07	0.11	0.04
<b>Discuss MH with teachers</b>	0.06	0.27*	0.11	0.02	0.06	0.01	0.08	0.00	0.06	0.10
<b>Conf to help students with MHP</b>	0.23*	0.29	0.01	0.09	0.20	0.02	0.18	0.15	0.06	0.10

Note \* $p < 0.05$ , \*\*  $p < 0.01$

**Correlation of MHLq Variables and Vignette Responses with Exposure and**

**Approach to Mental Health Problems:** The correlation of the MHLq variables and vignette responses with exposure to mental health problems and approach towards mental health problems is depicted in table 9. Exposure to mental health problems was explored through questions on whether teachers have attended mental health training, experienced mental health problems or have sought help for mental health problems (self or others). Approach towards mental health problems was assessed by exploring whether the teachers engaged in discussions regarding mental health with students and other teachers, and their confidence to help students with mental health problems. A positive correlation between “Knowledge of Mental Health Problems” and “Confidence to Help Students with Mental Health Problem” ( $r=0.23$ ) as well as “No Erroneous Beliefs or Stereotypes” and “Mental Health Discussions with Other Teachers” ( $r=0.27$ ) was observed. This indicates that when teachers had more knowledge about mental health problems, they felt more confident in helping students in distress. When teachers have fewer erroneous beliefs and stereotypes, they engage in more discussions with their colleagues about mental health.

There was a positive correlation between “No Erroneous Beliefs or Stereotypes” and “Help Seeking for Self” ( $r = 0.33$ ). This shows that people who had less erroneous beliefs were more likely to seek help for themselves for their own mental health problems. A positive correlation was observed for “Identifying Depression” and “Knowing others with Mental Health Problems” ( $r=0.47$ ) and “Knowing Others who have sought help ( $r = 0.39$ ). Those teachers who know someone who has a mental health problem or know others who have sought help for mental health problems from professionals were found to be more likely to identify symptoms of depression.

**Table 10**

*Mean, Standard deviation and 't' values for Mental Health Literacy Variables and Identifying Depression.*

Subscales	Identified Symptoms as Depression (N =17)		Did not identify Symptoms as Depression (N = 29)		t value
	Mean	SD	Mean	SD	
<b>Knowledge about MHP</b>	47.2	4.28	46.04	3.83	0.87
<b>No Erroneous Beliefs</b>	35.46	3.75	33.76	3.15	1.47
<b>First Aid Skills and Help-Seeking</b>	25.15	2.85	22.08	5.47	2.27*
<b>Self-Help Strategies</b>	16.07	2.59	17.68	1.88	2.18*
<b>Global Score</b>	123.92	10.46	119.56	10.43	0.23

*Note* \*  $p < 0.05$ , \*\*  $p < 0.01$ , Source: MA, F., & Anto, M. M. (2022). Importance of mental health awareness among school teachers in bridging mental health treatment gap in India. *The International Journal of Social Psychiatry*, 68(1), 233–236. <https://doi.org/10.1177/0020764021991889> (Appendix I)

**Mental Health Literacy Variables and Identifying Depression:** There was no significant difference among MHLq subscales of those who identified the vignette response as that of “Mental Health Problem” compared to those who didn't. However, some of the subscales showed significant differences among those who identified depression versus those who did not. Table 10 shows the mean and standard deviation of mental health literacy variables obtained by teachers who identified depression and those who did not, along with their corresponding t values.

A significant difference was observed between the groups with respect to Subscales: - “First Aid Skills and Help Seeking” and “Self-Help Strategies”. The teachers who identified depression (mean = 25.15) were found to be more inclined to engage in first-aid skills and help-seeking behaviour than teachers who did not identify depression (mean = 22.08) ( $t = 2.27$ ,  $p < 0.05$ ). This indicates that teachers who can identify symptoms of depression were found to be more likely to utilize necessary first aid skills and were also more inclined to seek help for mental health problems. They

were more likely to approach a mental health professional if they were facing mental health problems, and they were also more likely to direct their friends or relatives to mental health professionals. (M A & Anto, 2021).

The analysis also revealed a significant difference in the subscale “Self-Help Strategies” ( $t = 2.18, p < 0.05$ ) between those who identified depression (mean = 16.07) and those who did not (mean = 17.68). The latter group was found to believe more in self-help strategies compared to the former as solutions to mental health problems. Teachers who could not correctly identify symptoms of depression seemed to believe that self-help strategies such as good diet and exercise are the primary means to address mental health problems (M A, Anto 2021).

**Mental health Literacy Variables and Response to Student Distress:** The means of MHLq subscales “Knowledge about MHP”, “No Erroneous Beliefs”, “First Aid Skills and Help-Seeking”, “Self-Help Strategies” and the “Global Score” of various responses by teachers to the student with depressive symptoms described in the vignette. The subscales were compared with teachers who would talk to students versus those who wouldn't; teachers who would talk to parents versus those who wouldn't; and teachers who would refer to professionals versus those who wouldn't; in response to depressive symptoms in students. The teachers who reported they would speak to a student versus those who would not were found to have no significant difference in the MHLq variables. However, there were significant differences observed among those teachers who would talk to parents and refer to professionals compared to those who wouldn't in their MHLq scores.

**Table 11**

*Mean, Standard deviation and 't' values for Mental health Literacy Variables and Response to Student Distress (Talk to Parents)*

Subscales	Talk to parents (N =27)		Would not talk to parents (N = 47)		t value
	Mean	SD	Mean	SD	
<b>Knowledge about MHP</b>	47.11	4.30	44.85	4.30	2.17*
<b>No Erroneous Beliefs</b>	35.18	2.90	33.12	4.07	2.30*
<b>First Aid Skills and Help-Seeking</b>	24.22	4.70	23.44	3.93	0.75
<b>Self-Help Strategies</b>	17.77	1.90	16.93	1.99	1.77
<b>Global Score</b>	124.30	9.85	118.36	11.30	2.27*

*Note* \*  $p < 0.05$ , \*\*  $p < 0.01$

Table 11 shows the comparison of the mean and standard deviation of MHLq variables between those who would talk to parents versus those who wouldn't. It was seen that teachers who would speak to parents when they observed depressive symptoms in their students had higher scores in "Knowledge About Mental Health Problems" ( $t = 20.7$ ), "No Erroneous Beliefs" ( $t = 2.30$ ), and "Global Mental Health Literacy" ( $t = 2.27$ ). Though the scores of the other two subscales were higher for group 1, the values were not significantly different. This shows that teachers who have more knowledge about mental health problems, less erroneous beliefs, and higher mental health literacy in general were more likely to get the parents involved when they observed symptoms of depression in their students.

**Table 12**

*Mean, Standard deviation and 't' values for Mental health Literacy Variables and Response to Student Distress (Refer to Professionals)*

Subscales	Refer to professional (N =22)		Won't refer to professional (N = 52)		t value
	Mean	SD	Mean	SD	
<b>Knowledge about MHP</b>	46.81	3.55	45.19	4.68	1.45
<b>No Erroneous Beliefs</b>	35.54	2.53	33.17	4.04	3.04**
<b>First Aid Skills and Help-Seeking</b>	24.36	4.67	23.46	4.02	0.83
<b>Self-Help Strategies</b>	17.90	1.19	16.96	2.19	1.90
<b>Global Score</b>	124.64	9.53	118.79	11.35	2.11*

*Note* \*  $p < 0.05$ , \*\*  $p < 0.01$

Table 12 shows the mean and standard deviation of those teachers who would refer students to mental health professionals versus those who wouldn't when they observed symptoms of depression in the students. It was seen that those who would refer students to professionals (mean = 124.64) had higher scores on "global scores" ( $t = 2.11$ ), compared to those who wouldn't (118.79). This indicates that teachers who had higher mental health literacy were more likely to suggest professional referrals to students who showed symptoms of depression.

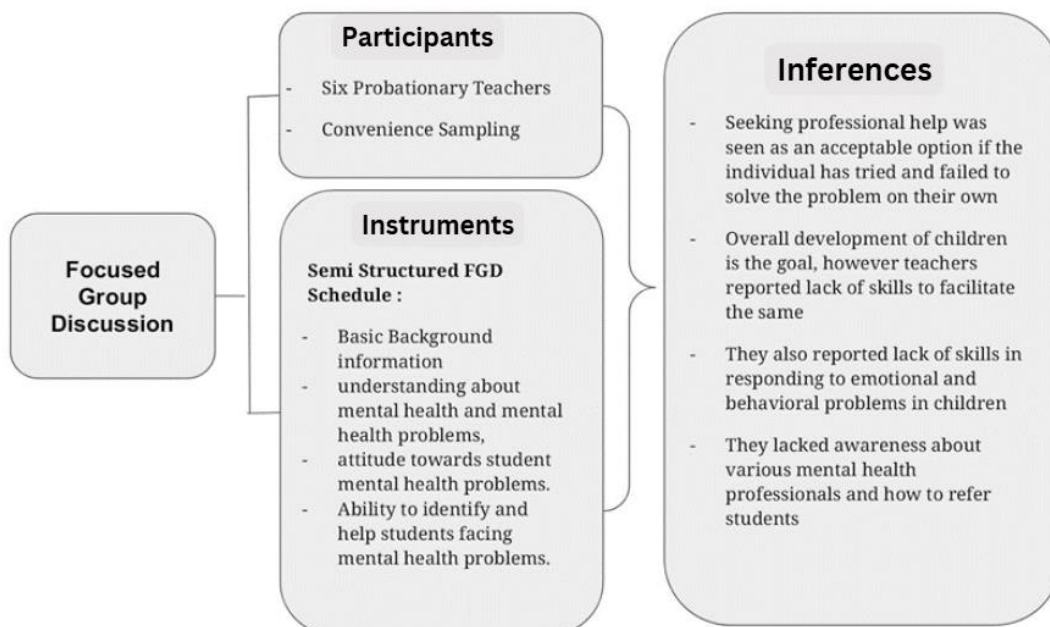
Teachers who were inclined to refer students to professional help were found to have higher scores (mean = 35.54) on "No Erroneous Beliefs" compared to those who wouldn't (mean = 33.17) ( $t = 3.04$ ,  $p < 0.01$ ). This means that those who generally had higher mental health literacy and less erroneous beliefs were more likely to refer the students to professionals if they showed symptoms of depression.

***b) Focused Group Discussion (FGD)***

The focused group discussion was conducted among six probationary teachers. The focused group schedule mainly explored the current level of understanding about mental health and mental health problems among school teachers and their ability to identify warning signs. It also explored the needs of the participants with respect to mental health awareness. The discussion was recorded with permission. The audio of the FGD was transcribed into text and the main ideas and themes were elicited through thematic analysis. The themes gave relevant insights. Figure 7 outlines the method and major findings of the Focused Group Discussion.

**Figure 7**

*Outline of Focused Group Discussion Among Teachers*



Most of the participating teachers had a basic understanding of mental health and the importance of mental health. However, they lacked knowledge about various mental health disorders affecting students and how to identify the warning signs. The participants believed that social factors and relationship or family problems were the main causes for mental health problems. Very few pointed out biological and hereditary factors as possible causes of mental health problems. Seeking professional help was seen as an acceptable option only if a person had tried and failed to solve the problem independently. Professional help-seeking was seen as the last resort by the participant teachers.

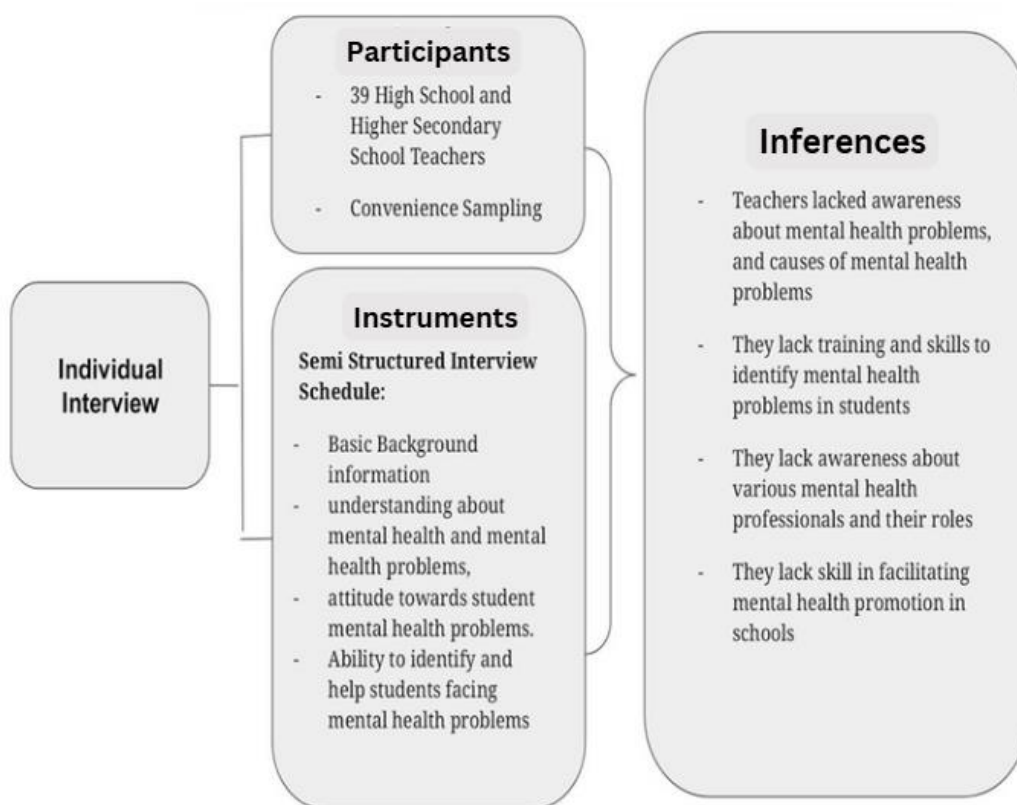
The participant teachers had a fair idea about common neurodevelopmental problems such as attention deficit hyperactivity disorder (ADHD), Learning Disorder (LD), etc.; however, they reported a lack of practical knowledge in helping students with those difficulties as well as a lack of knowledge in directing them towards professional help. All of them unanimously agreed that the overall development of the students is more important than only focusing on academic performance. They also suggested that for the overall development of the students, proactive steps to enhance their self-esteem, face criticism, and handle failures have to be taken by the teachers. However, they also revealed that they needed more practical training to implement these goals. They also reported a lack of knowledge about various kinds of mental health professionals and the services they provide. This lack of awareness also hinders the process of referrals to professionals on time and affects their efficiency in mentoring students for better well-being.

**c) Individual Telephonic Interview**

Telephonic interviews were conducted among 39 high school and higher secondary school teachers. Interviews were conducted until data saturation was attained. The audio recordings of the interviews were transcribed and translated as necessary. Content analysis was used for analysing qualitative data.

**Figure 8**

*Outline of Interview Among Teachers*



**Table 13***Socio-Demographic Details of Participants - Teacher Interview*

	<b>Categories</b>	<b>Frequency (N= 39)</b>	<b>Percentage</b>
<b>Age</b> (Mean =43yrs)	Less than 30	8	21%
	30-40	7	18%
	41-50	16	40%
	51+	8	21%
<b>Marital status</b>	Single	4	10%
	Married	35	90%
<b>Number of children</b>	0	7	18%
	1	7	18%
	2	21	54%
	3	4	10%
<b>Qualification</b>	UG and B.Ed.	9	23%
	PG and B.Ed.	30	77%
<b>Teaching experience</b> (Mean=14yrs)	Less than 10 yrs.	11	28%
	10-20 yrs.	16	41%
	20+year s	12	31%
<b>Subject</b>	English	10	26%
	Malayalam	5	13%
	Hindi	2	5%
	Social Science	5	13%
	Science	9	23%
	Maths	8	20%

**Socio-Demographic Details of Participants - Teacher Interview:** Table 13 shows the socio-demographic details of the teachers who were interviewed as part of the need assessment. The participants ranged from 26 to 68 years of age, and the mean age was 43 years. Twenty-one percent of the participants were less than 30 years of age; 18% were between 30-40 years old; 40% were between 41-50 years old; and 21% were above 50 years old. Ninety percent of the participants were married, and 82% of the participants had children. Seventy-seven percent had completed post-graduation along with B.Ed., while the remaining 23% had completed undergrad along with B.Ed. The teaching experience of the participants ranged from two years to 30 years, with a mean of 14 years. The participants were teaching various subjects, namely English (26%), Science (23%), Math (20%), Malayalam (13%), Social science (13%), and Hindi (5%).

As the data was being coded, close to 20 themes emerged. Each theme had 3-6 sub themes, totalling up to 50 sub-themes. After a thorough review, the 13 themes were defined, and they were categorized into four main domains. 1) The first domain was “Understanding about Mental Health”, with sub themes “What is Mental Health”, “What is Mental Health Problem” and “Causes of Mental Health Problems”. 2) The second domain identified was “Attitude towards Help Seeking” with sub themes “Coping with own Stress”, “Attitude towards Professional Help”, and “Knowledge about Mental Health Professionals”. 3) The third domain identified was “Approach towards Student Mental Health” including sub-themes “Goal for Students”, “Problems Observed in Students”, “Warning Signs” and “Response to Student Behavioural Problems”. 4) The last domain identified was “Mental Health Promotions” including sub-themes “Teacher-Student Relation”, “School Atmosphere” and “Teacher Skills”. Each of the domains are summarized below and elaborated further in the discussion chapter.

***Understanding about Mental Health:*** Table 14 shows the themes and sub-themes identified in the domain “Understanding About Mental Health”. This domain includes themes such as “What is Mental Health”, “Mental Health Problems” and “Causes of Mental Health Problems”.

Several sub-themes emerged from responses to “What is Mental Health”, namely “Wellness”, “Adaptability”, “Balance”, “Positive Emotions” and “Absence of Problems”. Fifty-one percent of the participants attributed mental health to “Wellness” and “Adaptability”. Thirty-six percent of the participants associated “Balance” of emotions and thoughts with mental health. Twenty-six percent attributed “Positive Emotions” to mental health while 8% attributed “Absence of Problems”. Responses indicate that teachers have a general idea about mental health.

With respect to Mental Health Problems, the sub-themes that emerged were “Generic Terms”, “Name of Mental Health Problems”, “Observable Behavioural Problems” and “Emotional Problems”. Fifty-one percent of the participants named various mental health problems like depression, anxiety, obsessive-compulsive disorder, etc. when asked about their understanding of mental health problems. Twelve percent of respondents identified observable behavioural problems like anger outbursts, difficulty concentrating, etc. as mental health problems. Twenty-three percent of the participants reported internal difficulties, such as low self-esteem and negative thinking, as mental health problems. Twenty-eight percent used generic terms like “stress” and “tension” to describe mental health problems.

With respect to causes of mental health problems, the themes that were identified were “Biological Aspects,” “Environmental Factors,” “Traumatic

Experience,” and “Symptoms as Causes”. Forty-four percent of the participants attributed “Environmental Factors” such as relationship problems and external stressors, as causes of Mental Health Problems. Twenty-eight percent cited biological causes, while 26% reported past experience and trauma as causes of Mental Health Problems. Around 18% also reported symptoms like “anxiety” and “negative thinking” as causes.

**Table 14**

*Identified Themes and Sub Themes under the domain 1 “Understanding About Mental Health”*

<b>Themes</b>	<b>Sub Themes</b>	<b>Frequency</b>	<b>Percentage</b>
What is Mental Health	Wellness	20	51%
	Adaptability	20	51%
	Positive Emotions	10	26%
	Balance	14	36%
	Absence of Problems	3	8%
Mental Health Problems	Generic Terms	11	28%
	Names of MHP	20	51%
	Observable Behavioural Problems	12	31%
	Internalizing Problems	9	23%
Causes of Mental Health Problems	Biological Aspects	11	28%
	Environmental Factors	17	44%
	Traumatic Experience	10	26%
	Symptoms as causes	7	18%

***Attitude towards Mental Health Help Seeking:*** Table 15 shows the Identified Themes and Sub-Themes under the domain “Attitude towards Mental Health Help Seeking”. The themes emerged were “Coping with Own Stress”, “Attitude towards Professional Help” and “Knowledge about Mental Health Professionals”.

Within the “Coping with Own Stress” theme, the sub-themes that emerged were “Confidence in Handling Own Stress”, “Help from Family and Friends”, “Self-Help Strategies” and “Professional Help”. Fifty four percent of participants reported high confidence, 26% reported average confidence, and 15% reported low confidence. Forty-nine percent of teachers primarily relied on self-help or distraction strategies to cope with their distress, while 46% relied on friends and family. Only 3% reported they would seek help from a professional.

Attitude towards seeking professional help included sub-themes such as “Should Solve One's Own Problem”, “Professional Help- Last Resort”, and “Seeking Professional Help is Good”. Eighty-seven percent of the participants reported that seeking help from mental health professionals should be the last resort only if one is not able to solve it oneself and if friends or family aren't able to help. Forty-six percent emphasized that one should be able to solve one's own problems. Twenty-three percent were of the opinion that for severe distress, it's better to seek the help of professionals.

Further knowledge about mental health professionals was explored, and the sub themes that emerged were “Know Various Professionals” and “Opinion on Qualification”. Ninety percent of the participants were familiar with “Psychologists” and “Counsellors”. Fifty-six percent were familiar with “Psychiatrists”. However, only 13% were familiar with Clinical Psychologists. Seventy-nine percent (79%) of the teachers were of the opinion that the qualifications of the mental health professionals are important, but 13% felt qualifications are not necessary as long as they have skills.

**Table 15**

*Identified Themes and Sub-Themes under the domain 2 “Attitude towards Help-Seeking”*

<b>Themes</b>	<b>Sub Themes</b>	<b>Frequency</b>	<b>Percentage</b>
Coping with own stress			
	Confidence in Handling Own Stress		
	High	21	54%
	Average	10	26%
	Low	6	15%
	Help from Family and Friends	18	46%
	Self-Help Strategies	19	49%
	Professional Help	1	3%
Attitude towards Professional Help			
	Should solve one's own Problem	18	46%
	Professional Help Last Resort	34	87%
	Seeking Professional Help is Good	9	23%
Knowledge about Mental Health Professionals			
	Know Various Professionals		
	Counsellors/ Psychologists	35	90%
	Clinical Psychologists	5	13%
	Psychiatrists	22	56%
	Opinion on Qualifications		
	Need Qualification	31	79%
	Qualification is not Necessary	5	13%

***Approach Towards Student Mental Health:*** Table 16 shows the Identified Themes and Sub-Themes under the domain “Approach Towards Student Mental Health”. Four themes emerged in this domain namely, “Goal for Students”, “Problems Observed in Students”, “Warning Signs” and “Response to Student Behavioural Problems”.

In “Goal for Students,” the sub-themes that emerged were “Good Value System”, “Good Sense of Self”, “Overall Development”, “Academic Excellence” and “Reach Their Potential”. Seventy seven percent of teachers emphasized the overall well-being of their students, and 90% wanted to help them reach their fullest potential. Twenty-one percent wanted to imbibe a good value system, while 18% aimed for a good sense of self among students. Only 15% aimed for academic excellence as a goal.

The major problems teachers observed in students were “Substance Abuse”, “Physical Aggression”, “Unhealthy Relationships” “Gadget/Internet Misuse” and “Bullying”. Fifty one (51%) percent of teachers reported substance abuse as one of the most prevalent problems observed in students. Teachers reported concern over the rise in smoking, drinking, and using marijuana. Forty-one percent also reported physical aggression and bullying as a common problem, especially among adolescent boys. Twenty-one percent (21%) reported gadget/internet misuse, especially after increased access to devices as a result of online classes during the lockdown period. Fifteen percent of the teachers reported unhealthy peer and romantic relationships as another major problem seen among students.

When inquired about the common warning signs they look out for, the sub-themes that emerged were “Externalizing Behaviour”, “Emotional Symptoms”, “Academic Decline” and “Disruption in Class”. Sixty-two percent (62%) of the participants reported emotional problems such as anger issues, sadness and anxiety as warning signs of mental health issues.

**Table 16***Identified Themes and Sub-Themes Under the Domain “Approach towards Students”*

<b>Themes</b>	<b>Sub-Themes</b>	<b>Frequency</b>	<b>Percentage</b>
Goal for Students			
	Good Value System	8	21%
	Good Sense of Self	7	18%
	Overall Development	30	77%
	Academic Excellence	6	15%
	Reach Their Potential	35	90%
Problems Observed in Students			
	Substance Use	20	51%
	Physical Aggression	16	41%
	Unhealthy Relationships	6	15%
	Gadget/Internet Misuse	8	21%
	Bullying	16	41%
Warning signs			
	Externalizing Behaviour	16	41%
	Emotional Symptoms	24	62%
	Academic Decline	15	38%
	Disruption in Class	13	33%
Response to Student Mental Health Problems			
	Confidence in Helping Students		
	High	32	82%
	Average	4	10%
	Low	3	8%
	Response to Student Distress		
	Talk to Student	32	82%
	Talk to Parent	14	36%
	Refer to Professional	31	79%

Forty-one percent (41%) viewed externalizing behaviours like anger outbursts and physical or verbal aggression as warning signs, while 38% viewed academic decline as a warning sign and 33% attributed disruptive behaviour as a warning sign.

“Response to Student Mental Health Problems” included sub-themes such as “Confidence in Helping Students” and “Response to Student Distress”. Eighty-two percent (82%) of the participants reported having high confidence in helping students, while 10% reported average confidence and 8% reported low confidence. Eighty-two percent (82%) reported they would talk to the student if they suspected mental health issues. Seventy-nine percent (79%) reported they would refer to a professional, while 36% reported they would involve parents. Many teachers reported that they would like to extend their assistance to students, but they lack the necessary skills and training to do so.

***Mental Health Promotion:*** The final domain that emerged from the teacher interview was “Mental Health Promotions”. Three major themes emerged under this domain, namely “Teacher-Student Relation”, “School Atmosphere” and “Teacher Skills”. Table 17 shows the Identified Themes and Sub-Themes under this domain.

Teacher student relations play an important role in mental health promotion in schools. The sub-themes that emerged in “Teacher-Student Relation” were “Avoid Excess Academic Pressure,” “Reinforce Skills and Strengths,” and “Be Non-Judgemental”. Eighty-seven percent (87%) of the teachers responded that being non-judgmental towards the students can improve teacher-student relationships. Twenty-eight percent (28%) were of the opinion that reinforcing the strengths of students and appreciating them adequately will also facilitate better relations between teachers and students. Five percent (5%) of the teachers specifically mentioned that avoiding unnecessary academic pressure will also aid in better relations with students.

**Table 17***Identified Themes and Sub-Themes under the domain 4 “Mental Health Promotion”*

Themes	Sub-Themes	Frequency	Percentage
Teacher-Student Relation			
	Avoid Excess Academic Pressure	2	5%
	Reinforce Skills and Strengths	11	28%
	Being Non-Judgemental	34	87%
School Atmosphere			
	Friendly and Welcoming atmosphere	9	23%
	Importance to Co-Curricular Academics	19	49%
	Mental Health Promotion	33	85%
	Teachers as Role Models	4	10%
Teacher Skills			
	Lack Practical Skills	10	26%
	Practical Skill Training in B.Ed.	19	49%
	Trainings Organized by School	20	51%
	Yearly Refresher Trainings	10	26%

In the domain “School Atmosphere,” the sub themes that emerged were “Friendly and Welcoming Atmosphere”, “Importance to Co-curricular Activities”, “Mental Health Promotion” and “Teachers as Role Models”. When it comes to school-related factors, 85% of teachers were of the opinion that school-initiated mental health programs can improve overall school mental health. Forty-nine percent (49%) of the teachers also suggested that giving equal importance and encouragement to co-curricular activities along with academics will improve overall well-being among

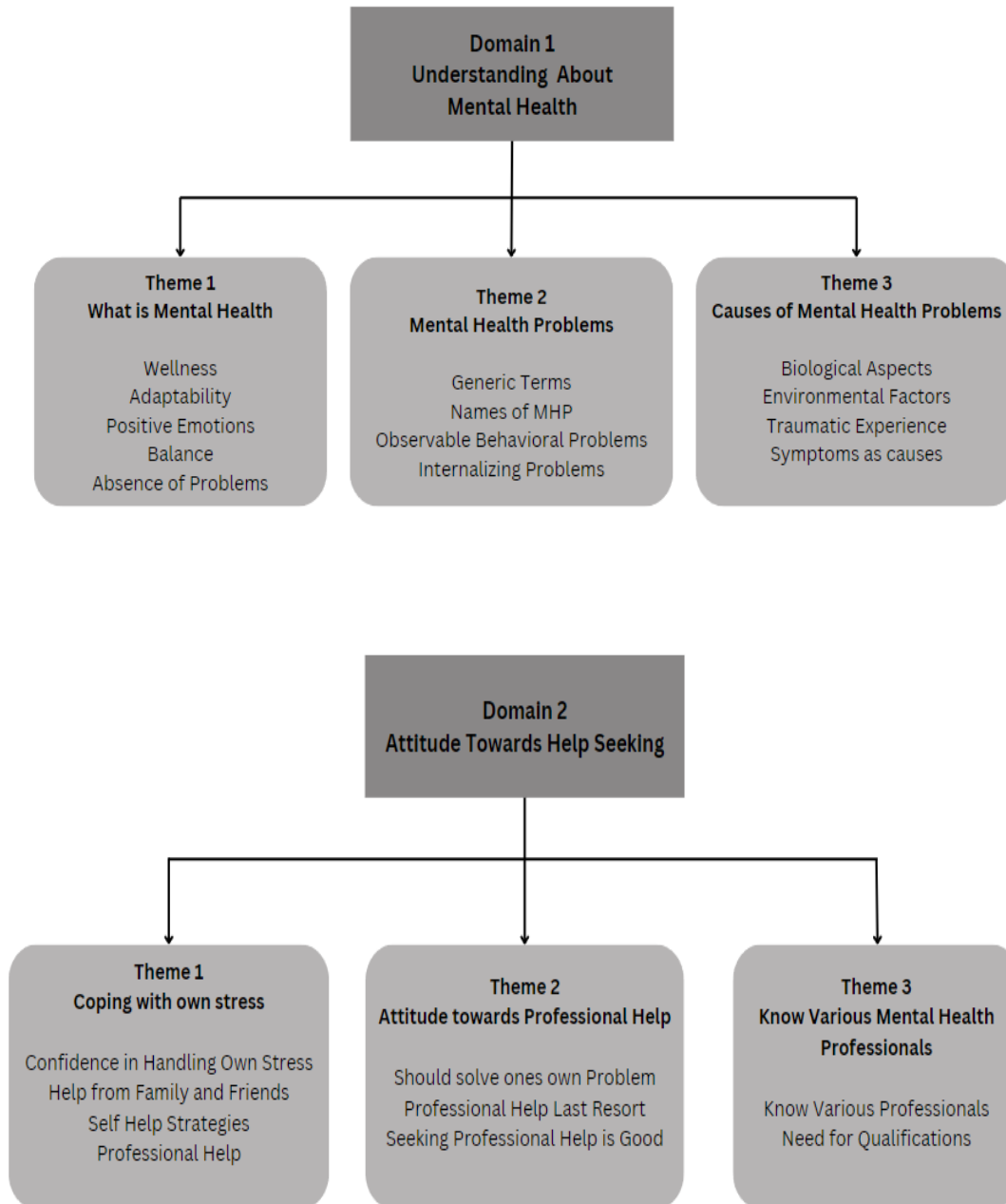
students. Almost 10% of the teachers emphasized that teachers need to be role models of regulation and balancing mental health, so that students have examples to follow. Only when teachers are in good mental health can they help students who are dysregulated. Moreover, students will follow what they observe rather than what they are told to do.

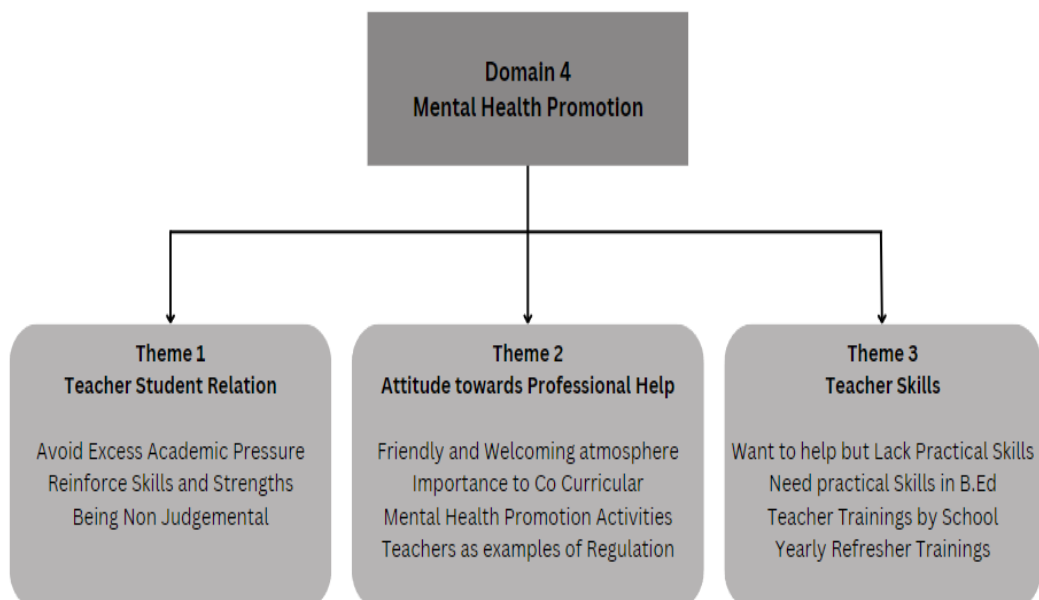
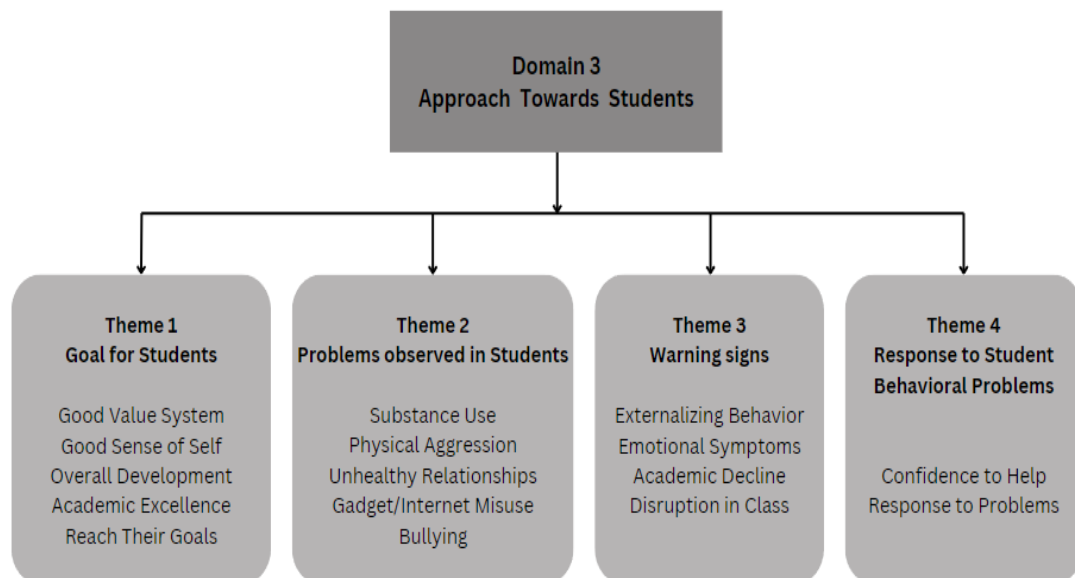
In the theme “Teacher Skills”, the sub-themes that emerged were "Lack of Practical Skills," “Practical Skill Training in B.Ed.,” “Trainings Organized by School,” and “Yearly Refresher Trainings”. Twenty-six percent (26%) of the teachers reported they would really like to do more for student well-being but lack practical classroom management skills. Forty-nine percent of the participants suggested practical skills training during B.Ed. would greatly improve awareness and skills in teachers. Currently, B.Ed. training only includes theoretical papers on developmental psychology and pedagogy. The teachers were of the opinion that if they are given practical skill-oriented training, especially in classroom management, they will be better equipped to help meet the developmental needs of their students and facilitate better mental health.

Fifty-one percent (51%) were of the opinion that training should be organized by schools. Twenty-six percent (26%) of the participants suggested periodical refresher training to keep the teachers updated and upskill further.

Figure 9

Identified Domains Themes and Sub-Themes- Teacher Interview





*Note:* The figure summarizes the domains and themes identified through content analysis of teacher interview

## **Part 2: Need Assessment among Students**

Need Assessment among students was done in the form of a survey. It aimed to understand the current level of well-being among students, their inclination to seek help for mental health concerns, and the expectations they have from various sources of help. The survey explored psychological variables among students such as Self-Esteem, Locus of Control and Resilience, and also used open-ended questions to explore their mental health awareness and help-seeking behaviour.

Self-esteem refers to an individual's overall subjective evaluation of their own worth and the degree to which they perceive themselves as competent and deserving of respect (Baumeister, Campbell, Krueger, & Vohs, 2003). Resilience is the ability to adapt and bounce back in the face of adversity, trauma, or significant stress. It involves maintaining psychological and emotional well-being despite facing challenges (Masten, 2001). Locus of control refers to the extent to which individuals believe they have control over events in their lives. Those with an internal locus of control attribute outcomes to their own actions, while those with an external locus of control attribute events to external factors or chance (Rotter, 1966).

Besides the above variables, the survey also explored mental health awareness among students and their help settling behaviour through open ended questions. Mental Health Awareness was explored through their understanding about mental health, mental health problems, and knowledge of various mental health professionals. Their help seeking behaviour was explored by enquiring about their inclination to seek help from various sources and their expectations from parents and teachers to reach out to them for help.

**Table 18***Socio-Demographic Details: Student Survey*

<b>Item</b>	<b>Categories</b>	<b>Frequency (N= 113)</b>	<b>Percentage</b>
Age	13-14	36	32%
	15-16	55	49%
	17-18	22	19%
Gender	Male	33	30%
	Female	80	70%
Class	8-10	66	58%
	11-12	47	42%
Syllabus	CBSE	70	62%
	SCERT	28	25%
	ICSE	10	9%
	IGCSE	5	4%
Family income (Monthly)	<10k	6	5%
	10k-20k	17	15%
	20k-50k	32	28%
	50k-2L	41	37%
	2L+	17	15%
Place of residence	South Kerala	4	3%
	Central Kerala	78	69%
	North Kerala	15	13%
	Non-resident Keralite	16	14%

**Socio-Demographic Detail:** Table 18 includes the socio-demographic details of the participants in the student survey. The participants were aged between 13 and 18 years. The average age of participants was 15 years. Twenty-nine percent (29%) of the participants were males, and 71% were females. The participants were students from 8th to 12th grade. The majority (61%) of participants were students following the CBSE syllabus, 25% followed the SCERT syllabus, and 9% followed the ICSE syllabus. The rest of the 5% belonged to the IGCSE syllabus. Most participants were from families with average (29%) or above-average (36%) family income. Five percent were from families with incomes lower than Rs 10,000 per month, and 15% were between Rs 10,000 and 20,000 per month. Fifteen percent of the participants were from affluent families with an income above 2L per month. The majority of the participants (70%) were from mid-Kerala. 14% belonged to northern Kerala, and 4% belonged to south Kerala. Sixteen percent of the participants were non-resident Keralites. The findings from the need assessment among students are as follows:

**Table 19**

*Mean Scores of Self Esteem, Resilience and Locus of Control- Student Survey*

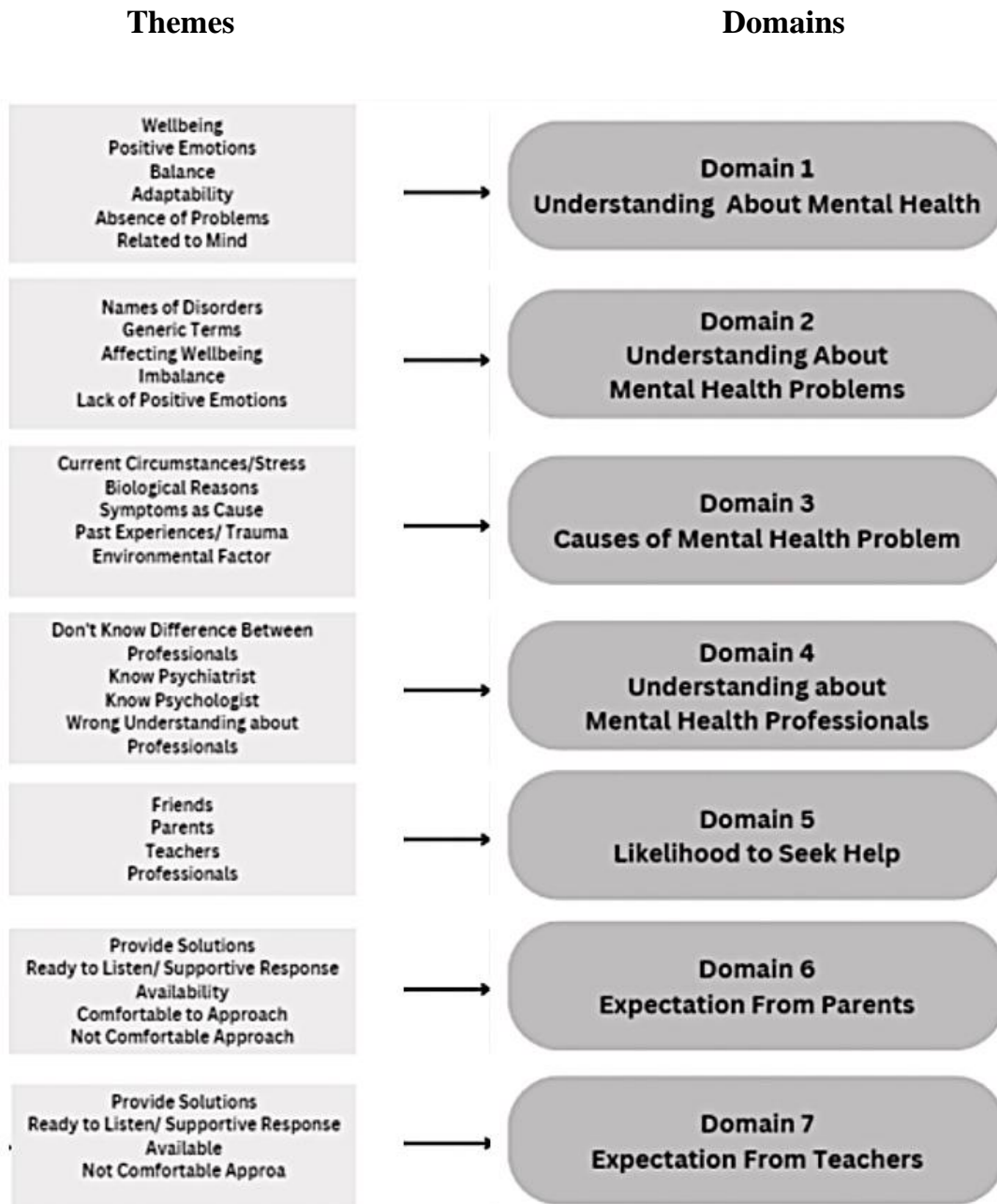
<b>Scales</b>	<b>Score Range</b>	<b>Obtained Mean</b>	<b>Interpretation</b>
Self esteem	0-27	8.42	Below Average
Resilience	6-30	22.84	Average
Internal Logic of Control	0-48	26.98	Average
External Locus of Control (chance)	0-48	28.00	Average
External Locus of Control (powerful others)	0-48	30.13	Average

**Psychological variables among students:** The psychological variables explored among students in the current survey were Self-Esteem, Resilience and Locus of Control. Table 19 shows the mean scores and interpretation of the scores obtained by the participants on the psychological variables explored. On average, the students were found to have low self-esteem (Mean Self-Esteem Score: 8.42). This means that the students have a low sense of worth and tend to perceive themselves as less competent and less deserving of respect in general. Unlike self-esteem scores, resilience scores were found to be normal on average (Mean Score 24). This means that the students have an average ability to adapt and bounce back in the face of adversity, trauma, or significant stress, thereby maintaining psychological and emotional well-being even when facing challenges. With respect to Locus of Control, students were found to have a low internal locus of control (Mean Score: 26) and a high external locus of control (Powerful others: 30, Chance: 28). This indicates that the students attributed outcomes more to external factors than their own actions.

**Analysis of responses to open-ended questions:** Seven open-ended questions explored the students' understanding of mental health and approach to help seeking. Ninety-nine students responded to the open-ended questions. The responses were analysed using thematic analysis (Braun and Clarke, 2006). The responses to the open-ended questions were read several times to get familiar with the content. Thirty-four themes were identified. The themes were grouped into seven domains (Fig 9). The seven domains are:- 1) understanding of mental health, 2) understanding of mental health problems, 3) understanding of causes of mental health problems, 4) understanding about mental health professionals a, 5) likelihood to seek help, 6) expectations from parents, and 7) expectation from teachers. The findings are elaborated further in following pages.

**Figure 10**

*Domains and Themes Identified from Response to Open-Ended Questions- Student Survey*



**Understanding of Mental Health:** There were six themes that were identified under this domain, “Well-being”, “Positive Emotions”, “Balance”, “Adaptability”, “Absence of Problems” and “Related to Mind” (Table 20). Most students (48%) attributed mental health to psychological and emotional well-being. Around 22% equated mental health to adaptability, especially ability to be flexible with changes and ability to handle situations appropriately. Fifteen percent of the students associated mental health with balance, specifically the balance of thoughts and emotions. Around 13% attributed it to positive emotions such as joy, happiness, peace etc. Eleven percent believed that mental health was the absence of mental illnesses. Close to 20% gave vague responses, such as “it's related to the mind”, “health of the mind” etc.

**Table 20**

*Identified Themes and Sub-Themes under the domain “Understanding about Mental Health”*

<b>Themes</b>	<b>Frequency (N= 99)</b>	<b>Percentage</b>
Wellbeing	48	48%
Positive Emotions	13	13%
Balance	15	15%
Adaptability	22	22%
Absence of Problems	11	11%
Related to Mind	20	20%

***Understanding about Mental Health Problems:*** This domain had five themes, “Names of Disorders”, “Generic Terms”, “Affecting Well-being”, “Imbalance” and “Lack of Positive Emotions” (Table 21). When asked about their understanding of mental health problems, more than half of the students (60%) responded with names of various mental health problems/ disorders such as depression, anxiety, OCD, bipolar disorder etc. Twenty two percent (22%) responded with general terms describing mental distress such as stress, tension etc. Twelve percent (12%) of the students responded that mental health problems were conditions that affect the well-being of the mind, while 18% of respondents were of the opinion that imbalances in mental functions such as thoughts, emotions, and behaviours constitute mental health problems. Four percent (4%) responded that it was a lack of positive emotions. Overall responses from students show that they have some understanding about mental health problems, but only a few had in-depth understanding about nuances of mental health problems, such as effect on well-being and imbalance in mental functions such as thoughts, emotions, and behaviour.

**Table 21**

*Identified Themes and Sub-Themes under the domain “Understanding about Mental Health Problems”*

<b>Themes</b>	<b>Frequency (N= 99)</b>	<b>Percentage</b>
Names of Disorders	60	60%
Generic Terms	22	22%
Affecting Wellbeing	12	12%
Imbalance	14	14%
Lack of Positive Emotions	4	4%

***Understanding of Causes of Mental Health Problems:*** Five themes emerged under this domain, namely “Current Circumstances/Stress”, “Biological Reasons”, “Symptoms as Cause”, “Past Experience/Trauma” and “Environmental Factors” (Table 22). Around 58 % of students reported stress, tension, and current problems as causes of mental health problems. Fifteen percent (15%) of the students reported biological factors such as hormonal changes, genetics, and family history of mental illness as causes. Close to 14% highlighted environmental factors like parenting, family conflict, academic pressure, and bullying as causes of mental health problems. Parental factors such as low warmth and punitive parenting were specifically highlighted. Thirteen percent (13%) of the students attributed the cause of mental health problems to past experiences or childhood trauma. Around 12% mentioned symptoms such as negative cognition, low mood, rumination, etc. as causes of mental health problems.

**Table 22**

*Identified Themes and Sub-Themes under the domain “Understanding of Causes of Mental Health Problems”*

<b>Themes</b>	<b>Frequency (N= 99)</b>	<b>Percentage</b>
Current Circumstances/Stress	58	58%
Biological Reasons	15	15%
Symptoms as Cause	12	12%
Past Experiences/ Trauma	13	13%
Environmental Factors	14	14%

***Understanding of Mental Health Professionals:*** The students’ understanding about mental health professionals was explored by asking the difference between a psychologist/counsellor and a psychiatrist. Four themes emerged, namely: “Don't know the difference”, “Know the Role of a Psychiatrist”, “Know the Role of a Psychologist/Counsellor” and “Wrong Understanding about Professionals” (Table 23). Around 38% of students knew that psychiatrists are medical doctors who can prescribe medicines and 33% knew that psychologists/counsellors were professionals who carry out psychotherapy and counselling that addresses emotional and behavioural problems. Around 33% responded that they don't know the difference between a psychologist and psychiatrist. Close to 25% of the students had a wrong understanding of the professionals. Some thought there was no difference between psychiatrists and psychologists, while others thought only psychiatrists treat mental health disorders and that psychologists study the theoretical aspects of the mind.

**Table 23**

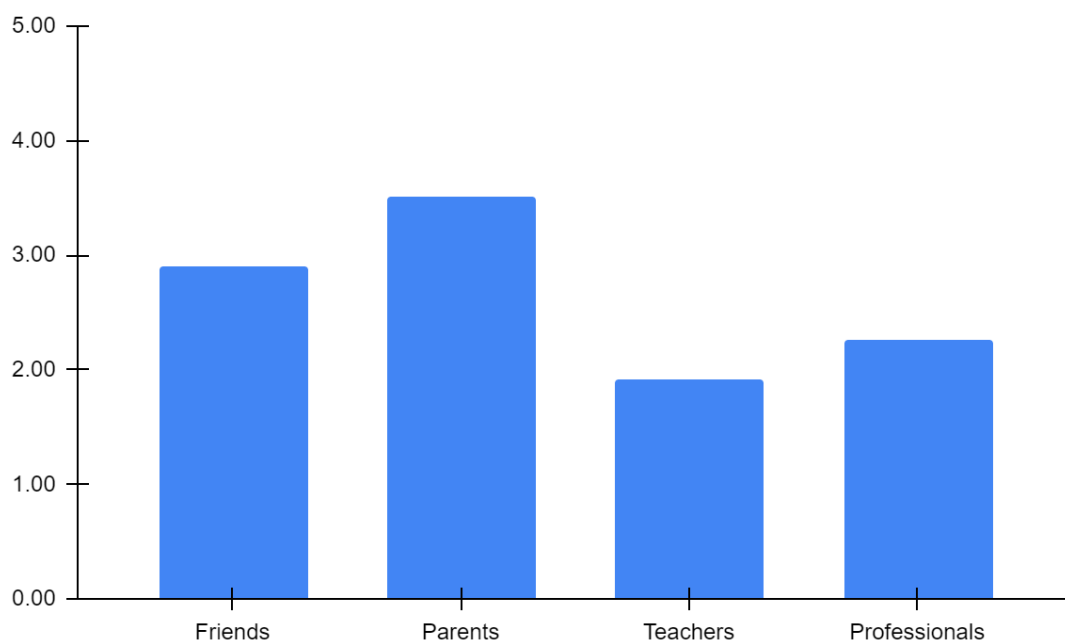
*Identified Themes and Sub-Themes under the domain “Understanding of Mental Health Professionals”*

<b>Themes</b>	<b>Frequency (N= 99)</b>	<b>Percentage</b>
Don't Know Difference Between Psychiatrist & Psychologist	33	33%
Knows Role of Psychiatrist	38	38%
Knows Role of Psychologist	33	33%
Wrong Understanding about Professionals	25	25%

**Average likelihood to seek help from various sources:** The average likelihood to seek help from various sources such as friends, parents, teachers, and mental health professionals were rated on a 5-point Likert scale, with 0 being least likely and 5 being most likely. Students were found to have a high likelihood of seeking help from parents and friends. On an average, students were more likely to seek help from their parents (Mean 3.5). This was closely followed by the likelihood to seek help from friends (Mean 2.9). There was an average likelihood to seek help from mental health professionals (Mean 2.2). Surprisingly, out of all the sources of help, the students were found to be least likely to seek help from teachers (Mean 1.9), even less than a mental health professional (Fig 11).

**Figure 11**

*Likelihood to Seek Help from Various Sources*



***Expectations from Parents:*** This domain had five themes- “Provide Solutions”, “Ready to Listen/Supportive Response”, “Availability”, “Comfortable to Approach” and “Not Comfortable to Approach” (Table 24). Most of the students reported that they would be more comfortable to approach parents for help if they were willing to listen with an open mind, were less critical and gave more supportive responses (38%). Around 17% of the students reported they would be approaching parents more if they were able to provide solutions for their dilemmas. Fifteen percent of the students highlighted the importance of parents being available or free for them to approach for help. Only 7% reported they were already comfortable approaching their parents and 5% clearly mentioned that they will not be comfortable approaching parents.

**Table 24**

*Identified Themes and Sub-Themes under the domain “Expectations from Parents”*

<b>Themes</b>	<b>Frequency (N= 99)</b>	<b>Percentage</b>
Provide Solutions	17	17%
Ready to Listen/ Supportive Response	38	38%
Availability	15	15%
Comfortable to Approach	7	7%
Not Comfortable Approach	5	5%

**Expectations from Teachers:** There were four themes that emerged under this domain, namely, “Provide Solutions”, “Ready to Listen/Supportive Response”, “Availability” and “Not Comfortable to Approach” (Table 25). Majority of the students (61%) responded that they would be comfortable approaching teachers if they were a little more friendly, less dismissive, and ready to listen. Around 12% reported that if teachers were able to provide solutions, they would find it more comfortable to approach them. Around 5% felt they would feel more comfortable if the teachers were available and free, and advocated for the well-being of students over academic excellence. Around 10% clearly stated that they won't be comfortable approaching teachers in any condition.

**Table 25**

*Identified Themes and Sub-Themes under the domain “Expectations from Teachers”*

Themes	Frequency (N= 99)	Percentage
Provide Solutions	12	12%
Ready to Listen/ Supportive Response	61	61%
Available	7	7%
Not Comfortable Approach	10	10%

### **Part 3: Need Assessment: Experts**

Individual interviews were conducted among experts as a part of the need assessment. Table 26 shows the socio-demographic details of the experts interviewed. Twenty-one experts from the fields of mental health and education were interviewed. The age range of the experts was 24 - 58 years. There were two males and 19 females. Majority of the experts included were school counsellors from various parts of Kerala. School counsellors were included as they closely interact with teachers and students on a daily basis and will be able to give valuable input for developing a mental health awareness program for teachers. The rest of the experts were from different fields related to mental health and education, who regularly interacted with teachers and students. There were two clinical psychologists and two consultant psychologists who gave deeper insights about the prevalence of clinical disorders and how teachers can facilitate early identification. A senior lecturer from the District Institute of Education and Training and two trainers from Our Responsibility to Children (ORC) were also interviewed. They gave input on existing awareness programs and the elements that need to be included while developing a new program. Besides this, a psychiatric social worker and a special educator, both with over 20 years of experience who have worked extensively with children and adolescents, were also interviewed. The experience of the experts in their respective fields ranged from 2 years to 22 years. The semi-structured interview schedule included questions exploring the experts' observations on the current level of mental health awareness among teachers and the need for mental health awareness programs. The need assessment among experts also included exploring suggestions from experts in designing a new mental health awareness program for high school and higher secondary school teachers in Kerala.

**Table 26***Socio-Demographic Details: Expert Interviews*

<b>Item</b>	<b>Categories</b>	<b>Frequency (N=21)</b>	<b>Percentage</b>
Age	20-29	11	52%
	30-39	4	20%
	40-49	3	14%
	50+	3	14%
Gender	Male	2	10%
	Female	19	90%
Education	Masters Special Education	1	5%
	Masters in Psychology	10	48%
	Masters in Social Work	4	19%
	MPhil/PhD	6	28%
Occupation	Special Educator	1	4%
	ORC Trainer	2	10%
	Clinical Psychologist	2	10%
	Consultant Psychologist	2	10%
	School Counsellor	12	58%
	Lecturer DIET	1	4%
	College Counsellor	1	4%
Years of Experience	0-10 years	14	67%
	10-19 years	4	19%
	20+	3	14%

The thorough analysis of the transcript led to emergence of 10 themes that were further grouped into four domains. The four domains were “Current Level of Awareness among Teachers”, “Need for Awareness among Teachers”, “Teacher Factors” and “Recommendations/Suggestions”. Table 27 highlights the domains and the themes.

**Table 27**

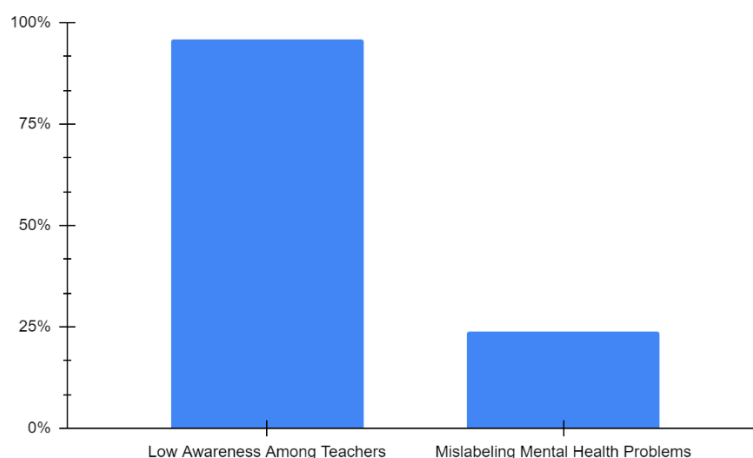
*Identified Themes and Domains- Expert Interviews*

<b>Domains</b>	<b>Themes</b>	<b>Frequency (N= 21)</b>	<b>Percentage</b>
<b>Current Level of Awareness among Teachers</b>			
	Low Awareness among Teachers	20	96%
	Mislabelling Mental Health Problems	5	24%
<b>Need for Awareness among Teachers</b>			
	Teachers Need More Awareness	20	96%
	Prevalence of Childhood and Adolescent Mental Health Problems	14	67%
	Teachers Impact Students	9	43%
<b>Teacher Factors</b>			
	Poor Mental Health among Teachers	9	43%
	Resistance to Change	4	19%
<b>Recommendation / Suggestions</b>			
	Change in B.Ed. Curriculum	17	81%
	Programs by School	4	19%
	Refresher Trainings	10	48%

**Current Level of Awareness Among Teachers (Fig 12):** There were two themes under this domain: “Low Awareness” and “Mislabelling Mental Health Problems”. Among the experts who were interviewed, 96% observed that teachers have inadequate awareness about mental health problems that children face, especially neurodevelopmental problems like attention deficit hyperactivity disorder (ADHD), learning disability (LD), etc. Twenty-four percent (24%) of the experts also pointed out that many teachers mislabel symptoms of mental health and neurodevelopmental problems as laziness, disobedience, rebellious behaviour and attention seeking, among other things. Academic backwardness due to LD and ADHD is also often termed laziness or disobedience. Anxiety and panic symptoms are labelled as attention-seeking behaviour. According to the experts, the Covid-19 pandemic and subsequent lockdown have started conversations about mental health and brought in more awareness; however, they believe that there is still a significant knowledge gap among teachers when it comes to mental health awareness.

**Figure 12**

*Current level of awareness among teachers- Expert Interview Domain 1*

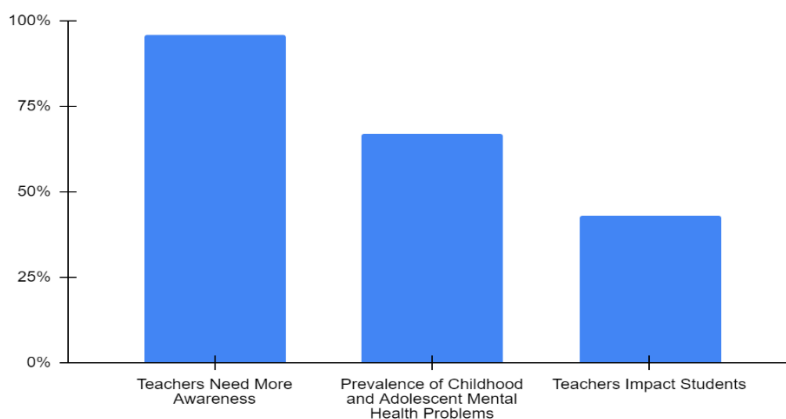


**Need for Mental Health Training and Awareness Programs for Teachers (Fig 13):**

There were three themes that were under this domain, namely, “Teachers Need More Awareness”, “Prevalence of Childhood and Adolescent Mental Health Problems” and “Teacher Impact on Students”. Ninety-six percent of the experts interviewed were of the opinion that teachers need more awareness programs to help them understand developmental changes that happen especially during adolescence, as well as to identify warning signs of mental health problems. Sixty-seven percent of them highlighted the prevalence of neurodevelopmental and other mental health problems such as depression and anxiety, in children and adolescents. As teachers are the adult group that spends most of the waking hours with children and adolescents, they need to be made aware of the same. Forty-three percent (43%) of the experts were also of the opinion that awareness among teachers can have the most impact on students, as they can easily identify warning signs and thereby help the students and facilitate help-seeking among students. Most mental health problems start to develop during childhood and adolescence. Early identification can prevent it from continuing into adulthood. With the right awareness, teachers can easily identify warning signs and in a helpful manner and direct the students to appropriate help at the earliest.

**Figure 13**

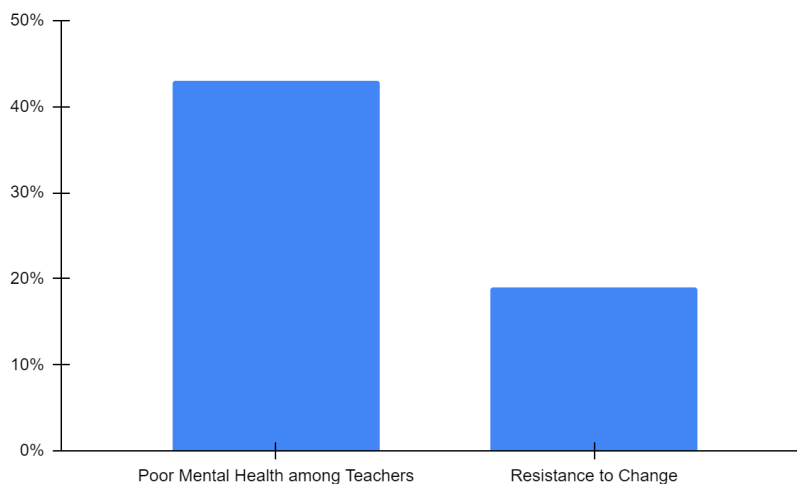
*Need for Mental Health Awareness Among Teachers- Expert Interview Domain 2*



**Teacher Factors (Fig 14):** There are two themes that under this domain- “Poor Mental Health among Teachers” and “Resistance to Change”. Forty-three percent of the experts observed that teachers are heavily stressed with multiple responsibilities of teaching, such as lesson planning, teaching, managing the students and administrative work. The multiple roles with inadequate remuneration and lack of rest are causing burnout in a great number of teachers. Experts believe that teachers are struggling to find work-life balance, leading to poor mental health, which is a hurdle to fulfilling their role as mentors effectively. Some experts (19%) also highlighted the resistance to change as another factor that affects their role as mentors. Many teachers still follow the traditional classroom management strategies based on fear and obedience, and notable resistance was observed in adopting modern approaches such as strength-based and restorative classrooms.

**Figure 14**

*Teacher Factors- Expert Interview Domain 3*

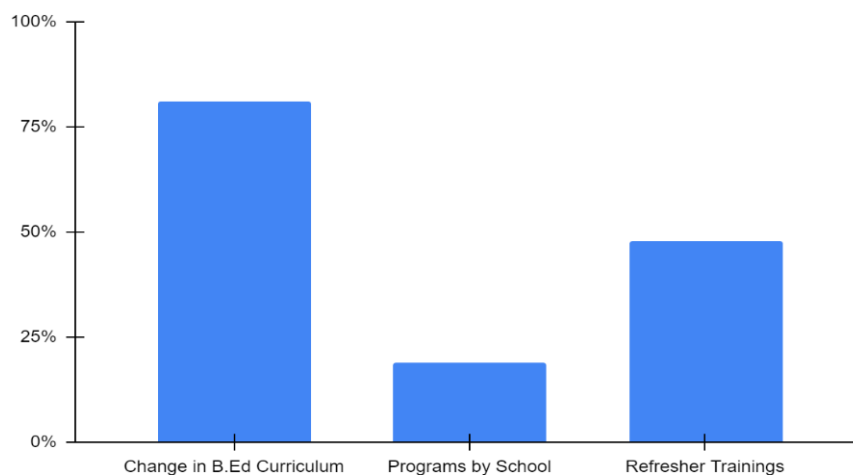


**Recommendations/ Suggestions (Fig 15):** There were three themes under this domain. The most common recommendation (81%) was to bring “Change in the B.Ed.

Curriculum” and include practical skill-oriented training during the B.Ed. course. At present, there is a paper on psychology included in the syllabus, which only focuses on theoretical aspects of developmental stages and learning theories. There is very little emphasis on practical skills required in communication with students, identifying warning signs of mental health problems, and mental health first aid skills in the current curriculum. Teachers also need to be educated on the various types of mental health help available and which professionals they can refer the students to. Furthermore, 48% of the experts recommended “Refresher Training” programs on mental health every one or two years after B.Ed. training, so that the teachers are updated and skills are refreshed. Experts also suggested self-care and stress management strategies for teachers as a part of the B.Ed. program as well as refresher training programs. Nineteen percent of the experts suggested that “Training “Programs by School Authorities” will eliminate possible roadblocks to implementation such as disturbances in school and class schedules, hesitation towards adopting new ways (especially among senior staff), fund and logistical issues for conducting programs etc.

**Figure 15**

*Recommendations/ Suggestions- Expert Interview Domain 4*



## **CURRENT LEVEL OF MENTAL HEALTH AWARENESS AMONG TEACHERS**

The findings from the need assessment among teachers, students, and experts give relevant insights into the current level of mental health awareness among teachers as well as the state of school mental health in general. The findings highlight the need for developing a mental health awareness program for teachers addressing their specific needs. The need assessment findings are discussed in detail in the following passages.

The current level of mental health awareness among teachers, specifically knowledge about mental health problems, approaches to student mental health, knowledge about mental health help seeking, as evidenced by findings from the need assessment among teachers, students and experts are discussed in detail below.

### **Knowledge About Mental Health Problems**

The needs assessment findings revealed that teachers have a moderate level of understanding about mental health. However, awareness with respect to mental health problems was found to be inadequate. In the teacher survey, the scores on MHLq subscales show an average level of mental health awareness among teachers (Table 6). Eighty-four percent were able to identify the symptoms in the vignette as a “mental health problem”. However, only 18% were able to recognize them specifically as that of depression (Table 5).

It was observed that, overall, the teachers who participated in the need assessment survey had limited exposure to mental health problems. Only half of the teachers in the survey had attended any kind of mental health-related awareness or training program. Some of the participants knew others who had faced mental health challenges or sought help for such issues. Twenty percent (20%) of teachers

acknowledged personally experiencing mental health problems, while only 15% sought help for their concerns (Table 4). Awareness regarding mental health problems and knowing others with mental health problems can significantly impact one's knowledge and attitudes towards mental disorders. Personal experience and regular contact with individuals with mental illness are also associated with knowledge and acceptance (Kottsieper, 2009; Siu et al., 2012).

The participant teachers, both in focused group discussions and individual interviews, were found to have a general idea about mental health but lack knowledge about mental health disorders, especially on how to identify the warning signs of mental health problems in students (Table 14). This shows that even though teachers have a general understanding of mental health, they may need more awareness, specifically with respect to mental health problems and help-seeking. Insufficient knowledge about mental health problems is closely associated with stigma towards such problems (Parikh, et al., 2016)

***Mislabelling symptoms:*** The experts who were interviewed, especially the school counsellors, pointed out that symptoms of depression and anxiety as well as neurodevelopmental disorders are often misattributed to “laziness” or “disobedience” by teachers (Table 27). One of them also recounted an instance where a “panic attack” in a student was mislabelled by teachers as “attention-seeking behaviour”. Disorders like depression in children and adolescents, can often be masked by symptoms that may be mistaken for laziness, such as low mood, irritability, social withdrawal, and a lack of interest in activities (Glaser, 1967). In younger individuals, depression may also manifest as behavioural problems and school difficulties (Toolan, 1962). Therefore, it is important to recognize these symptoms as potential signs of depression so that they receive appropriate support and intervention.

Similarly, Attention Deficit Hyperactivity Disorder (ADHD) and Learning disorder (LD) are two commonly seen problems in children and adolescents that teachers tend to mislabel due to lack of knowledge of the symptom profile (Brook et al., 2000). ADHD and LD in students have been found to have significant long-term effects on academic, social, and behavioural outcomes (Wei et al., 2014). This is particularly evident in higher classes, where students with ADHD experience significant impairment in executive functioning and cognitive failure, leading to psychological distress (Gray et al., 2016). The students' perceptions of being different from their peers and their difficulties with social skills further exacerbate their stress (Brook, 2005). Furthermore, ADHD and LD are closely linked to conditions like depression and anxiety. Particularly for students with LD, failing achievement tasks have a high likelihood of triggering low sense of self and depression (Sideridis, 2007). Research has also shown a strong association between ADHD and depression, with peer and parent-child difficulties mediating this relationship (Humphreys et al., 2013). Academic and social functioning deficits are also associated with anxiety and depression in children diagnosed with ADHD (Karustis et al., 2000). Depression can further impact learning and cognition, potentially exacerbating existing learning difficulties (Livingston et al., 1996).

As described above, there is a complex interplay between ADHD, LD, and other mental health disorders like anxiety and depression. Attributing the symptoms of these neurodevelopmental conditions and mental health problems to “laziness” and “disobedience” by teachers can affect their response to students. Mislabelling symptoms can delay the timely help (Eide & Eide, 2006; Fernando et al., 2017) that the students need to overcome their difficulties or make the distress due to symptoms much worse; hence, teachers need to be made aware of various childhood and

adolescent mental health and neurodevelopmental problems and their symptom profile.

### **Understanding about Developmental Changes in Adolescence**

The need assessment findings also indicate that teachers have unrealistic expectations of adolescents with respect to their emotional maturity. Teachers often expect them to exhibit behaviours that are more mature than their developmental age. It was evident that many normal adolescent behaviours, such as heightened emotions and impulsivity, were often viewed as problematic by teachers (Figure 11).

The prefrontal cortex, responsible for decision-making and impulse control, is not yet fully developed in adolescence, leading to a low ability for regulation (Sturman & Moghaddam, 2011; Jadhav & Boutrel, 2019). If not adequately managed, this difficulty in regulation can manifest in risky behaviours such as substance abuse and conduct problems (Dalwani et al., 2011). Teachers need to be aware of the difficulties that adolescents face due to the bodily and psychosocial changes that are normal for their developmental stage and not misattribute them to “disobedience” or “disrespect”. Emotional maturity in adolescents can be facilitated if they receive assistance from adults in overcoming their emotional problems (Bettelheim, 1948). Caregiving adults can do this by being role models of regulation as well as by co-regulating with adolescents.

Caregivers, including parents and teachers, play a crucial role in supporting the development of self-regulation in children and adolescents through a process known as “co-regulation”. Co-regulation is the interactive process between a child or adolescent and caregivers/adults fostering the development of self-regulation (Szalavitz & Perry, 2011). During adolescence, brain regions processing emotions and

rewards are relatively more developed compared to cognitive control systems for decision-making and regulation (Sturman & Moghaddam, 2011; Jadhav & Boutrel, 2019). Teens, therefore, tend to favour short-term rewards, influenced by emotions. Maintaining a warm relationship with caregivers, even while seeking independence, is crucial in adolescence, as they require a balance of independent decision-making and caregiver monitoring. They need both protection from dangers and support for responsible choices. They should be taught these skills by providing a warm space, offering support in intense emotions, modelling advanced self-regulation, monitoring and limiting risk-taking, facilitating decision-making, allowing time to calm down, prompting organizational skills, and maintaining clear rules and consequences (Rosanbalm & Murray, 2017). A teacher would only be able to do that if they accepted the low self-regulation abilities of adolescents as a developmental phenomenon rather than “disobedience”.

### **Approach to Student Mental Health**

With respect to their approach to student mental health, findings from the need assessment shows that, teachers are not sufficiently addressing the mental health of students. The response in the teacher survey shows that less than 30% of the teachers held discussions with their students about mental health, and only 40% discussed the same with their colleagues. Teachers often avoid discussing mental health with students due to their own anxiety and lack of knowledge on the topic (Cooke, King and Greenwood, 2016). Only 20% of the teachers in the survey reported having high confidence in helping students in distress (Table 4). Previous research also has similar findings, which indicate that teachers often lack the confidence and knowledge to effectively support students with mental health issues (Bryer, & Signorini, 2011; Gulliver, 2017; Walter, 2006; Askeil-Williams, & Lawson, 2013). They often felt a

lack of skills and were burdened by the responsibility to address mental health concerns of students.

The vignette question exploring the likely response of teachers to students showing depressive symptoms also gave some relevant insights. Most of the teachers were inclined to talk to students if they noticed symptoms such as low mood, low energy, and a lack of motivation in them while some were likely to involve parents and or refer them for professional help (Table 5). This indicates that most of the time, teachers are not able to understand the gravity of mental health problems such as depression, and therefore are not inclined to involve parents or direct them to professional help. Even when recognizing the symptoms as of a mental health problem, there is a reluctance to suggest professional help (Table 5). Even when recognizing a mental health problem, hesitation to seek help or suggest help could be because of stigma or lack of awareness about professional help (Thornicroft, 2008; Salaheddin & Mason, 2016; Venkataraman, Patil, & Balasundaram, 2019).

Those teachers who have higher mental health literacy, especially “Knowledge about Mental Health Problem” and “No Erroneous Beliefs/Stereotypes” were more likely to involve parents and refer to professionals in order to help students with depression, while those who rely more on “self-help” strategies to address mental health difficulties were not able to recognize symptoms described in the vignette as those of depression (Table 7). Research consistently shows that individuals with higher mental health literacy or the ability to recognize symptoms of mental health disorders have a low stigma around seeking for help, and are more likely to seek and recommend professional help (Wu et al., 2017; Malkin, 2019). However, this ability is often lacking, particularly among non-mental health professionals (Wu, 2017) like teachers. Moreover, research in India has identified pervasive socio-cultural factors,

particularly stigma, as a significant barrier to mental health literacy and help-seeking behaviour (Shidhaye & Kermode, 2013; Gaiha, 2014). This can delay the timely help students need and lead to worsening of symptoms.

The findings also highlight a significant gap in teachers' understanding of how to effectively support students with neurodevelopmental problems like attention deficit hyperactivity disorder (ADHD) and Learning Disorder (LD). Teachers in the focused group discussion responded that they are aware of ADHD and LD, but were unsure of how to help students with these difficulties in a classroom setting. Despite some general awareness of these conditions, teachers often lack the necessary knowledge and skills to provide adequate support (Dwarika, 2020; Hapsari et al., 2020; Flanigan, & Climie, 2018; Arcia, 2000). Teachers commonly struggle in managing classroom environments and understanding the behaviour of students with these conditions. Even when employing differentiated instruction for students with ADHD, teachers frequently neglect adjustments in assessments or modifications to the classroom setup; indicating a pressing need for additional training and support (Gibbs, 2023). Timely support has been proven to mitigate the risk of depression and emotional distress, lead to fewer emotional and behavioural problems, and help in achieving better academic outcomes in students with neurodevelopmental problems (Caldwell et al., 2019; Zee & Roorda, 2018). Hence, lack of awareness and deficit in skills among teachers to support students with neurodevelopmental problems can have adverse effects on students.

Those teachers who received training on mental health as well as those who had higher mental health awareness are more confident in identifying and managing mental health problems in students (Mansfield et al., 2016) and are more likely to refer students with mental health problems to appropriate services (Reinke et al., 2011). This

highlights the importance of equipping teachers with the necessary knowledge and skills to identify and support students with mental health problems, and facilitate referral to mental health professionals when necessary.

### ***Suggesting Self-Help Strategies***

Teachers were found to rely highly on “Self Help Strategies” to tackle mental health problems (Table. 15). While self-help strategies can effectively manage mild symptoms, they may prove insufficient for addressing more severe mental health issues. Research indicates that students grappling with depression, who exclusively use self-help strategies, tend to experience persistent symptoms compared to their counterparts seeking professional assistance (Gulliver et al., 2012). Similarly, individuals with anxiety, relying solely on self-help strategies, exhibit poorer outcomes compared to those receiving professional help (Gulliver et al., 2012). This underscores the importance of viewing self-help strategies as a supplementary, not exclusive, approach to professional mental health intervention, especially among teachers who can influence help-seeking behaviour among students (Menchola et al., 2007).

When teachers themselves rely on self-help strategies, they are more likely to suggest the same to their students. Teachers promoting self-help strategies for mental health issues can inadvertently discourage students from approaching them for assistance during mental health challenges. According to the need assessment, students ranked teachers as their least preferred source of help (compared to parents, friends, and professionals) when dealing with mental or emotional distress (Figure 10). This hesitation to seek help from teachers could be rooted in concerns about their perceived lack of knowledge and support in addressing mental health issues (Kidger et al., 2016).

Suggesting self-help strategies to students who are undergoing depression can be invalidating and counterproductive. The students also reported that they would be more comfortable approaching their teachers if they were ready to listen to them and were supportive and non-judgemental in their response (Table 25).

As the findings show an inclination in teachers towards “Self-Help Strategies”, it is important to provide the teachers with proper awareness, train them to help the students and suggest appropriate professional help when required. This can help bridge the treatment gap and enhance the supportive role teachers play in students mental well-being.

### **Knowledge about Mental Health Help Seeking**

The need assessment revealed that most of the teachers who were interviewed were aware of psychologists and counsellors as professionals who deal with mental health concerns; however, only half of them knew psychiatrists as mental health doctors who can prescribe medicines and very few were aware of the role of clinical psychologists (Table 15). Though the majority emphasized that qualifications are important for professionals, some of them held the erroneous belief that qualifications are not important if the person has skills. Many of the teachers were also not able to distinguish between psychologists and psychiatrists (Table 15).

It is evident from the responses that there is a lack of knowledge among teachers about the different types of mental health professionals and the services they offer. Previous findings also show that teachers lack comprehensive knowledge about mental health professionals, the services they offer, and the resources available to support students with mental health issues (Walter, 2006; Reinke, 2011; Pratiwi, 2022; Yamamoto, 1968). Knowing mental health professionals and having positive attitudes

towards help seeking can significantly improve intentions to seek help and disclose mental illness, as well as suggest professional help to known others (Vogel et al., 2007; Rüsçh et al., 2011). Psychiatrists, psychologists, and special educators are crucial allies in addressing mental health disorders as well as learning issues, as they are equipped with the expertise to diagnose and treat these conditions. These professionals can devise individualized treatment plans and provide therapy, contributing significantly to the overall well-being of students (Lerner, 1989; Segool et al., 2009; Kaffenberger, & O'Rorke-Trigiani, 2013). While confusion about the roles of these professionals is observed among adults in general (Farberman, 1997; Patel et al., 2017), the lack of knowledge about the difference between psychiatrists and psychologists among teachers is quite alarming. This is particularly important, as teachers can play a significant role in connecting students with the right professionals to address their mental health needs.

Previous research has shown that early intervention is crucial in addressing mental health problems among adolescents. Students who received mental health services within school settings had improved academic outcomes, reduced absenteeism, and decreased disciplinary referrals (Kataoka et al., 2011). Early intervention for mental health problems in schools was associated with improved academic outcomes and reduced emotional distress (Weare & Nind, 2011). Hence, if teachers are aware of the scope of practice of various mental health professionals, they can guide students towards appropriate professionals, thereby getting appropriate mental health help without delay (Walter et al., 2006; Rothì et al., 2008).

## **SCHOOL MENTAL HEALTH**

The findings from the need assessment also point towards the need for enhancing overall school mental health. It especially highlights the low mental well-being among students and teachers.

### ***Low Well-being Among Students***

The need assessment conducted among students revealed that students generally have low self-esteem and a low internal locus of control (Table 19). This means that, in general, students have a low sense of self and attribute external factors to outcomes in their lives. A range of studies have highlighted the prevalence of low self-esteem among school students, particularly in relation to factors such as academic stress, parental abuse, and bullying (Nguyen et al., 2019; Rigby & Cox, 1996). Adolescents with a higher internal locus of control showed better mental health and overall adjustment patterns than those who possessed an external locus of control (Gilmor, 1978; Jain & Singh, 2015). However, students who had a low internal locus of control and a higher external locus of control were found to be more maladjusted and prone to mental health problems (Cox and Luhrs, 1978; Kopera-Frye, 1991; Freed & Tompson, 2011). Self-esteem and internal locus of control play a crucial role in adolescent well-being and decision-making (Nwankwo et al., 2012; Kishor, 1981) and are associated with better functioning and resilience (Cazan, 2016). Hence, teachers need to help students in enhancing their self-esteem and internal locus of control to ensure their overall well-being.

Previous research findings reveal that implementing effective classroom management practices can significantly enhance academic resilience, self-esteem, and overall well-being among students (Cefai et al., 2018; Morrison et al., 2007; Preast et al., 2020; Frisby et al., 2020; Merrell, 2010). These practices encompass creating

inclusive classroom communities through social and emotional learning, nurturing positive relationships with both instructors and peers, and utilizing social and emotional learning to foster mental health and academic success (Prest, 2020; Frisb et al., 2020; Merrell, 2010).

Students in India face a wide range of concerns, including stress related to educational and career choices, competition, and academic performance, especially in higher classes (Sebia et al., 2022). It is important to develop an adequate sense of self and autonomy in students, especially in high school and higher secondary school, to face these challenges. Classroom management techniques support the growth of students' autonomy, sense of purpose, social competence, problem-solving abilities, and achievement motivation by addressing individual risk and resilience domains (Morrison, 2007).

### ***Classroom Management Practices***

The need assessment also revealed that teachers did not have sufficient awareness about evidence-based classroom management strategies (Table 17). It is a concerning finding, as classroom management practices play a very important role in ensuring the effective functioning of a teacher and the overall well-being of students. Creating a warm and supportive environment as well as genuine and interactive learning experiences can enhance learner empowerment (Gutheinz-Pierce & Whoolery, 1995; Hamilton, 2007). The students' individual learning needs and subjectivities have to be considered while shaping classroom dynamics (Patchen, 2006). Experts who were interviewed also shared their observations that teachers predominantly use reactive classroom management practices such as establishing expectations and punishing students if the expectations are not met (Figure 13). Similar trends of establishing expectations and reprimanding students for behavioural problems have been observed

previously as well (Hepburn, 2020). Such teachers lack a practical approach and evidence-based training, hence resorting to reactive response rather than concrete management techniques (Rosén et al., 1990; Shank, 2023).

Empowering classroom practices is more proactive and it helps promote the mental health and well-being of students. Positive Behavioral Interventions and Supports (PBIS), Trauma-Informed Classrooms, Strength-Based Classrooms, Restorative Approaches, and Social-Emotional Learning are a few examples of evidence-based practices that can be implemented in schools (Maheady et al., 2017; McIntosh et al., 2016; Tomlinson & Imbeau, 2010; Dariotis et al., 2016). By promoting positive relationships, building upon strengths, and providing students with the necessary skills to manage their emotions, teachers can help ensure that all students have the support they need to thrive both academically and personally.

However, the effectiveness of these practices hinges on teachers' knowledge and their ability to be attuned to the unique strengths and vulnerabilities of their students. Considering the cultural and social context in which they operate, adequate training is essential to enable teachers to adapt their approaches according to individual student needs and the prevailing cultural dynamics. In order to achieve this, they need to be trained in various evidence-based classroom management practices, preferably during their teacher training. Awareness and training programs for existing teachers should incorporate such evidence-based classroom management strategies.

Maintaining optimal mental health is crucial for teachers to successfully implement these classroom management techniques. Maintaining good mental health enables teachers to create a supportive space for students and assist them in co-regulation, which is achievable only when teachers themselves are emotionally

grounded. Hence, self-care among teachers needs to be given due importance, along with classroom management strategies.

### ***Teacher Self-Care***

The significance of mental health is paramount for teachers, just as it is for any individual. However, it takes on added importance for them, given their role in providing continuous help and support to students in need. Teachers facing poor mental health are more susceptible to burnout and stress, resulting in lower job satisfaction, increased absenteeism, and diminished effectiveness in the classroom (Klassen et al., 2012; Wang et al., 2015). This decline in teachers' mental well-being can further impact student outcomes, influencing factors like academic achievement, attendance, and engagement (Wang et al., 2019).

Over the years, research has revealed a clear association between teachers' poor mental health and adverse student outcomes (Mundia, 2013; Kidger, 2016; Cui & Ma, 2023). The quality of teachers' mental health is intricately connected to their teaching effectiveness, subsequently influencing student development (Cui & Ma, 2023). Teachers with good mental health can establish positive classroom environments, foster student well-being, and exhibit empathy, sensitivity, and positive attitudes that contribute to increased student engagement and academic success (Collie et al., 2015; Tang et al., 2015; Bartlett et al., 2020; Gilmour et al., 2019).

Teachers who participated in the focused group discussions and interviews, as well as experts who were interviewed, highlighted the prevalent issue of overwork and burnout among teachers in Kerala (Table 15). The experts interviewed during the need assessment also reported that the demanding nature of teaching jobs contributes to burnout among teachers (Figure 13). Research in India has consistently shown high levels of occupational stress and professional burnout among teachers (Reddy &

Poornima, 2012; Rajak & Chandra, 2017). This is attributed to a range of factors, including excessive workload, low pay, challenging student behaviour, etc. (Shukla & Trivedi, 2008; Toppo & Manjhi, 2011). Sukla and Trivedi (2008) also found a high prevalence of depression, stress, and emotional exhaustion, with burnout levels being notably elevated in teachers in India, especially those working in private schools (Singh & Singh, 2018). Thus, in a country like India where work overload and teacher burnout is rampant, it is important to address teachers' well-being to improve overall school mental health.

In conclusion, findings from the need assessment confirm that teachers have low awareness specifically related to mental health problems and mental health help-seeking. The findings indicate that there is inadequate training in classroom management practices and communication skills during teacher training. Though teachers genuinely want to help, they lack the skills to identify mental health problems in students and lack awareness about the professional help available. Burnout and work stress add to the agony. The findings thus indicate the dire need for proper mental health awareness programs for school teachers, to equip them with awareness and the necessary skills to ensure good school mental health. According to the findings from the need assessment, a few of the key areas to be focused on while designing the mental health awareness program for teachers are:

- a. Understanding About Adolescent Developmental Changes
- b. Knowledge about mental health and neurodevelopmental problems
- c. Identifying warning signs and classroom support
- d. Process of referral and role of mental health professionals
- e. Teacher well-being
- f. Classroom management practices,

## **DEVELOPING THE MENTAL HEALTH AWARENESS PROGRAM**

The phase two of the present study was designing the mental health awareness program. The following passages discusses the three parts of the phase two namely:

- 1) Review of Existing Mental Health Awareness Content for Teachers;
- 2) Review of Modern Approaches to Classroom Management;
- 3) Designing the Mental Health Awareness Program

### **Part 1: Review of Existing Mental Health Awareness Content for Teachers**

From a list of mental health awareness content for teachers that was shortlisted, six with content available in manual or module format were reviewed. The outline of each is discussed below:

#### ***1. Mental Health Promotion for School Children: A Manual for School Teachers and School Health Workers (WHO, 2021)***

The manual "Mental Health Promotion for School Children" by WHO provides comprehensive guidance for addressing and promoting mental health among students. It begins by emphasizing the significance of schools investing in the mental well-being of their students and identifying the target audience. The manual outlines clear objectives and offers a guide on how to effectively use its contents.

Divided into modules, the manual covers essential topics such as social and emotional development, stages of development from prenatal to secondary school-age, and the role of moral development and brain functioning in education. It then delves into creating mental health-promoting schools, emphasizing the characteristics of a good teacher and school, core values, and strategies for fostering a supportive environment.

The subsequent module focuses on early identification and intervention, providing guidance on recognizing mental health problems in the classroom and knowing when to refer students for additional help. It addresses the roles and responsibilities within the school concerning mental health, privacy, and confidentiality. The manual also includes practical strategies for managing disruptive behaviours, guidance on counselling, life skills education, and various health-promoting efforts impacting mental health, such as addressing eating disorders, screen time, and cyberbullying. Additionally, it covers suicide prevention and offers a range of resources for further reference.

Module 3 addresses specific mental health problems that teachers may encounter in their classrooms, providing case studies, role-playing scenarios, and strategies for dealing with issues like anxiety, post-trauma problems, depression, ADHD, autism, psychosis, conduct disorders, bullying, and substance use problems. The module emphasizes when to refer students for specialized evaluation and treatment.

Two appendices provide valuable resources, one is on teacher wellness, addressing stress, burnout, and wellness programs and the other covers risk and protective factors for mental illness. Appendix 3 offers guidance on bullying prevention and intervention in schools. And appendix 4 provides examples of school intervention programs from the WHO Eastern Mediterranean Region. Appendices 5 and 6 offer screening tools and additional resources.

Overall, this manual serves as a comprehensive guide for educators, administrators, and anyone involved in promoting mental health in school settings, offering practical strategies and valuable insights for creating a supportive and nurturing learning environment.

**2. Classroom WISE (Well-being Information and Strategies for Educators):  
Discussion Guide ([www.mhttcnetwork.org](http://www.mhttcnetwork.org), 2023).**

This publication, developed by the Great Lakes Mental Health Technology Transfer Centre in collaboration with the National Centre for School Mental Health in the United States of America, is a comprehensive guide consisting of six modules aimed at promoting the mental health and well-being of students.

Modules 1–3 focus on Promoting the Mental Health and Well-being of Students. Module 1 focuses on creating safe and supportive classrooms. It outlines three essential components for such environments and provides strategies to engage students while ensuring their physical and emotional safety. Module 2 delves into teaching mental health literacy and reducing the stigma associated with mental illness. Educators learn to provide accurate information, talk openly, and integrate the lived experience of individuals with mental illness into lessons. Module 3 introduces social and emotional learning (SEL), emphasizing its importance from kindergarten through high school graduation. Educators learn strategies for integrating SEL into instruction and school-wide programming.

Modules 4–6 focus on Understanding and Supporting Students Experiencing Adversity and Distress. Module 4 reviews typical child and adolescent development, helping educators identify signs of distress and connect students with appropriate supports and services. Module 5 explores trauma and adverse childhood experiences (ACES), providing insights into their impact on learning and overall functioning. Educators learn trauma-sensitive practices to create safe and supportive environments. Module 6 delves into the importance of self-regulation and co-regulation. Educators gain specific strategies to support students experiencing challenges with emotion

regulation, executive functioning, social skills, behaviour regulation, and substance use.

Upon completion of these modules, educators acquire a comprehensive set of skills to promote students' mental health, address adversity and distress, and create supportive learning environments. The guide empowers educators to understand, recognize, and respond effectively to the mental health needs of their students.

### ***3. Mental Health and High School Curriculum Guide- Teacher Knowledge Update (Kutcher & Wei, 2018)***

The “Teachers Knowledge Update” is a part of the "Mental Health and High School Curriculum Guide", a comprehensive educational resource developed by [www.mentalhealthliteracy.org](http://www.mentalhealthliteracy.org) in collaboration with the Canadian Mental Health Association. Designed for both students and teachers, the guide focuses on enhancing understanding of mental health and disorders. The teacher's training manual, part of the High School and Mental Health Guide, is a crucial component. It equips teachers to feel confident in their knowledge of mental health, empowering them to deliver this knowledge to students through a modular curriculum. The program employs interactive sessions to foster dialogue among students and teachers, creating a supportive environment to discuss mental health topics. By addressing mental health and mental illness in a familiar setting, the guide aims to cultivate a sense of safety, encourage questions, combat stigma, and enable students to develop informed perspectives. The "Teacher Knowledge Update" serves as a supplementary guide, offering teachers an overview of common mental illnesses and disorders, along with key questions and advice for addressing similar situations.

The guide starts by defining mental health disorders and how the brain is involved in them. It further covers the interrelationship between the mental states, ranging from mental health to mental disorders. Further, it covers the causes of mental health problems.

The guide further explains various mental health disorders such as Schizophrenia, Depression, Bipolar Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Eating Disorders, Attention deficit Hyperactivity Disorder, Substance Related Disorders, Conduct Disorder, and finally suicide and self-harm. A description of the disorder, who is at risk, what symptoms to look for, what the teacher can do and questions to ask are all covered.

***4. Early Identification and Intervention of Mental Health Problems in School-going Children and Adolescents: Modular Handbook for Teachers and Allied Stakeholders (Ministry of Education, India) (Nagpal, 2022)***

The Ministry of Education established a committee, led by Dr Jitendra Nagpal, to develop comprehensive guidelines for the early identification, detection, and intervention of mental health problems in school-going children. The result is an innovative modular handbook designed for practical training of teachers, counsellors, and stakeholders. In response to the increasing challenges related to the psychosocial well-being of students, the handbook emphasizes the importance of fostering an emotional and behavioural safety climate in schools. The modular handbook covers a whole-school approach, prevention, promotion, and management of mental health and wellbeing.

Chapter 1 - A Whole School Approach: In this introductory chapter, the handbook delves into the critical aspects of a comprehensive approach to mental health in schools. It emphasizes the growing challenge of mental health among children and offers a developmental perspective. The chapter explores the dichotomy between education for self-reliance and holistic education, addressing potential triggers for mental health concerns. It outlines the essential elements of prevention, promotion, and management of mental health, advocating for a whole-school approach. Furthermore, it discusses the integral role of school structure, ethos, and the responsibilities of creating a conducive environment for mental health and well-being.

Chapter 2 - Pedagogical Model for Psycho-Social Support to Students. This chapter focuses on a pedagogical model for providing psycho-social support to students. It provides insights into the New Education Policy 2020 (MHRD, 2020) perspective on pedagogy, offering guidelines for developing lesson plans aligned with its vision. The chapter also explores transactional modalities to effectively implement the pedagogical model.

Chapter 3: Early Identification and Management of Common Mental Health Concerns: This chapter delves into socio-emotional development in children and adolescents, addressing various mental health concerns. It provides a comprehensive guide for teachers on identifying and managing issues such as attachment problems, separation anxiety, school refusal, communication issues, anxiety patterns, depressive states, inattention, hyperactivity, conduct issues, internet use, autism spectrum issues, intellectual disability, and specific learning disabilities. Additionally, it extends its coverage to adolescent mental health concerns, offering insights into stress, anxiety, depression, body image, psychosomatic concerns, conduct issues, bullying,

problematic internet use, eating patterns, sleep patterns, loss and grief, and gender identity.

Chapter 4: Emotional and Behavioural Emergencies in Schools: Focusing on critical emergencies, this chapter addresses child sexual abuse, aggression, violence, substance use, and self-harm/suicidal behaviours, providing teachers with guidance on recognizing and responding to these emergencies.

Chapter 5: Planning Sensitization & Collaboration with Stakeholders: This chapter outlines strategies for planning sensitization initiatives and fostering collaboration with stakeholders. It discusses the formation of a Mental Health Advisory Panel, the implementation of a school mental health program, coordination teams, principles for creating an annual plan, and tools for achieving effective collaboration among parents, teachers, counsellors, and students.

Chapter 6: Emerging Concerns for Children with Special Circumstances; Mental Health Perspectives: Addressing the needs of children in special circumstances, this chapter discusses the Protection of Children from Sexual Offences Act (POCSO) of 2012, the role of schools in preventing child sexual abuse, and Standard Operating Procedures (SOP) for reporting child sexual abuse.

Annexures: The handbook includes practical tools such as checklists for screening mental health concerns, sample activities for promotion, flow charts, posters, and supplementary reading materials for creating healthy and happy schools. It also introduces the Adolescent Peer Educators Leadership Program for Life Skills. This comprehensive modular handbook provides a structured guide for educators, counsellors, and stakeholders to address the diverse aspects of mental health in school-going children and adolescents.

**5. Training Module: Our Responsibility to Children (ORC, 2015)**

Our Responsibility to Children (ORC) is an initiative of Integrated Child Protection Scheme (ICPS), under the Department of Women and Child Development, Government of Kerala. ORC identifies and scientifically addresses deviancies and children's other vulnerabilities, integrating them into the social mainstream by enhancing life skills, nurturing strengths, addressing risks, and promoting mentoring and good parenting.

It focuses on activities at the school level, childcare institutions, and professional help. At the school level, universal support involved strength and difficulty assessments, life skill education, strengthening students' forums, and sessions on parenting through class-wise parent-teacher meetings. Identification and support for children with special needs, including classroom management, mentoring, and learning and skill enhancement programs are included in this initiative. Project ORC, thus aims to facilitate a holistic approach, emphasizing prevention, identification, support, and coordination among various stakeholders to address the complex challenges faced by children and adolescents. As a part of this, Project ORC has developed a teacher-training manual which focuses on the role of teachers in mental health and well-being of the students.

The teacher training manual comprehensively addresses common emotional and behavioural problems in childhood and adolescence, providing insights into recognizing warning signs and facilitating appropriate referrals. Recognizing the pivotal role of collaboration with parents, the manual underscores the importance of engaging parents in the process. By equipping teachers with the knowledge and skills

to identify, intervene, and collaborate effectively, the manual aims to enhance the overall well-being of students and create a supportive learning environment.

***6. School Mental Health Through Empowering the Education Sector: A Manual for School Teachers and Counsellors (John et al., 2006)***

This manual provides a comprehensive overview of poor school performance, with a specific focus on learning disorders (LD). It starts by examining the causes of poor school performance, emphasizing LD as a major contributing factor. The manual then elaborates on the identification and diagnosis of children with learning disorders, utilizing a multidisciplinary approach.

The manual explores the root causes of learning disorders, shedding light on the skill deficits observed in affected children. It discusses remediation strategies and underscores the crucial role of inclusive schools. Additionally, the manual highlights the multiple responsibilities that teachers undertake in addressing poor school performance.

Delving into the emotional and behavioural problems associated with poor school performance, the manual describes various symptoms and provides practical support strategies for teachers to address the same. It also explores the potential role of medications in assisting children facing challenges in school. Emphasizing the importance of partnerships with parents, the manual encourages a holistic approach by urging educators to look for skills rather than solely focusing on deficits.

As the manual concludes, it broadens the perspective by discussing the larger context of children with learning disorders, extending beyond the school environment. The dedication acknowledges the valuable lessons learned from numerous children with learning disorders during clinical work.

***Comparison of the Existing Content on Mental Health Awareness***

Table 28 illustrates the comparison of various topics covered in the above-described mental health awareness content for teachers. The main topics that are covered in the content reviewed was taken as the base for heuristic analysis. They are:

- a. **Developmental Changes:** the developmental changes that happen during childhood and adolescence. In the content reviewed, only 3 out of 6 had included developmental changes;
- b. **Mental Health disorders:** a description of common mental health disorders and their warning signs. Five out of six content reviewed discussed mental health disorders;
- c. **How to Respond:** a guideline on how to respond to students, especially when they are in distress. All the content reviewed included how to respond to students;
- d. **Mental Health Professionals:** Information about various mental health professionals, their roles, and qualifications. Three of the pieces of content reviewed touched on the topic of professionals but lacked clarity on their roles and qualifications;
- e. **Involving Parents:** When and how to include parents for the mental health and well-being of students. Three out of the six pieces of content reviewed had covered this;
- f. **Teacher Well-being:** Importance of teacher well-being and strategies to ensure wellbeing: Only one of the contents reviewed addressed teacher wellbeing;
- g. **Classroom Management:** Ways to improve classroom management and ensure general well-being in classrooms. Only two out of the 6 content reviewed included classroom management strategies.

**Table 28***Comparison of the Mental Health Awareness Content for Teachers*

Themes	1	2	3	4	5	6
Developmental Changes	✓	✓		✓		
Mental Health Disorders	✓		✓	✓	✓	✓
How To Respond	✓	✓	✓	✓	✓	✓
Mental Health Professionals			✓		✓	✓
Involving Parents			✓		✓	✓
Teacher Wellbeing	✓					
Classroom Practices		✓		✓		

*Note: 1) Mental Health Promotion for School Children: A Manual for School Teachers and Health Workers. 2) Classroom WISE. 3) Teacher Knowledge Update. 4) Modular Handbook for Teachers and Allied Stakeholders by Ministry of India 5) Training Module: Our Responsibility towards Children (ORC). 6) Manual for School Teachers and Counsellors*

## **Part 2: Review of Modern Approaches to Classroom Management**

In the process of designing the mental health awareness program, several modern approaches to classroom management practices were reviewed. The classroom management approaches reviewed are as follows:

### ***Positive Behavioural Interventions and Supports (PBIS)***

It is a proactive and school-wide approach aimed at promoting positive behaviour and preventing the occurrence of behavioural issues among students (Sugai, & Simonsen, 2012; Fluke, & Peterson, 2013). It is designed to create a positive school climate where students feel supported and engaged in their learning environment

(Sugai & Horner, 2009). PBIS focuses on teaching and reinforcing positive behaviours rather than merely reacting to negative behaviours, contributing to the overall improvement of the school atmosphere. In essence, it is founded on the principles of providing clear expectations for behaviour, teaching these expectations explicitly, acknowledging and reinforcing positive behaviours, and implementing consistent consequences for challenging behaviours (Horner et al., 2009). This framework is based on the understanding that a positive and predictable school environment fosters the development of appropriate behaviours in students.

PBIS emphasizes the creation of a school culture that values respect, responsibility, and safety, and it has been widely adopted in various educational settings as an effective strategy for enhancing both social and academic outcomes for students. By utilizing a tiered system of support, this approach ensures that interventions are tailored to meet the unique needs of individual students, creating a more inclusive and equitable learning environment (Sugai & Simonsen, 2012). PBIS has been found to positively impact school organizational health, including staff reports of overall organizational health, resource influence, and staff affiliation (Bradshaw et al., 2008). It also extends evidence-based positive behaviour support to the home, enhancing family engagement (Garbacz et al., 2018). Thus, Positive Behavioral Interventions and Supports is a comprehensive and evidence-based framework that not only addresses challenging behaviours but also proactively establishes a positive and nurturing school climate conducive to the success and wellbeing of all students.

## ***2. Strength-Based Classrooms***

Strength-based classrooms represent an educational approach centred on identifying and cultivating the unique strengths, talents, and abilities of each student

(Brunzell, & Norrish, 2021; Baron, 2023). Rather than focusing solely on deficits or challenges, this approach emphasizes recognizing and leveraging the inherent capacities of students to enhance their learning experiences (Rath & Conchie, 2008).

In strength-based classrooms, educators adopt a positive and affirming mindset, acknowledging that every student possesses a set of strengths that can be harnessed for academic success and personal growth. This approach fosters a sense of empowerment and self-efficacy among students, encouraging them to take an active role in their learning journey (Seligman & Csikszentmihalyi, 2000). Another key aspect of strength-based classrooms is the emphasis on building authentic and positive relationships between educators and students. This allows educators to better understand and appreciate the unique strengths of each student, creating a supportive and inclusive learning environment (Clifton & Anderson, 2002).

A range of studies have explored the implementation and impact of strength-based approaches in educational settings. Brownlee et al. (2012) and Hawthorne (2009) both emphasize the importance of recognizing and developing students' strengths. By integrating strength-based practices, educators can enhance student engagement, motivation, and overall well-being. This approach not only contributes to academic success but also promotes a positive and optimistic mindset, preparing students for future challenges and opportunities.

### ***3. Trauma-Informed Classrooms***

Trauma-informed classrooms represent a paradigm shift in education that recognizes and responds to the impact of trauma on students' wellbeing and learning experiences (Brunzell, & Norrish, 2021; Sweetman, 2022). Such classrooms are designed to create a safe and supportive environment that fosters healing and resilience in students who have experienced trauma (Brock, Curby, & Cannell-Cordier, 2018).

Educators in trauma-informed classrooms are sensitive to the potential effects of trauma on students' behaviour, emotional regulation, and academic performance. In a trauma-informed approach, educators prioritize building trusting relationships with students, understanding that such connections are fundamental to the healing process (Hodas, 2006). The emphasis is on creating a culture of safety, predictability, and empowerment within the classroom (Brock, 2018). Trauma-informed classrooms incorporate trauma-sensitive practices such as clear communication, flexible learning environments, and individualized support to meet the diverse needs of students who have experienced trauma (Fallot & Harris, 2009).

A growing body of research emphasizes the need for trauma-informed approaches in schools, particularly for students who have experienced complex trauma (Howard, 2018; Luthar & Mendes, 2020; Phifer & Hull, 2016; Dombo, 2019; Maynard et al., 2019; Cavanau & Sabatinogh, 2016; Hobbs, Paulsen, & Thomas, 2019). These approaches should be systemic, providing ongoing support for both students and educators (Howard, 2018; Luthar & Mendes, 2020; Phifer & Hull, 2016; Dombo, 2019; Maynard, 2019; Cavanaugh, 2016; Hobbs et al., 2019). By recognizing and addressing the impact of trauma, trauma-informed classrooms contribute to a more inclusive and equitable educational experience for all students. Educators play a crucial role in providing support, understanding, and resources that help students overcome the challenges associated with trauma, ultimately promoting their overall wellbeing and academic success.

#### ***4. Restorative Approach***

Restorative classrooms are rooted in the principles of restorative justice, emphasizing community building, accountability, and relationship repair (Thorsborne & Vinegrad, 2017). This educational approach seeks to create a positive and inclusive

learning environment by focusing on repairing harm and fostering a sense of responsibility among students (Morrison et al., 2005). In restorative classrooms, conflict resolution and discipline are approached through dialogue and collaboration rather than punitive measures. When conflicts arise, educators facilitate discussions that involve all affected parties, allowing students to express themselves, listen to others, and collectively find resolutions (Morrison et al., 2005). This process aims to rebuild relationships and reinforce a sense of belonging within the classroom community.

Restorative practices in classrooms are not solely reactive; they are also proactive. Educators intentionally build a sense of community and trust from the beginning of the school year. By incorporating circle time, community-building activities, and open communication channels, restorative classrooms create a foundation for positive relationships and emotional wellbeing (Wachtel, 2013). A range of studies have explored the implementation and impact of restorative approaches in classrooms. Hopkins (2011) and McCluskey (2018) both highlight the potential of these approaches to address challenging behaviour and improve school climate. Gregory et al., (2016) and Erb and Erb (2018) further emphasize the positive impact of restorative practices on teacher-student relationships and student behaviour. Through restorative approaches, students learn valuable social and emotional skills, such as empathy, active listening, and conflict resolution. These skills contribute not only to a harmonious classroom environment but also to students' overall personal development and preparedness for future challenges.

### ***Social Emotional Learning***

Social Emotional Learning (SEL) is an educational framework that focuses on developing students' emotional intelligence, interpersonal skills, and overall well-

being within the academic setting (Durlak et al., 2017). The aim is to equip students with the tools needed to navigate social interactions, manage emotions, and make responsible decisions. In SEL-oriented classrooms, educators incorporate intentional strategies to foster a positive and supportive atmosphere. These strategies often include explicit instruction on self-awareness, self-regulation, social awareness, relationship skills, and responsible decision-making (Durlak et al., 2017). Through activities, discussions, and reflective exercises, students gain a deeper understanding of their emotions and learn how to interact positively with their peers. SEL goes beyond traditional academic achievements, emphasizing the importance of nurturing the whole child. By integrating SEL into the curriculum, educators contribute to the development of students' emotional resilience, empathy, and a strong sense of community (Durlak et al., 2011). These skills not only enhance the learning environment but also prepare students for future success in various aspects of life.

Social-emotional learning (SEL) programs have been shown to enhance social and emotional competencies in children, particularly in the areas of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. These programs have also been linked to improved academic performance, reduced conduct problems, and decreased emotional stress (Raimundo et al., 2013; Küpana, 2015; Cavioni, 2017; Paolini, 2020; Ee et al., 2014; Kimber, 2007). Furthermore, they are beneficial for children with learning disabilities, promoting their academic and social inclusion (Cavioni, 2017). SEL is also crucial for career readiness, as it fosters the intrapersonal and interpersonal skills necessary for success in the workforce (Paolini, 2020).

***Part 3: Designing the Mental Health Awareness Program***

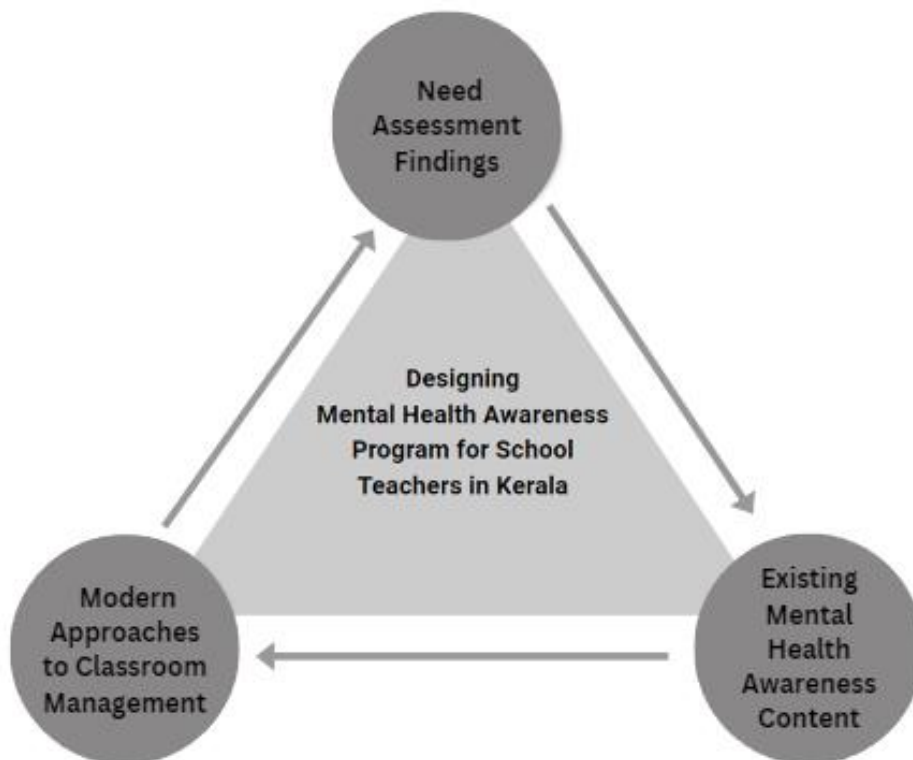
The content of the mental health awareness program was finalized through a comprehensive process that involved triangulating information from various sources:

- 1) Findings from the need assessment
- 2) Review of Existing mental health awareness content for teachers
- 3) Review of Modern Approaches to Classroom Management

Information from all the above sources led to the formation of content for the mental health awareness program for school teachers.

**Figure 16**

*Process of Designing Mental Health Awareness Program for School Teachers in Kerala*



The triangulation of the information from all three sources led to a conclusion that the mental health awareness program for high school and higher secondary school teachers in Kerala needs to cover the following topics:

- Understanding biopsychosocial aspects of development during adolescence;
- Realistic expectations about emotional maturity among adolescents with respect to their developmental stage.
- Various factors that can influence mental health and well-being of adolescents, like physical, psychological and environmental factors;
- Various childhood and adolescent mental health disorders as well as their warning signs, especially common mental health disorders like anxiety and depression;
- Identifying common neurodevelopmental disorders such as ADHD and LD.
- How to support students with mental health problems and neurodevelopmental disorders in classrooms.
- Knowledge about various mental health professionals, the services they offer, and whom to refer students to for different problems.
- Classroom strategies that focus on the strengths of students and inculcate a healthy sense of self in them.
- Restorative practices that incorporate healthy corrective measures to address student behavioural problems.
- Methods to improve communication skills in teachers, specifically assertiveness and non-violent communication strategies.
- Teacher self-care practices, which can be incorporated into their day-to-day-life in the current settings, can help them maintain their own mental health and well-being.

## **Content For The Mental Health Awareness Program For Teachers**

The content for the mental health awareness program developed for school teachers in Kerala was designed to incorporate the above topics in a meaningful way. The following passages describe in detail the different topics in the content designed for the awareness program.

***Introductory Session:*** The program starts with an introductory session. It included a general introduction about mental health as well as mental health awareness. Further, it describes the statistics of mental health disorders in India and specifically in Kerala. The introductory session further delves into the way ahead, explaining primary, secondary, and tertiary prevention. It emphasizes on the need to focus on adolescent mental health, early identification, and intervention at this stage, as it is a vulnerable age where a lot of mental health problems can emerge. The session further highlights the role of schools and teachers in these preventive strategies and how the mental health awareness of teachers can help facilitate the same. The session further highlights the current status of mental health awareness among teachers and concludes by giving an outline of the sessions of the five-day awareness program.

***Understanding of Child and Adolescent Development:*** The first segment was on biopsychosocial aspects of development throughout childhood and adolescence. This topic was included to help teachers have a basic understanding of various developmental changes that happen during adolescence and how these changes can influence thoughts, emotions, behaviour, and the overall well-being of adolescents. This segment intends teachers to have a holistic understanding of the developmental changes that happen during adolescence, thereby helping teachers to have realistic

expectations from students and be adequately prepared to support their developmental needs.

*Biological development:* The first information session under this segment delves into the bodily changes as well as brain development that happen during adolescence. This section intends to help teachers have an understanding about a) Basics of the human brain: structure and function b) The development of the brain and body, specifically in adolescence c) Fight/ Flight/ Freeze response to stress and d) Biology of Window of Tolerance and Co-regulation

Having an understanding of the human brain, its structure and function, provides teachers with relevant insights into the neurological underpinnings of learning, behaviour, and emotional regulation in their students. Moreover, understanding the developmental intricacies of the brain and body during adolescence equips teachers with the knowledge to navigate the unique challenges and opportunities presented by this critical stage of growth. Having knowledge about the biology of stress responses and the concept of the Window of Tolerance equips teachers to accurately interpret stress reactions in adolescents and provide necessary support. This understanding enables teachers to respond empathetically and engage in effective co-regulation strategies, fostering a supportive learning environment for students.

*Psychosocial Development:* Along with biological changes, adolescence is also marked by significant psychosocial changes in multiple domains. The next segment covers various psychosocial domains of development in adolescents, such as cognition, emotion, motivation, development of personality, identity formation, attachment styles, interpersonal relationship and sexuality development.

Egocentrism and the process of individuation in the cognitive processes of adolescents, as well as types of emotions and changes associated with emotional development in adolescence is covered in detail in this segment. Motivation and the factors influencing motivation in adolescence, are also described. Further, personality development as well as role confusion vs identity formation during adolescence are explained. Attachment patterns and interpersonal relationships during adolescence are also further described. Additionally, the segment covers sexuality, important terms teachers should know and the importance of comprehensive sexuality and health education.

***Factors Influencing Development and Well-being of Adolescents:*** The next topic included in the mental health awareness program is "Factors Influencing Development and Well-being of Adolescents." This segment aims to equip teachers with a comprehensive understanding about well-being and factors influencing well-being, especially in adolescents. Well-being is explained using the "Dual Continuum Model", which presents mental health and mental illness as two separate dimensions rather than opposite ends of a single continuum (Westerhof & Keyes, 2010).

Various bio-psycho-social factors that influence wellbeing were included in this segment. Biological factors like genetics, heredity, neurotransmitter variations, changes in brain structure and function, hormonal fluctuations, vitamin and mineral deficiencies, physical illness, disability etc were discussed. Psychological factors like Self Esteem, Adaptive and Maladaptive Coping Skills, Attitudes and Beliefs, Emotional Regulation Abilities, Cognitive Distortions, Identity-Role Confusion etc were also covered..

Social factors such as school-related factors, Socioeconomic Status, Cultural Aspects, Social Inequality, (with respect to gender, class, caste etc), Social Skills and Family Environment and Parenting were discussed. Besides this, the influence of Trauma, especially Adverse Childhood Experiences, are also included in the section. This segment concluded with a differentiation between mental health “Distress” vs “Disorder”.

***Mental Health Disorders and Help Seeking:*** The next topic covered is "Mental Health Disorders and Help Seeking.". This topic specifically focuses on childhood and adolescent mental health problems and the impact mental health disorders can have on the well-being and academic success of adolescents. This segment aims to develop a basic understanding about a) Neurodevelopmental Disorders, b) Childhood and Adolescent Mental Health Disorders c) Warning signs that teachers need to look out for d) Psychological First Aid and e) Mental Health Professionals and Help-Seeking

Neurodevelopmental disorders elaborated in this segment were variations in intelligence, autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and Learning Disorder (LD). Recognizing neurodevelopmental disorders as early as possible facilitates necessary professional support and the creation of inclusive learning environments tailored to individual needs. Providing diverse ways to support students with neurodevelopmental disorders emphasizes inclusivity and ensures that every student can thrive academically and personally.

Emotional disorders that were discussed included mood disorders such as depression and bipolar disorders, anxiety disorders such as generalized anxiety, social anxiety, phobias and panic attacks. Obsessive compulsive disorders and trauma-related disorders were also included. Various behavioural disorders seen in students, namely

Oppositional Defiant Disorder (ODD) and Conduct Disorder, Substance Use Disorder and behavioural addictions, including internet and gaming, food, porn, and social media addiction, were also covered in detail.

A detailed description and symptoms of each of these disorders were covered. The symptoms teachers need to look out for were also elaborated. Furthermore, this segment elaborated on when teachers should refer such students for professional help. The segment also gave a detailed description of various mental health professionals, their qualifications, and the services they offer.

***Teacher Well-being:*** The next topic included in the awareness program is “Teacher Well-being”. The demanding and often stressful role of teachers can lead to burnout if proper self-care practices are not in place. The goal of this segment is to help teachers have an understanding about burnout and the importance of teacher self-care. It covers various ways through which teachers can engage in physical, psychological, and social self-care.

This segment helps teachers understand various signs of burnout and various methods to prevent burnout. Physical self-care especially with respect to sleep, nutrition, physical activity, and relaxation are emphasized. Methods to enhance self-acceptance, celebrating strengths, and cultivating self-compassion to enhance psychological well-being are also included. Strategies such as journaling, positive self-talk, challenging cognitive distortions and solution-focused approaches to deal with difficult emotions were also included.

Work-life balance, effective communication skills, teamwork, assertive communication, prioritizing work, delegating, or seeking assistance were the topics covered under social self-care. Seeking professional help when these self-help

strategies are not sufficient is also emphasized. This section thereby covers all the domains that are relevant for teacher well-being.

***Classroom Management Practices:*** The final topic covered in the awareness program is “Classroom Management Practices”. Classroom environment holds substantial influence over the mental health and wellbeing of students. Teachers have significant influence in shaping a positive and empowering classroom atmosphere.

This topic aims to develop an understanding about various evidence-based approaches like Positive Behavioral Interventions and Supports, Trauma-informed Approach, Strength-based Classrooms, Restorative Justice and Social Emotional Learning. Methods of fostering positive teacher-student relationships through respect, active listening, mindfulness, and empathy are also mentioned. It discusses ways to create safe and predictive classrooms and non-violent communication that support social-emotional learning, instill a growth mindset, accentuate strengths and thereby facilitate a holistic development of their students. Additionally, this segment also addresses broader classroom dynamics by discussing strategies for managing disruptive classrooms, handling triggering behaviours from students, and navigating conflicts or aggression. By emphasizing restorative practices, educators are empowered to create an inclusive and supportive learning environment that addresses challenges proactively.

***Practice Activities:*** These ensure that the teachers who participate in this program are equipped with theoretical knowledge, as well as practical skills. Self-care activities such as grounding exercises, relaxation techniques, and somatic exercises were included. Activities that encouraged self-reflection of strengths, reflection of strengths as a teacher, social identity, work-life balance, etc. were also included.

Along with the self-care practices, the program also incorporates skill practice and group activities. Group activities based on vignettes were included to practice identification of warning signs of mental health problems among students. Communication skill practice to improve assertiveness and non-violent communication were included. Roleplays to create a safe and supportive environment for teachers to practice and refine these newly acquired communication skills were also part of the practice activities. Group discussions to share ideas further encouraged the active involvement of participants in the learning process.

These activities were strategically placed in between information sessions, to provide the teachers with a practical, hands-on experience that they can apply on a day-to-day basis. These activities immerse teachers in the content, providing hands-on practice for skills in self-care, classroom management, and the broader realm of enhancing overall school mental health. Overall, the program is designed to provide a comprehensive and hands-on approach to mental health awareness and wellbeing for both teachers and their students.

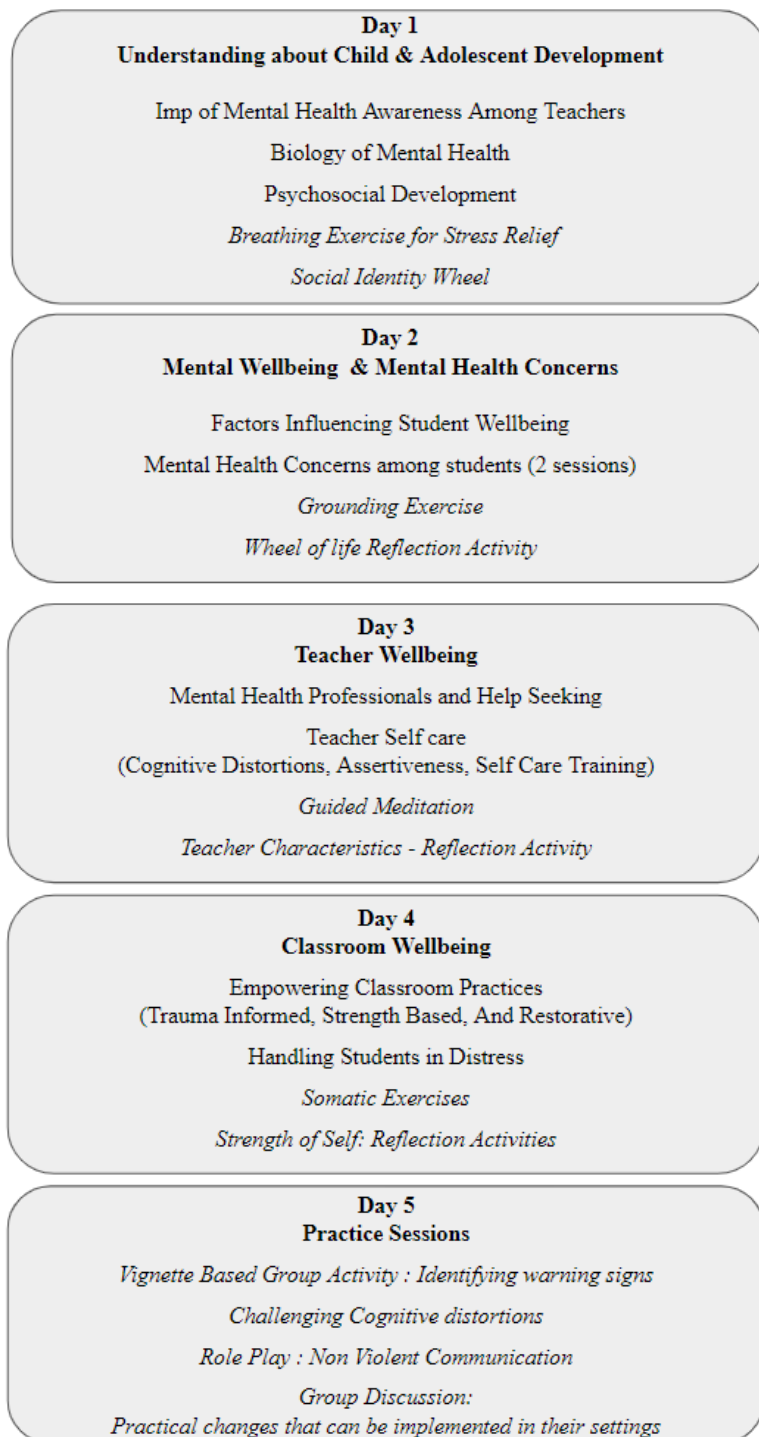
***Program Structure: (Figure 16)*** The program content was designed to be covered over five days. Each day had five hours of class engagement with two short breaks of 10 minutes and one long break of 40 minutes. The five hours of class engagement includes approximately 3.5 - 4 hours of information sessions and skill practice sessions or activities of 30-40 minutes placed in between these sessions. A 15-minute discussion is placed at the end to review and consolidate each day's learning. Session on teacher self-care was purposefully kept before the session on classroom management practices as it is important to address the teacher's wellbeing before learning skills to support students' wellbeing.

Throughout the development of the program, efforts were made to give equal importance to both early identification of mental health problems and mental health promotion. Teachers are encouraged to focus on students' strengths, talents, and abilities, nurturing a growth mindset and resilience in the face of challenges as well as building strong teacher-student relationships to effectively understand and respond to students' emotions.

The program also places special emphasis on the teachers' own mental health and well-being by incorporating various ways which teachers can practice self-care and maintain a healthy work-life balance in the given circumstance. Overall, the mental health awareness program is designed to provide teachers with the necessary knowledge and skills to create a nurturing and inclusive learning environment.

**Figure 17**

*Outline of the Five-Day Mental Health Awareness Program for School Teachers*



*Note:* Practice activities in the program are written in italics.

## **EVALUATION OF THE MENTAL HEALTH AWARENESS PROGRAM.**

The trial implementation for evaluating the content and structure of the awareness program was initially planned as a five-day offline program, according to the original design of the program. Around 16 teachers responded with interest to participate in the program. However, most of the respondents found it difficult to accommodate five days for the program as it would interrupt school schedules. After discussion with the research supervisor, a few modifications were made to the program structure specifically for the purpose of trial implementation for content evaluation.

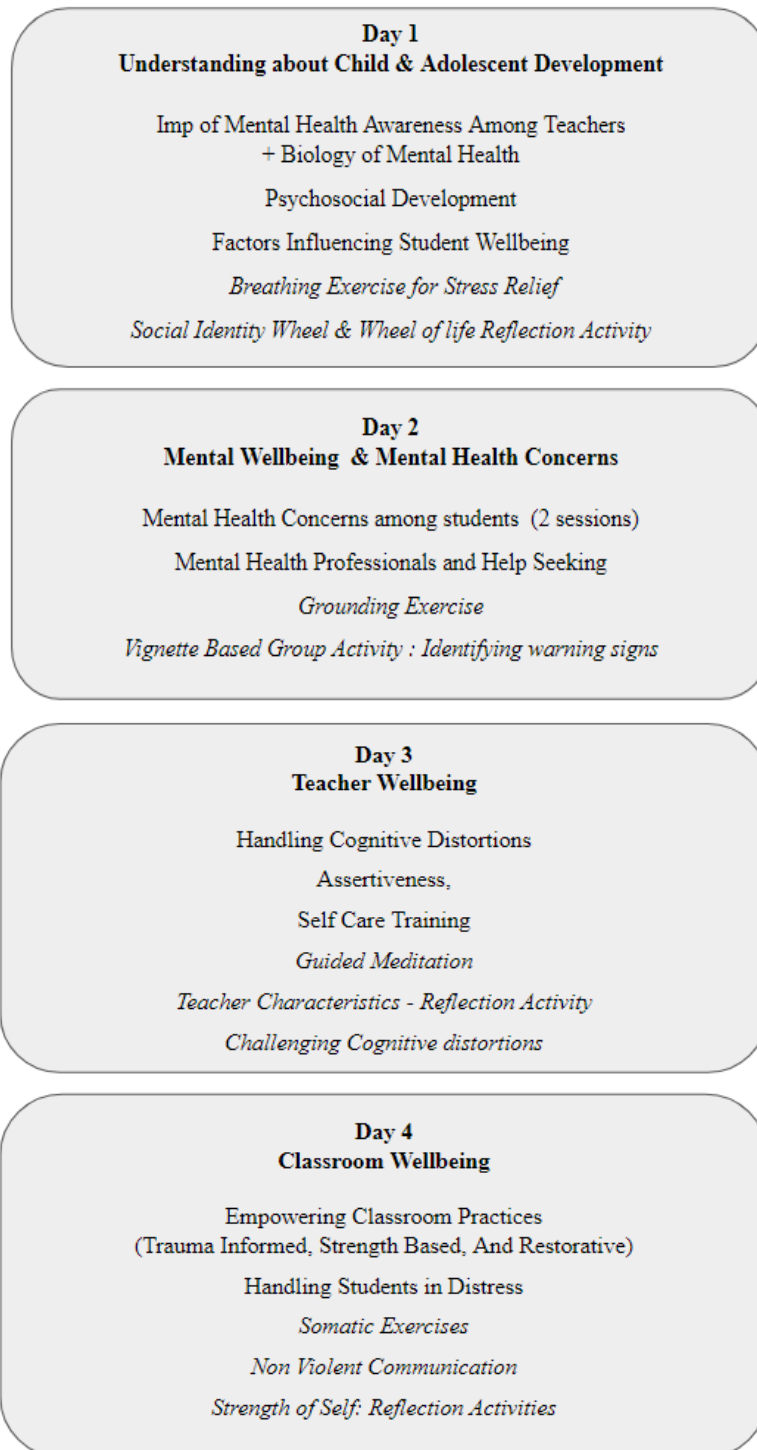
### **Changes in Program Structure**

For the trial implementation to evaluate the content of the program, the program schedule was restructured to four days (Figure 17). Initial program structure had five hours of engagement and 1 hour of break (40-minute-long break and two 10-minute short breaks) each day. However, for the trial program, the hours of engagement were reduced to four hours with a 15-minute short break in between. The program was conducted online over the “Zoom” platform.

In the initial program structure, each information session was planned to last 75 minutes. However, for the trial run, it was reduced to 40 minutes. Activities such as relaxation exercises, grounding exercises, reflective activities, and classroom management practices remained the same, with some of the activities from Day 5 (Figure 18) incorporated into the other four days for the trial implementation. The duration of activities was reduced to 15-20 minutes instead of 30-40 minutes according to the original program structure. Self-care activities and vignette-based activities were retained, but role play and group discussions were removed from the trial run due to time constraints and the limitations of online training.

**Figure 18**

*Outline of the Four-Day Trial Implementation of the Awareness Program for Teachers*



*Note: Practice activities in the program are written in italics*

**Day One:** The first day of the trial run covered topics that help in understanding child and adolescent development. It included the importance of mental health awareness programs for teachers, biology of mental health, psychosocial development, and factors influencing wellbeing. Activities on day one included breathing exercises, the social identity wheel and the wheel of life reflexive exercises. (Appendix F1)

**Day Two:** The second day of the trial run covered Mental Health Well-being and Mental Health Concerns. It included an overview of neurodevelopmental disorders and common mental health problems, especially among children and adolescents. The session on “Mental Health Professionals and Help Seeking” was also covered on the same day. It covered the roles of various mental health professionals and the services they offer. Activities on the second day included grounding activities and vignette-based activities to identify warning signs of mental health problems. (Appendix F2)

**Day Three:** The third day covered Teacher Well-being. It included “Handling Cognitive Distortions”, “Assertiveness” and “Self-Care”. All the topics focused on helping teachers improve their own mental health. Activities on the third day included guided meditation, reflective activity on teacher characteristics and practicing to challenge cognitive distortions. (Appendix F3)

**Day Four:** The final day of the program focused on classroom well-being. “Empowering Classroom Practices” covered some modern classroom management approaches like trauma-informed, strength-based and restorative classrooms. “Handling Students in Distress” was the other topic that was covered on the final day. Practice activities done that day were somatic exercises, reflective activities on strengths of self, and group activities on non-violent communication. (Appendix F4)

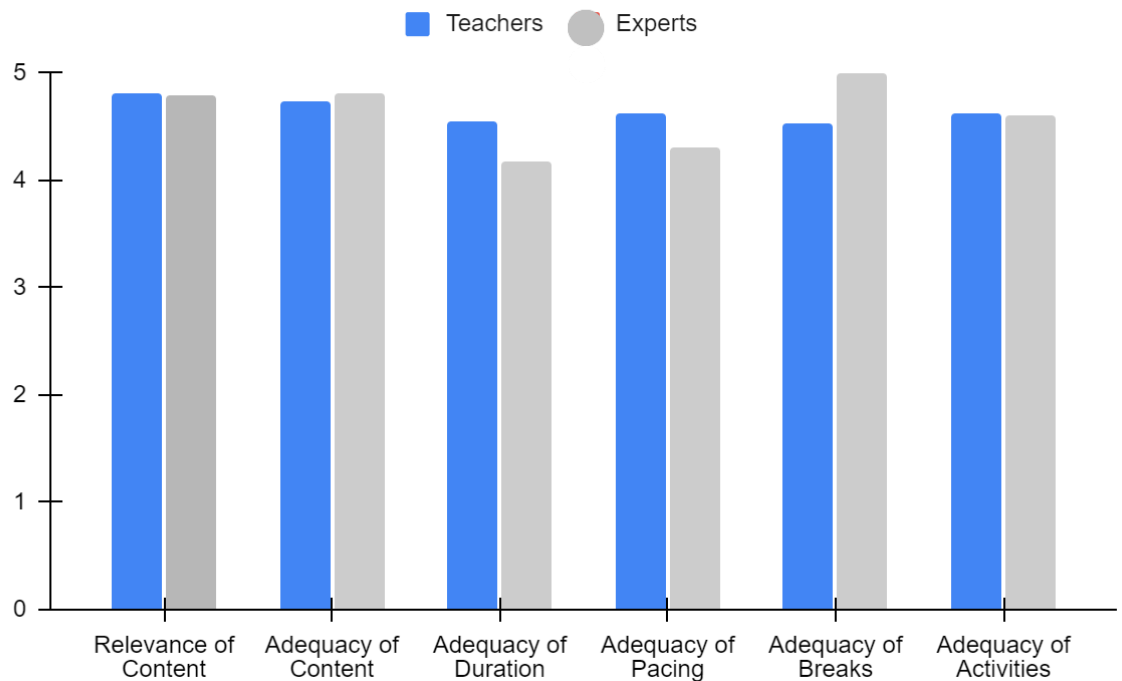
The participants included six teachers, aged between 30 and 45 years. All the participants were female. All of them were post-graduates with B.Ed. and were teaching various subjects. The participants filled the feedback form after each day (Table 29). The relevance, adequacy, and duration of the content, pace of the programme, breaks, and activities were rated on a 5-point Likert scale. Besides teachers, six experts also reviewed the video recording of the program. Six of the experts from those who were earlier interviewed for the need assessment were contacted to review the content of the program. The experts included a special educator, a college counsellor, a clinical psychologist, a consultant psychologist and two school counsellors. All the experts viewed the recordings of the trial program and rated the relevance, adequacy and duration of the content, pacing of the programme, breaks, and activities on a 5-point Likert scale (Figure 19).

**Table 29**

*Feedback from Participant Teachers of Trial Implementation of the Awareness Program*

	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>
Relevance of Content	4.80	4.77	4.83	4.83
Adequacy of Content	4.86	4.63	4.66	4.77
Adequacy of Duration	4.36	4.50	4.80	4.55
Adequacy of Pace	4.83	4.50	4.50	4.67
Adequacy of Breaks	4.16	4.16	4.83	5
Adequacy of Activities	4.33	4.50	4.67	5

**Note:** The values are mean scores of ratings on a 5-point Likert scale.

**Figure 19***Teacher and Expert Feedback of the Trial Run***Feedback from Participants and Experts**

The average ratings of the teachers and experts in the feedback forms are illustrated in Figure 19. Both teachers and experts gave high ratings for the relevance and adequacy of the content of the awareness program. The duration of the program, pacing of program and activities were the areas for which both teachers and experts gave relatively lower ratings. Both teachers and experts recommended allocating more time and a slower pace for covering the topics and practicing the activities. In the initial program structure, each information session was planned to last 75 minutes. However,

for the trial run, it was reduced to 40 minutes. The feedback indicates that the original time frame decided for each topic was more appropriate.

The additional comments in the feedback form also indicated information overload, particularly in the initial two days of the program. This could be because, multiple topics from the original program structure were combined, especially during the first two days, to accommodate the content in the reduced timeframe for the trial implementation. It was suggested to distribute the content more evenly and allow for more time for assimilation and reflection. This further reaffirms that the original program structure, in which the content was spread over five days, would be more appropriate for teachers to grasp the concepts without being overloaded with information.

Another relevant piece of feedback from teachers was regarding the logistical difficulty of attending a five-day program. Out of the 16 teachers who showed interest in the program, only six were able to participate in the trial run. Many expressed their willingness to participate if such training were conducted by school authorities within the school premises, which would avoid clashes with school timing. This feedback highlighted the need to consider the practical aspects and accessibility of the program, ensuring that it aligns with the teachers' schedules and commitments.

Teachers' reluctance to attend mental health awareness programs due to potential disruptions to their workloads is a common concern. A study by Klassen et al. (2013) found that teachers perceived a lack of time as a major barrier to attending professional development programs. They reported that attending such programs would require them to miss classes, resulting in increased workload and stress (Krille, 2019; Timperley, & Robinson, 2000). Additionally, a 2018 survey by the National

Education Association revealed 54% of teachers faced schedule conflicts preventing attendance in mental health training programs. These findings suggest that teachers' reluctance to attend mental health awareness programs due to concerns about missed classes and increased workload is a real and significant barrier. Teachers were more likely to attend professional development programs held on their school campus, as opposed to off-site locations (Yoon et al., 2007). This suggests that offering professional development sessions on school premises could increase attendance. Additionally, conducting these sessions outside of standard teaching hours, such as weekends or evenings, may make it more feasible for teachers to attend it.

Thus, the findings indicate that the original program structure, where topics are evenly distributed over five days with sufficient pacing of the content and adequate time for practice activities, would be more conducive to a better learning experience and assimilation of learning among participants. The findings also highlight the need for incorporating creative and flexible approaches to mental health training for teachers, especially conducting the training on school premises and offering it outside of standard teaching hours, which will make the program more receptive and useful.

Another suggestion from teachers and experts was to incorporate similar content during foundational teacher training courses like B.Ed. Mental health awareness during foundational training would ensure that newly trained teachers are equipped with sufficient skills to practice effective classroom management practices along with teaching. When teachers are equipped with the necessary skills from the beginning of their career, it will ensure more job satisfaction and less burnout, consequently making them better mentors for students.

In summary, the mental health awareness program developed in the present study was found to be relevant and adequate in terms of its content, addressing critical gaps identified through thorough research and need assessment. However, to optimize its effectiveness, feedback suggests that a flexible approach to implementation is necessary, particularly regarding timing, location, and pace. Incorporating these adjustments will ensure that the program resonates more deeply with participants, facilitating greater engagement and uptake.

## CHAPTER IV

### **SUMMARY & CONCLUSION**



## **BACKGROUND**

Mental health is integral to overall well-being, encompassing various aspects of an individual's life, as defined by the World Health Organization (WHO, 2022). Adolescence, a critical period marked by biological, cognitive, emotional, and social changes, is particularly vulnerable to the onset of mental health disorders. Early identification and promotion of mental health during this stage are essential for preventing long-term disorders and ensuring adolescent well-being. Teachers, being frontline observers, play a pivotal role in identifying mental health issues among adolescents. However, in a developing country like India, adolescents often face barriers to seeking professional help, contributing to a significant treatment gap (Saraf, 2018; Shidhaye et al., 2017). Culturally appropriate mental health literacy programs tailored for teachers can bridge this gap by equipping them with the necessary skills and knowledge to support students effectively. These programs should address specific cultural contexts and needs, facilitating early identification and intervention for mental health concerns in students (Manjari & Srivastava, 2020; Atilola, 2016).

## **RESEARCH GAP**

Within the domain of mental health awareness programs for teachers, several key research gaps have been identified. These include empirical gaps concerning the effectiveness of existing programs, practical gaps related to the implementation of mental health support initiatives, and conceptual gaps in understanding the specific needs and challenges faced by teachers in promoting mental health within educational settings.

## **RELEVANCE OF THE STUDY**

The prevalence of mental health issues among adolescents poses significant challenges worldwide, necessitating effective intervention strategies within

educational settings. Despite numerous mental health awareness initiatives, several drawbacks limit the effectiveness of these programs, particularly in regions like Kerala. One major concern is the burden placed on teachers, who are already overburdened with various responsibilities. Teachers often serve as coordinators of school mental health programs and act as counsellors, adding to their workload (Ramkumar, 2015). This exacerbates existing challenges, leading to potential burnout and hindering their ability to effectively support students (Jain et al., 2020; Abirami & Kala, 2020). Recognizing teachers as reliable resources capable of filling the existing mental health service gap, Indian studies advocate for equipping them with necessary skills (Venkataraman et al., 2019). Moreover, teacher burnout is a pressing concern globally, as high stress levels and work demands can adversely affect teacher well-being and student learning outcomes (Kim et al., 2019). Recognizing the interdependence of teacher and student mental health, mental health awareness programs must extend beyond students to include teacher self-care. Programs should emphasize creating a healthy and supportive educational environment, promoting positive relationships, and addressing socio-emotional skills (Wang et al., 2018; Greenberg et al., 2017). However, existing awareness initiatives often lack thorough need assessment prior to development, leading to issues like teacher burnout (Ramkumar, 2015).

By systematically addressing these gaps, this study seeks to advance knowledge in mental health awareness among teachers, ultimately enhancing support systems and promoting well-being within educational environments. The research aligns with the vision of creating a conducive learning environment where both teachers and students thrive. It intends to empower teachers with the necessary knowledge and skills to effectively navigate mental health challenges, thereby

fostering a culture of well-being and resilience within educational settings. The expected outcomes include improved teacher confidence in identifying and responding to mental health issues among students, enhanced teacher well-being, and ultimately, improved student mental health outcomes.

### **RESEARCH AIM/ STATEMENT OF THE PROBLEM**

The aim of the study is to design a mental health awareness program for high school and higher secondary school teachers in Kerala after carrying out an extensive need assessment to identify specific concerns. It also aims to incorporate mental health promotion practices and teacher well-being, which are grossly ignored in existing awareness programs.

The current study is titled as “ DESIGNING A MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS IN KERALA”

### **RESEARCH OBJECTIVES**

1. To understand the current level of mental health awareness and attitude among school teachers towards student mental health as well as the need for a new mental health awareness program.
2. Develop a Mental health Awareness Program tailored for high school and higher secondary school teachers in Kerala.
3. Evaluate the relevance and adequacy of the Mental Health Awareness Program developed in the present study.

### **RESEARCH QUESTIONS**

Based on the aim and objectives of the current study the key research question has been formulated. From the key research questions sub questions were also formulated which would be addressed during the course of the research.

### Key Research Question

What components should be included in a tailored mental health awareness program for school teachers in Kerala to effectively address their specific needs and challenges?

### Sub Questions

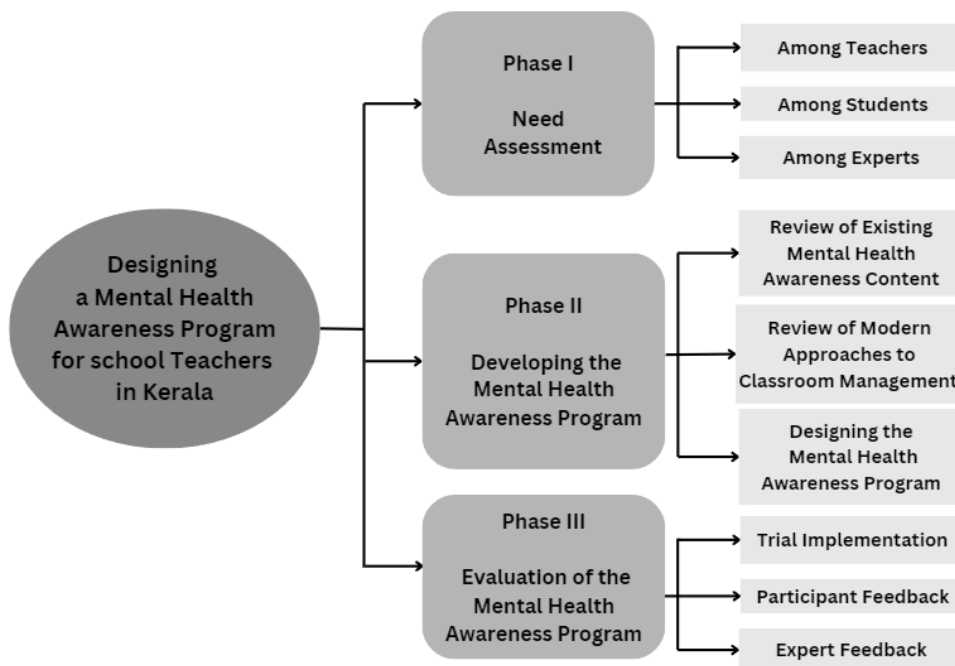
- What is the extent of the need for a new mental health awareness program among school teachers in Kerala?
- What specific content should be incorporated into the mental health awareness program designed for teachers?
- How relevant and adequate is the proposed content of the program for school teachers in Kerala?

### RESEARCH DESIGN

The study utilized a Mixed Method Design and was conducted in three phases based on the three primary objectives.

Figure 20

Outline of the Research Process



## **PHASE 1: NEED ASSESSMENT**

The need assessment among school teachers, students, and experts was done over a period of two years (2020- 2022).

Need Assessment among teachers aimed to explore the current level of awareness among school teachers regarding adolescent mental health and their attitude and response to students with mental health problems. Various tools were employed, including a survey with a Personal Data Sheet and Mental Health Literacy Questionnaire (MHLq), vignettes and questions assessing the ability to identify mental disorders, as well as focused group discussions and semi-structured interviews.

Need assessment among students aimed to assess the mental health parameters, help-seeking inclination, and expectations from teachers among adolescent students in Kerala. Tools used included a personal data sheet for demographic details, psychological assessments (Rosenberg's Self Esteem Scale, Brief Resilience Scale, Multidimensional Locus of Control Scale), and a semi-structured questionnaire covering mental health aspects.

The need assessment among experts aimed to gather insights from experts regarding the necessity of mental health awareness programs for school teachers in Kerala. Twenty-one experts in psychology, social work, and education were interviewed. The tools utilized included a personal data sheet and a semi structured interview schedule. These interviews delved into the experts' perspectives on the existing level of mental health awareness among teachers, their perceived need for awareness programs, and recommendations they could offer.

The quantitative data was analysed using descriptive analysis and mean differences were computed using SPSS 16. The responses to the vignette-based

questions, open ended questions, as well as focused group and interview transcripts, were analysed using Content Analysis.

## **Need Assessment (Teachers)**

### *Tenability of Hypotheses*

Phase 1 of the study tested the tenability of eleven hypotheses developed for the need assessment among teachers, evaluating their validity in light of the study's findings

#### **1. Relation between Mental Health Literacy among Teachers and Identification of symptoms in Vignettes**

*1.1 There is no significant relationship between mental health literacy among teachers and the identification of symptoms in vignette as mental health problem.*

The findings revealed no significant relation between mental health literacy among teachers and the identification of symptoms in vignette as mental health problem. Hence hypothesis “**Accepted**”

*1.2 There is no significant relationship between mental health literacy among teachers and the identification of symptoms in vignette as depression.*

The findings revealed significant relation between mental health literacy among teachers and the identification of symptoms in vignette as depression.

The “Self Help Strategy” subscale of mental health literacy was negatively correlated to identification of symptoms in the vignette as that of depression.

This means that teachers who were not able to correctly identify symptoms of depression seemed to believe that self-help strategies such as a good diet and exercise are the primary means to address mental health problems. Hence hypothesis “**Rejected**”

**2. Relation between Mental Health Literacy among Teachers and Responses to Students with Mental Health Problems**

***2.1 There is no significant relationship between mental health literacy among teachers and talking to the student as their response to students with mental health problems***

The findings show no significant relationship between mental health literacy among teachers and their response to students with mental health problems (talk to student). Hence hypothesis “Accepted”

***2.2 There is no significant relationship between mental health literacy among teachers and talking to the parents as their response to students with mental health problems.***

There is significant positive correlation between Mental Health Literacy variables such as “Knowledge about Mental Health Problems”, “No Erroneous Beliefs or Stereotypes” as well as “Global Mental Health Literacy” with teacher response to students with mental health problems (Talking to parents). Teachers who have higher mental health literacy were more likely to involve parents in helping the students with mental health problems. Hence hypothesis “Rejected”

***2.3 There is no significant relationship between mental health literacy among teachers and referring to professionals as their response to students with mental health problems.***

There is significant positive correlation between Mental Health Literacy variables such as “No Erroneous Beliefs or Stereotypes” as well as “Global Mental Health Literacy” with teacher response to students with mental health problems (refer to professionals). Teachers who have higher mental health

literacy were more likely to suggest professional referral for students with mental health problems. Hence hypothesis “**Rejected**”

### 3. **Relation between Identification of Symptoms in Vignette and Response to Students with Mental Health Problems**

***3.1 There is no significant relationship between teachers identifying symptoms in vignette as mental health problem, and talking to the student as their response to students with mental health problems.***

The findings reveal significant positive correlation between identifying symptoms in the vignette as “mental health problem” and teacher response to students with mental health problem (talk to students). Teachers who identify symptoms of mental health problem are more likely to talk to the students and help them. Hence hypothesis “**Rejected**”

***3.2 There is no significant relationship between teachers identifying symptoms in vignette as mental health problem, and talking to the parent as their response to students with mental health problems.***

The findings reveal significant positive correlation between identifying symptoms in the vignette as “mental health problem” and teacher response to students with mental health problem (talk to parents). Teachers who identify symptoms of mental health problem are more likely to talk to the parents of students facing mental health problem. Hence hypothesis “**Rejected**”

***3.3 There is no significant relationship between teachers identifying symptoms in vignette as mental health problem, referring to a professional as their response to students with mental health problems.***

Findings show no significant relationship between identifying symptoms in vignette as mental health problem, and teacher response to students with mental health problems (refer to professionals). Hence hypothesis “Accepted”

***3.4 There is no significant relationship between identifying symptoms in vignette as depression, and talking to the student as their response to students with mental health problems.***

Findings show no significant relationship between identifying symptoms in vignette as depression, and teacher response to students with mental health problems (talk to students). Hence hypothesis “Accepted”

***3.5 There is no significant relationship between identifying symptoms in vignette as depression, and talking to the parent as their response to students with mental health problems.***

Findings show no significant relationship between identifying symptoms in vignette as depression, and teacher response to students with mental health problems (talk to parents). Hence hypothesis “Accepted”

***3.6 There is no significant relationship between identifying symptoms in vignette as depression, and referring to a professional as their response to students with mental health problems.***

Findings show no significant relationship between identifying symptoms in vignette as depression, and teacher response to students with mental health problems (refer to professionals). Hence hypothesis “Accepted”

#### **4. Relation between Mental Health Literacy and Exposure to Mental Health Problems Among Teachers**

***4.1 There is no significant relationship between mental health literacy and exposure among teachers to mental health problems.***

Those who have exposure to mental health problems and sought help for it were found to have significantly higher scores on “No Erroneous Beliefs or Stereotypes” in Mental Health Literacy Scale. Hence those who have sought help for mental health problems were found to have more mental health literacy. Hence hypothesis “**Rejected**”.

**5. Relation between Mental Health Literacy and Approach towards Mental Health Problems Among Teachers**

*5.1 There is no significant relationship between mental health literacy and approach towards mental health problems.*

Findings show significant correlation between mental health literacy and approach towards mental health problems. Teachers with less erroneous beliefs were found to have more mental health discussions with colleagues and those who had more knowledge about mental health problems were found to be more confident in helping students with mental health problems. Hence hypotheses “**Rejected**”.

**6. Relation between Exposure to Mental Health Problems among Teachers and Identification of Symptoms in Vignette**

*6.1 There is no significant relationship between Exposure to Mental Health Problems among Teachers and the identification of symptoms in vignette as mental health problem.*

Findings show no significant relationship between Exposure to Mental Health Problems among Teachers and the identification of symptoms in vignette as mental health problem. Hence hypothesis “**Accepted**”

**6.2 *There is no significant relationship between Exposure to Mental Health Problems among Teachers and the identification of symptoms in vignette as depression.***

Findings show significant relationship between Exposure to Mental Health Problems among Teachers and the identification of symptoms in vignette as depression. Those who knew people who have had mental health problems or knew someone who sought help for mental health problems, were more likely to identify symptoms in vignette as that of depression. Hence hypotheses “Rejected”.

**7. Relation between Teachers’ Approach towards Mental Health Problems and Identification of Symptoms in Vignette**

**7.1 *There is no significant relationship between Teachers’ Approach towards Mental Health Problems and the identification of symptoms in vignette as mental health problem.***

Findings show no significant relationship between Teachers’ Approach towards Mental Health Problems and the identification of symptoms in vignette as mental health problem. Hence hypothesis “Accepted”

**7.2 *There is no significant relationship between Teachers’ Approach towards Mental Health Problems and the identification of symptoms in vignette depression.***

Findings show no significant relationship between Teachers’ Approach towards Mental Health Problems and the identification of symptoms in vignette as depression. Hence hypothesis “Accepted”

**8. Relation between Exposure to Mental Health Problems and Responses to Students with Mental Health Problems among Teachers**

***8.1 There is no significant relationship between exposure among teachers to mental health problems and talking to the student as their response to students with mental health problems.***

Findings show no significant relationship between exposure among teachers to mental health problems and their response to students with mental health problems (talk to students). Hence hypothesis “**Accepted**”

***8.2 There is no significant relationship between exposure among teachers to mental health problems and talking to the parent as their response to students with mental health problems.***

Findings show no significant relationship between exposure among teachers to mental health problems and their response to students with mental health problems (talk to parents). Hence hypothesis “**Accepted**”

***8.3 There is no significant relationship between exposure among teachers to mental health problems and referring to a professional as their response to students with mental health problems.***

Findings show no significant relationship between exposure among teachers to mental health problems and their response to students with mental health problems (refer to professionals). Hence hypothesis “**Accepted**”

**9. Relation between Teachers’ Approach towards Mental Health Problems and Responses to Students with Mental Health Problems among Teachers**

***9.1 There is no significant relationship between teachers’ approach towards mental health problems and talking to the student as their response to students with mental health problems.***

Findings show no significant relationship between teachers' approach towards mental health problems and their response to students with mental health problems (talk to students). Hence hypothesis “**Accepted**”

**9.2** *There is no significant relationship between teachers' approach towards mental health problems and talking to the parents as their response to students with mental health problems.*

Findings show no significant relationship between teachers' approach towards mental health problems and their response to students with mental health problems (talk to parents). Hence hypothesis “**Accepted**”

**9.3** *There is no significant relationship between teachers' approach towards mental health problems and referring to a professional as their response to students with mental health problems.*

Findings show no significant relationship between teachers' approach towards mental health problems and their response to students with mental health problems (refer to professionals). Hence hypothesis “**Accepted**”

## **10. Comparison of Mental Health Literacy among Teachers with respect to Identification of Symptoms in Vignette**

**10.1** *There is no significant difference in mental health literacy between those who identified symptoms in vignette as mental health problem versus those who did not.*

Findings show no significant difference in mental health literacy between those who identified symptoms in vignette as mental health problem versus those who did not. Hence hypothesis “**Accepted**”

**10.2** *There is no significant difference in mental health literacy between those who identified symptoms in vignette as depression versus those who did not.*

Findings reveal significant difference in mental health literacy between those who identified symptoms in vignette as depression versus those who did not. Those who were less likely to rely only on “Self Help Strategies” and more equipped with “First Aid Skills and Help Seeking” were more likely to identify symptoms in vignette as that of depression. Hence hypothesis **“Rejected”**

**11. Comparison of Mental Health Literacy among Teachers with respect to Response to Students Mental Health Problems.**

*11.1 There is no significant difference in mental health literacy between those who would talk to students with mental health problems versus those who wouldn't.*

Findings show no significant difference in mental health literacy between those who would talk to students with mental health problems versus those who wouldn't. Hence hypothesis **“Accepted”**

*11.2 There is no significant difference in mental health literacy between those who would talk to parents of students with mental health problems versus those who wouldn't.*

Findings show significant difference in mental health literacy between those who would talk to parents of students with mental health problems versus those who wouldn't. Those who had more “Knowledge about Mental health Problems” and less “Erroneous Beliefs and Stereotypes” were more likely to involve parents when students faced mental health problems. Hence hypothesis **“Rejected”**

***11.3 There is no significant difference in mental health literacy between those who would give professional referral to students with mental health problems versus those who wouldn't.***

Findings show significant difference in mental health literacy between those who would give professional referral to students with mental health problems versus those who wouldn't. Those who had more "Global Mental Health Literacy" and less "Erroneous Beliefs and Stereotypes" were more likely to suggest professional referral when students faced mental health problems.

Hence hypothesis "**Rejected**"

Findings from the need assessment among teachers are as follows

- Teachers were found to have inadequate mental health awareness.
- Teachers were found to have difficulty in identifying symptoms of depression in students.
- Teachers were found to be less likely to refer students facing mental health problems for professional help.
- Professional help was seen as an acceptable option only if the individual has tried and failed to solve the problem on their own.
- The majority of teachers stated that the overall development of children is their goal; however, they reported a lack of skills to facilitate this.
- Teachers also reported that they lack adequate skills to respond to emotional and behavioural problems in children.
- Teachers were found to have low awareness about mental health issues and their causes, as well as a low ability to identify mental health issues in students.

- They were also found to have low awareness about various mental health professionals, their qualifications and roles, as well as the process of referring students to them.
- Teachers were also found to have low awareness about the various ways in which they can facilitate mental health promotion in school, especially through classroom management practices.

### **Need Assessment (Students)**

- Students in general were found to have low self-esteem.
- Students were found to have moderate resilience.
- They had a higher external locus of control and a low internal locus of control.
- The students had sufficient understanding about mental health.
- However, their awareness of mental health problems was limited to names of mental health disorders.
- Their awareness about various mental health professionals and their roles was also insufficient.
- Students were more likely to reach out for help from parents, followed by friends, then MHP, and at last from teachers.
- The likelihood of seeking help from teachers was the lowest.
- The students reported that if the teachers were more approachable, less judgemental, and had more time, they would feel more comfortable approaching them.

### **Need Assessment (Experts)**

- Teachers have low awareness about specific mental health issues in students and often misinterpret emotional and behavioural problems as disobedience or laziness.
- There is a prevailing stigma among teachers about mental health problems as well as seeking help from mental health professionals.
- Despite an increase in mental health awareness during the COVID-19 pandemic, a significant knowledge gap still exists among teachers regarding mental health.
- Existing training programs, like "Our Responsibility to Children (ORC)," which focuses on student mental health, are well-designed but face practical implementation challenges, especially the increase in workload for teachers. This makes such programs less appealing to teachers and school managements.
- Government initiatives, such as "Samagra Shiksha Kerala", address specific issues such as student mental health and inclusive education. However, such programs lack crucial elements like teacher self-care and effective communication strategies. Not addressing these important aspects affect the successful implementation of such programs.
- Teachers' own mental health and work stress significantly impact their ability to support students, and therefore teacher well-being and self-care have to be given utmost importance while developing awareness programs.
- Practical, skill-oriented training during foundational teacher training programs such as B.Ed.

- Awareness Programs should focus on communication, identifying warning signs, and mental health first aid.
- Stress management and self-care strategies for teachers are crucial components of an effective awareness program.
- Educating teachers about available mental health resources and professionals is also essential.
- Certain roadblocks of implementing such awareness programs are disturbances in school schedules, resistance to change, especially among senior staff, and funding and logistical issues in conducting such programs.

The findings from the comprehensive need assessment among teachers, students, and experts underscore the critical need for a new mental health awareness program tailored specifically for school teachers in Kerala. The assessment revealed significant gaps in teachers' knowledge and skills related to developmental psychology, identification of mental health problems in students, recognition of warning signs, understanding of mental health professionals and their roles, as well as awareness of their own mental health and the importance of self-care. Additionally, there is a clear demand for improved classroom management strategies that prioritize student well-being. Addressing these gaps is imperative to ensure that teachers are equipped with the necessary tools and resources to support the mental health needs of students effectively. By developing and implementing a comprehensive awareness program that encompasses these crucial components, educators can foster a supportive and nurturing school environment that promotes the overall well-being of both students and teachers alike.

## **PHASE 2: DEVELOPING THE MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS.**

The content of the mental health awareness program was developed by triangulating the findings from Phase I. This included the integration of findings from a need assessment, review of existing mental health awareness content for teachers, as well as a review of modern approaches to classroom management. A trial run of the program and an expert evaluation of the relevance and adequacy of the program were also done subsequently.

### **Review of Existing Mental Health Awareness Content**

The following mental health awareness content for teachers, which was available as a manual/module was reviewed.

1. Mental Health Promotion for School Children: A Manual for School Teachers and School Health Workers (WHO, 2021)
2. Classroom WISE (Wellbeing Information and Strategies for Educators): Discussion Guide ([www.classroomwis.org](http://www.classroomwis.org), 2023).
3. Mental Health and High School Curriculum Guide: Teacher Knowledge Update (Kutcher and Wei, 2018)
4. Early Identification and Intervention of Mental Health Problems in School Going Children and Adolescents: Modular Handbook for Teachers and Allied Stakeholders (Ministry of Education, India) (Nagpal, 2022)
5. Training Module: Our Responsibility to Children (ORC, 2015.)
6. School Mental Health Through Empowering the Education Sector: A Manual for School Teachers and Counsellors (John et al., 2006)

The reviewed content on mental health awareness for teachers covers various important topics, such as 1) The developmental changes that happen during childhood and adolescence. 2) Description of common mental health disorders and their warning signs. 3) Guidelines on how to respond to students, especially when they are in distress. All the content reviewed included how to respond to students; 4) Information about various mental health professionals, their roles, and qualifications; 5) When and how to include parents for the mental health and wellbeing of students; 6) Importance of teacher well-being and strategies to ensure well-being; 7) Ways to improve classroom management and ensure general well-being in classrooms.

### **Review of Modern Approaches to Classroom Management**

The following modern approaches to classroom management were reviewed:

1. Positive Behavioral Interventions and Supports
2. Trauma Informed Classrooms
3. Restorative Practice in Classrooms
4. Strength Based Classrooms
5. Social Emotional Learning

Modern approaches to classroom management encompass a range of strategies aimed at creating positive and inclusive learning environments. Positive Behavioral Interventions and Supports (PBIS) takes a proactive, school-wide approach to promoting positive behaviour, emphasizing clear expectations, reinforcement of positive behaviours, and consistent consequences. Strength-based classrooms centre on identifying and nurturing each student's unique strengths, fostering positivity, building authentic relationships, and preparing students for future challenges. Trauma-Informed Classrooms recognize and respond to the impact of trauma by prioritizing safe environments, trusting relationships, and tailored practices. Restorative

approaches, rooted in restorative justice, focus on community building, accountability, and conflict resolution through dialogue. Social Emotional Learning (SEL) develops students' emotional intelligence, interpersonal skills, and responsible decision-making, enhancing the learning environment and preparing them for academic success, career readiness, and overall well-being. These approaches collectively contribute to creating supportive, equitable, and empowering educational experiences for students.

### **Development of Awareness Program**

The program aimed to incorporate effective strategies and evidence-based practices tailored to address the specific needs and challenges faced by teachers and students in the target context. There were five major topics included in the program, as well as practice activities to enhance learning. The program outline was as follows:

- ***Biology of Mental Health:***
  - Fundamental understanding of the human brain.
  - Brain structure, functions, and their relation to mental health.
  - Development of the brain during adolescence.
  - Impact of brain development on mental well-being and behaviour.
- ***Psychosocial Development:***
  - Various domains of psychosocial development in adolescents.
  - Detailed understanding of cognition, emotion, motivation, personality, attachment, relationships, and sexuality.
  - Factors influencing adolescent development and well-being.
- ***Adolescent Mental Health Problems:***
  - Overview of childhood and adolescent mental health problems.
  - Major disorders (neurodevelopmental, emotional, and behavioural.)
  - Warning signs and identification of children in need of help.

- ***Teacher Self-Care:***
  - Importance of self-care for teachers.
  - Physical, emotional, and social aspects of self-care.
  - Benefits of psychotherapy and counselling for teachers.
- ***Empowering Classroom Practices:***
  - Practical tools and techniques for creating a supportive learning environment.
  - Include trauma-informed, strength-based, and restorative approaches.
  - Positive teacher-student relationships and emotional intelligence.
- ***Reflective Activities and Self-Care Practices:***
  - Strategically placed between lecture sessions.
  - Encourage self-awareness, mindfulness, and stress management.
  - Hands-on experience for practical application in daily teaching.
- ***Interactive Sessions on Classroom Management:***
  - Roleplays and discussions to actively engage teachers.
  - Safe environment for practicing and refining skills.
  - Collaboration and idea-sharing among participants.
- ***Program Duration and Structure:***
  - 5 days, 6 hours each day. Each session will be approx 60-70 min.
  - Three breaks were strategically placed to prevent information overload.
  - Approximately 3.5 - 4 hours of information sessions per day.
  - Two activity/practice sessions of 30-40 minutes each.
  - A 15-minute discussion at the end to review and consolidate each day's learning.

**PHASE 3: EVALUATION OF THE CONTENT OF THE MENTAL HEALTH AWARENESS PROGRAM**

- The trial implementation of the Mental Health Awareness program had to be condensed to four days across two weekends, matching the convenience of participants and impacting the original program design. Session duration was reduced to 40 minutes.
- Feedback indicated that the content was adequate and relevant, however participants suggested that more time and slower pace for the content covered would be helpful.
- Feedback also suggested to include more practice activities and more time for the existing activities.
- The findings show that the initial structure of the program of 5 days with each topics covered more in depth and sufficient time for practice activities would be more appropriate.
- Teachers' reluctance to attend awareness programs due to disruptions to their workload was observed during the trial implementation.
- The findings emphasize the importance of creative and flexible approaches to mental health training for teachers to enhance program reception and utility
- The location of professional development programs impacts attendance, with teachers more likely to attend sessions held in their own school, organized by their school management.
- Timing is a barrier, and offering professional development sessions outside of standard teaching hours may enhance likelihood of more teachers attending such programs.

- The content of the current program was found to be adequate and relevant; however, it needs to be organized in a way to overcome the logistical hurdles teachers experience in attending such programs.

## **CONCLUSION**

In conclusion, this study embarked on a comprehensive journey to address the critical gaps in mental health awareness among school teachers in Kerala. By conducting a meticulous need assessment among teachers, students, and experts, the study identified key areas for intervention and developed tailored solutions to enhance mental health literacy and support systems within educational settings. The development of a robust mental health awareness program, informed by evidence-based practices and stakeholder input, signifies a significant step towards fostering a culture of well-being and resilience among both teachers and students. However, the evaluation phase highlighted the need for flexibility and creativity in program delivery to overcome logistical challenges and ensure maximum impact. Moving forward, continued efforts are warranted to refine and adapt mental health initiatives to the dynamic needs of educators and learners, ultimately contributing to a healthier and more supportive educational environment for all stakeholders involved.

## CHAPTER V

### **RECOMMENDATIONS**



## **IMPLICATIONS**

The implications of this research hold significant relevance for various stakeholders, such as teachers, students, educational institutions, mental health professionals, policymakers, and society at large. Here are some key implications derived from the research:

- **Enhanced Mental Health Awareness among Teachers:** The development of a customized mental health awareness program specifically tailored for school teachers signifies a substantial advancement in addressing mental health needs within educational settings. By equipping teachers with comprehensive training and resources, they can better understand, identify, and support students facing mental health challenges.
- **Improved Student Well-being and Academic Performance:** Teachers armed with knowledge and skills from the tailored mental health awareness program are better positioned to create a supportive and inclusive classroom environment. This, in turn, can positively impact students' mental well-being, leading to improved academic performance, reduced absenteeism, and a better overall school experience.
- **Preventative Approach to Mental Health:** By integrating mental health awareness into teacher training programs and classroom management strategies, this research promotes a preventative approach to mental health. Early identification and intervention for mental health issues among students can mitigate the risk of more severe problems later in life.
- **Empowerment of Teachers:** The development of this program empowers teachers to play a proactive role in promoting mental health and well-being within their classrooms and school communities. It enhances their confidence in addressing

sensitive topics related to mental health, reduces stigma, and fosters a culture of openness and support.

- **Inclusion of Teacher Mental Health and Self-care:** Unlike many existing mental health awareness programs, this research acknowledges the crucial importance of addressing teacher mental health and well-being. By incorporating modules on self-care strategies and stress management techniques tailored specifically for educators, the program recognizes that teachers' own mental health directly impacts their ability to support students effectively. This holistic approach not only benefits teachers personally but also contributes to a healthier and more sustainable educational environment overall.
- **Collaboration and Interdisciplinary Learning:** The research involved collaboration between educators, students, mental health experts, and other stakeholders. This interdisciplinary approach highlights the importance of collaboration in addressing complex issues such as mental health. It encourages ongoing dialogue, knowledge sharing, and mutual understanding across different domains.
- **Policy Implications:** The findings of this research may inform educational policies and initiatives aimed at integrating mental health education into school curricula and teacher training programs at a broader institutional and governmental level. It emphasizes the need for systemic changes to prioritize mental health within educational frameworks.
- **Future Research Directions:** This research opens avenues for further investigation into the effectiveness of mental health awareness programs for teachers, the long-term impact on student outcomes, and the scalability and sustainability of such

initiatives. It invites continued research and evaluation to refine strategies and address emerging challenges in the field of mental health education.

Overall, the implications of this research underscore the critical role of educators in promoting mental health awareness and fostering supportive learning environments.

### **SUGGESTIONS FOR FUTURE RESEARCH**

- **Long-Term Program Evaluation:** Plan a follow-up study to evaluate the long-term impact of the mental health awareness program developed in the present research work. Tracking changes in teachers' awareness levels and their implementation of empowering classroom management practices over an extended period will provide insights into the sustainability and effectiveness of the program developed.
- **Expand Scope for Lower Primary School Teachers:** Future research can extend its focus beyond the current study's emphasis on high school and higher secondary school teachers and further address the awareness needs of lower primary school teachers. Understanding the unique challenges and requirements of educators working with younger children is crucial for a comprehensive approach to school mental health.
- **Expand Scope to College Teachers:** Extend the scope of the study to incorporate college teachers, conducting a thorough assessment of their awareness levels regarding mental health issues. This inclusion will offer useful insights for the creation of more effective and targeted mental health awareness programs tailored to the needs of college teachers, as they play a crucial role in supporting the mental well-being of college students.
- **Need Assessment in other states of India:** Future studies can focus on similar needs assessments in various regions of India, facilitating the development of

tailored awareness programs to meet the specific needs of teachers in those areas.

This approach would enhance the understanding of regional variations and contribute to the implementation of more targeted mental health initiatives for educators.

- **Integration into Basic Teacher Training Courses:** Advocate for the inclusion of mental health awareness modules in foundational teacher training programs such as the BEd courses. By integrating these modules into the basic training curriculum, future teachers can acquire essential skills for recognizing and addressing mental health issues in the classroom during their training itself.
- **Collaboration with Educational Institutions:** Foster partnerships with educational institutions to facilitate the seamless integration of mental health awareness initiatives. Collaborating with schools, colleges, and teacher training institutes can ensure a more widespread and sustainable implementation of these programs.
- **Explore Innovative Delivery Methods:** Investigate innovative methods for delivering mental health awareness content, such as online platforms, interactive workshops, mobile applications, etc. Embracing diverse modes of delivery can enhance accessibility and engagement among teachers with varying learning preferences.
- **Disseminate research findings:** Share the outcomes and insights of the research widely within the educational community. Disseminating findings through conferences, publications, and educational forums can contribute to a broader awareness of the importance of mental health in the teaching profession and promote the adoption of evidence-based practices.

## **LIMITATIONS**

While concluding the research findings, it is important to acknowledge the limitations that have manifested throughout the research process. These constraints, inherent in any research endeavour, provide valuable insights that guide a more nuanced understanding of the study's boundaries and potential implications. Approaching these limitations with mindfulness is essential, fostering transparency in scholarly pursuits and setting the stage for forthcoming research to address and refine these aspects. Such a mindful approach ensures the continuous evolution and enhancement of collective knowledge. The limitations of the present study are as follows:

- Phase I- Need Assessment was conducted during the years 2020- 2022. Due to COVID-19 and the resultant lockdowns and restrictions, several modifications had to be made to the data collection methods.
- The need assessment phase relied on telephonic interviews with teachers and experts due to the COVID-19 pandemic related constraints, potentially limiting the depth and richness of the data compared to in-person interactions. Telephonic interviews may have hindered the ability to capture non-verbal cues and nuances that could have contributed to a more comprehensive understanding of the needs.
- Surveys among students had to be confined to students who attended the program “Responsible Adolescents (READ)” organized by MKMS Education (Muttath Knowledge Management Services), as it was a platform where adolescents from all parts of Kerala participated.
- Additionally, the present study only evaluated the content of the mental health program and did not assess the efficacy of the program through pre- and post-

intervention evaluations. Without such assessments, it becomes challenging to measure the program's overall impact and effectiveness over time.

- Furthermore, during the content validation phase, only six teachers participated. This was due to the logistical challenges they encountered in committing to a 5-day awareness program. With a larger sample size, there could be increased robustness and comprehensiveness in the content validation process.
- Lastly, the trial run of the mental health program was conducted online, introducing potential challenges related to technological constraints, participant engagement, and the generalizability of findings to real-world, offline settings. The online format may not fully replicate the dynamics and interactions that could occur in face-to-face sessions, influencing the program's feasibility and acceptability in practice.

## **REFERENCES**

Fathima, M A. Designing a mental health awareness program for school teachers in Kerala. Thesis.2025. Department of Psychology prajyoti niketan college. University of Calicut.



- Afifah, R.N. (2022). Teacher Strategies in Class Management to Improve Student Discipline in Elementary School. *JISAE: Journal of Indonesian Student Assessment and Evaluation*.
- Ageren, J., & Iasiello, M. (2020). Advancing our understanding of mental wellbeing and mental health: The call to embrace complexity over simplification. *Australian Psychologist*, 55(4), 307–316. <https://doi.org/10.1111/ap.12440>
- Agyapong, B., Brett-MacLean, P., Burbach, L., Agyapong, V. I. O., & Wei, Y. (2023). Interventions to reduce stress and burnout among teachers: A scoping review. *International Journal of Environmental Research and Public Health*, 20(9). <https://doi.org/10.3390/ijerph20095625>
- Aldam, S. F. S., Keliat, B. A., Wardani, I. Y., Sulistiowati, N. M. D., & Florensa, M. V. A. (2019). Risk factors of mental health in adolescents: Emotional, behavioral, family, and peer relationship problems. *Comprehensive Child and Adolescent Nursing*, 42, sup1, 284–290. <https://doi.org/10.1080/24694193.2019.1594461>
- Aliakbari, M., & Bozorgmanesh, B. (2015). Assertive classroom management strategies and students' performance: The case of EFL classroom. *Cogent Education*, 2(1), 1012899. <https://doi.org/10.1080/2331186X.2015.1012899>
- Allen, R. E., Carson, J., Merrifield, B., & Bush, S. (2020). Still worlds apart: Flourishing in people with mental health problems. *Mental Health and Social Inclusion*, 24(3), 163–172. <https://doi.org/10.1108/MHSI-05-2020-0027>
- Almeida, O. P. (2014). Prevention of depression in older age. *Maturitas*, 79(2), 136–141. <https://doi.org/10.1016/j.maturitas.2014.03.005>
- Aluh, D. O., Dim, O. F., & Anene-Okeke, C. G. (2018). Mental health literacy among Nigerian teachers. *Asia-Pacific Psychiatry*, 10(4), e12329. <https://doi.org/10.1111/appy.12329>
- Askill-Williams, H., & Lawson, M. J. (2013). Teachers' knowledge and confidence for promoting positive mental health in primary school communities. *Asia-Pacific Journal of Teacher Education*, 41(2), 126–143. <https://doi.org/10.1080/1359866X.2013.777023>
- Atilola, O. (2016). Mental health service utilization in sub-Saharan Africa: Is public mental health literacy the problem? Setting the perspectives right. *Global Health Promotion*, 23(2), 30–37. <https://doi.org/10.1177/1757975914567179>
- Avenevoli, S., Swendsen, J., He, J. P., Burstein, M., & Merikangas, K. R. (2015). Major depression in the national comorbidity survey-adolescent supplement: Prevalence, correlates, and treatment. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54(1), 37–44.e2. <https://doi.org/10.1016/j.jaac.2014.10.010>
- Johnson, B. (2001). Behaviour problems in children and adolescents with learning disabilities. *Internet Journal of Mental Health*, 1(2).
- Badrakalimuthu, V. R., & Rangasamy Sathyavathy, V. (2009). Mental health practice in private primary care in rural India: A survey of practitioners. *World Psychiatry*, 8(2), 124–125. <https://doi.org/10.1002/j.2051-5545.2009.tb00229.x>
- Baron, S. (2023). *Teaching with a strength-based approach: How to motivate students and build relationships*. Routledge.
- Bartlett, J. D., Griffin, J., & Thomson, D. (2020). Resources for supporting children's emotional well-being during the COVID-19 pandemic. <https://www.childtrends.org/publications/resources-for-supporting-childrens-emotional-well-being-during-the-covid-19-pandemic> Retrieved May 28, 2021

- Basu, S., & Banerjee, B. (2020). Impact of environmental factors on mental health of children and adolescents: A systematic review. *Children and Youth Services Review*, 119, article 105515. <https://doi.org/10.1016/j.childyouth.2020.105515>
- Batool, S., Bhatti, R. U., & Waseem, M. (2023). Impact of classroom management strategies on academic achievements of students at the elementary level. *Journal of Education and Social Studies*, 4(2), 373–284. <https://doi.org/10.52223/jess.2023.4214>
- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, 4(1), 1–44. <https://doi.org/10.1111/1529-1006.01431>
- Belfield, C., Bowden, A. B., Klapp, A., Levin, H., Shand, R., & Zander, S. (2015). The economic value of social and emotional learning. *Journal of Benefit-Cost Analysis*, 6(3), 508–544. <https://doi.org/10.1017/bca.2015.55>
- Bettelheim, B. (1948). The social-studies teacher and the emotional needs of adolescents. *The School Review*, 56(10), 585–592. <https://doi.org/10.1086/441563>
- Bharath, S., & Kumar, K. K. (2008). Health Promotion using life skills education approach for adolescents in schools – Development of a model. *Journal of Indian Association for Child and Adolescent Mental Health*, 4(1), 5–11. <https://doi.org/10.1177/0973134220080102>
- Bilz, L., Fischer, S. M., Hoppe-Herfurth, A.-C., & John, N. (2022). A consequential partnership: The association between teachers' well-being and students' well-being and the role of teacher support as a mediator. *Zeitschrift für Psychologie*, 230(3), 264–275. <https://doi.org/10.1027/2151-2604/a000497>
- Bowyer, M., Fein, E. C., & Krishnamoorthy, G. (2023). Teacher mental health literacy and child development in Australian primary schools: A program evaluation. *Education Sciences*, 13(4), 329. <https://doi.org/10.3390/educsci13040329>
- Bradshaw, C. P., Reinke, W. M., Brown, L. D., Bevans, K. B., & Leaf, P. J. (2008). Implementation of school-wide positive behavioural interventions and supports (PBIS) in elementary schools: Observations from a randomized trial. *Education and Treatment of Children*, 1–26.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brock, L. L., Curby, T. W., & Cannell-Cordier, A. L. (2018). Consistency in children's classroom experiences and implications for early childhood development. *Kindergarten Transition and Readiness*, 59–83.
- Brook, U., Waternberg, N., & Geva, D. (2000). Attitude and knowledge of attention deficit hyperactivity disorder and learning disability among high school teachers. *Patient Education and Counseling* (patient ed.), 40(3), 247–252. [https://doi.org/10.1016/s0738-3991\(99\)00080-4](https://doi.org/10.1016/s0738-3991(99)00080-4)
- Brooks, B. A. (2013). *Extracurricular activities and the development of social skills in children with intellectual and learning disabilities*.
- Brownlee, K., Rawana, E. P., & MacArthur, J. (2012). Implementation of a strengths-based approach to teaching in an elementary School. *Journal of Teaching and Learning*, 8(1). <https://doi.org/10.22329/jtl.v8i1.3069>
- Brunzell, T., & Norrish, J. (2021). *Creating trauma-informed, strengths-based classrooms: Teacher strategies for nurturing students' healing, growth, and learning*. Jessica Kingsley Publishers.

- Bryer, F., & Signorini, J. (2011). Primary preservice teachers' understanding of students' internalising problems of mental health and wellbeing. *Issues in Educational Research*, 21(3), 259–280.
- Caldwell, D. M., Davies, S. R., Hetrick, S. E., Palmer, J. C., Caro, P., López-López, J. A., Gunnell, D., Kidger, J., Thomas, J., French, C., Stockings, E., Campbell, R., & Welton, N. J. (2019). School-based interventions to prevent anxiety and depression in children and young people: A systematic review and network meta-analysis. *The Lancet. Psychiatry*, 6(12), 1011–1020. [https://doi.org/10.1016/S2215-0366\(19\)30403-1](https://doi.org/10.1016/S2215-0366(19)30403-1)
- Call, K. T., Riedel, A. A., Hein, K., McLoyd, V., Petersen, A., & Kipke, M. (2002). Adolescent health and well-being in the twenty-first century: A global perspective. *Journal of Research on Adolescence*, 12(1), 69–98. <https://doi.org/10.1111/1532-7795.00025>
- Carbone, S. R. (2020). Flattening the curve of mental ill-health: The importance of primary prevention in managing the mental health impacts of COVID-19. *Mental Health and Prevention*, 19, 200185. <https://doi.org/10.1016/j.mhp.2020.200185>
- Carr, W., Wei, Y., Kutcher, S., & Heffernan, A. (2018). Preparing for the classroom: Mental health knowledge improvement, stigma reduction and enhanced help-seeking efficacy in Canadian preservice teachers. *Canadian Journal of School Psychology*, 33(4), 314–326. <https://doi.org/10.1177/0829573516688596>
- Cassels, M., & Wilkinson, P. (2016). Non-suicidal self-injury in adolescence. *Paediatrics and Child Health*, 26(12), 554–558. <https://doi.org/10.1016/j.paed.2016.08.006>
- Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior*, 25(2), 41–46. <https://doi.org/10.1177/107429561602500206>
- Cavioni, V., Grazzani, I., & Ornaghi, V. (2017). Social and emotional learning for children with Learning Disability: Implications for inclusion. *International Journal of Emotional Education*, 9(2), 100–109.
- Cefai, C., Arlove, A., Duca, M., Galea, N., Muscat, M., & Cavioni, V. (2018). RESCUR Surfing the Waves: An evaluation of a resilience programme in the early years. *Pastoral Care in Education*, 36(3), 189–204. <https://doi.org/10.1080/02643944.2018.1479224>
- Cerdá, M., Moffitt, T. E., Meier, M. H., Harrington, H., Houts, R., Ramrakha, S., Hogan, S., Poulton, R., & Caspi, A. (2016). Persistent cannabis dependence and alcohol dependence represent risks for midlife economic and social problems: A longitudinal cohort study. *Clinical Psychological Science*, 4(6), 1028–1046. <https://doi.org/10.1177/2167702616630958>
- Chandra, A., & Minkovitz, C. S. (2007). Factors that influence mental health stigma among 8th grade adolescents. *Journal of Youth and Adolescence*, 36(6), 763–774. <https://doi.org/10.1007/s10964-006-9091-0>
- Chauhan, S. K., & Dhar, M. (2020). Prevalence and predictors of mental health disorder among the adolescent living in the slums of Lucknow, India: A cross-sectional study. *Community Mental Health Journal*, 56(3), 383–392. <https://doi.org/10.1007/s10597-019-00452-2>
- Cherniss, C. (1980). *Staff burnout: Job stress in human services*. SAGE.
- Cheung, C. H., Rijdiijk, F., McLoughlin, G., Faraone, S. V., Asherson, P., & Kuntsi, J. (2015). Childhood predictors of adolescent and young adult outcome in ADHD. *Journal of Psychiatric Research*, 62, 92–100. <https://doi.org/10.1016/j.jpsychires.2015.01.011>
- Chhabra, G. S., & Sodhi, M. K. (2011). Factors contributing to psychosocial ill-health in male adolescents. *Online J health allied scs*, 10(3), 2.

- Claassens, T. (2009). The self-perception of adolescents with learning difficulties. <http://hdl.handle.net/10500/1724>. University of South Africa.
- Classroom well-being information and strategies for educators (WISE) implementation support series. Classroom well-being information and strategies for educators (WISE) office hours | Mental Health Technology Transfer Center (MHTTC). (n.d.). <https://mhttcnetwork.org/centers/southeast-mhttc/classroom-well-being-information-and-strategies-educators-wise>. *Network*.
- Clifton, D. O., & Anderson, E. C. (2002). *Strengths Quest: Discover and develop your strengths in academics, career, and beyond*. Gallup Organization.
- Colizzi, M., Lasalvia, A., & Ruggeri, M. (2020). Prevention and early intervention in youth mental health: Is it time for a multidisciplinary and trans-diagnostic model for care? *International Journal of Mental Health Systems*, 14, 23. <https://doi.org/10.1186/s13033-020-00356-9>
- Collie, R. J., Shapka, J. D., Perry, N. E., & Martin, A. J. (2016). Teachers' psychological functioning in the workplace: Exploring the roles of contextual beliefs, need satisfaction, and personal characteristics. *Journal of Educational Psychology*, 108(6), 788–799. <https://doi.org/10.1037/edu0000088>
- Cook, C. R., Grady, E. A., Long, A. C., Renshaw, T., Coddling, R. S., Fiat, A., & Larson, M. (2017). Evaluating the impact of increasing general education teachers' ratio of positive-to-negative interactions on students' classroom behaviour. *Journal of Positive Behavior Interventions*, 19(2), 67–77. <https://doi.org/10.1177/1098300716679137>
- Cooke, A., King, J., & Greenwood, K. (2016). 'We could end up in a lot of trouble': Teachers' communications with young children about mental health. *Journal of Public Mental Health*, 15(2), 103–114. <https://doi.org/10.1108/JPMH-01-2016-0006>
- Cox, W. F., & Luhrs, J. A. (1978). Relationship between locus of control and alcohol and drug-related behaviors in teenagers. *Social Behavior and Personality: An International Journal*, 6(2), 191–194. <https://doi.org/10.2224/sbp.1978.6.2.191>
- Cui, N., & Ma, H. (2023). Research on the influence of teachers' mental health on teaching quality. *Journal of Education, Humanities and Social Sciences*, 8, 2048–2054. <https://doi.org/10.54097/ehss.v8i.4642>
- Cunsolo, S. (2017). Subjective wellbeing during adolescence: A literature review on key factors relating to adolescent's subjective wellbeing and education outcomes. *Studi Sulla Formazione /Open Journal of Education*, 20(1), 81–94. [https://doi.org/10.13128/Studi\\_Formaz-20941](https://doi.org/10.13128/Studi_Formaz-20941)
- Bruland, D., Schulze, K., Harsch, S., Pinheiro, P., & Bauer, U. (2017). Mental health literacy of teachers and social workers: Qualitative interviews and in-depths findings. *European Journal of Public Health*, 27, Suppl. 3, Issue suppl\_3, November 2017, cxx187.548. <https://doi.org/10.1093/eurpub/ckx187.548>
- Dalwani, M., Sakai, J. T., Mikulich-Gilbertson, S. K., Tanabe, J., Raymond, K., McWilliams, S. K., Thompson, L. L., Banich, M. T., & Crowley, T. J. (2011). Reduced cortical gray matter volume in male adolescents with substance and conduct problems. *Drug and Alcohol Dependence*, 118(2–3), 295–305. <https://doi.org/10.1016/j.drugalcdep.2011.04.006>
- Dariotis, J. K., Mirabal-Beltran, R., Cluxton-Keller, F., Gould, L. F., Greenberg, M. T., & Mendelson, T. (2016). A qualitative evaluation of student learning and skills use in a school-based mindfulness and yoga program. *Mindfulness*, 7(1), 76–89. <https://doi.org/10.1007/s12671-015-0463-y>

- Das, S., & Babu, B. K. (2019). Impact of nonacademic work stress on faculty performance: A research on selected engineering institutes in Guntur district of Andhra Pradesh. *International Journal of Scientific and Technology Research*, 8(12), 2660.
- Dias, P., Campos, L., Almeida, H., & Palha, F. (2018). Mental health literacy in young adults: Adaptation and psychometric properties of the mental health literacy questionnaire. *International Journal of Environmental Research and Public Health*, 15(7), 1318. <https://doi.org/10.3390/ijerph15071318>
- Diener, E., & Seligman, M. E. P. (2004). Beyond money: Toward an economy of well-being. *Psychological Science in the Public Interest*, 5(1), 1–31. <https://doi.org/10.1111/j.0963-7214.2004.00501001.x>
- Dods, J. (2016). Teacher candidate mental health and mental health literacy. *Exceptionality Education International*, 26(2). <https://doi.org/10.5206/eei.v26i2.7740>
- Dombo, E. A., & Sabatino, C. A. (2019). *Creating trauma-informed schools: A guide for school social workers and educators*. Oxford University Press.
- Dreer, B. (2023). On the outcomes of teacher wellbeing: A systematic review of research. *Frontiers in Psychology*, 14, 1205179. <https://doi.org/10.3389/fpsyg.2023.1205179>
- Durlak, J. A., Domitrovich, C. E., Weissberg, R. P., & Gullotta, T. (2017). *Handbook of social and emotional learning: Research and practice*. Guilford Press.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Dwarika, V. M. (2020). Positive behavior supports in South Africa: Training teachers to implement a systemic strategy. *Intervention in School and Clinic*, 55(3), 192–196. <https://doi.org/10.1177/1053451219842212>
- Ee, J., Zhou, M., & Wong, I. (2014). Teachers' infusion of social emotional learning. *Teaching and Teacher Education*, 2(01).
- Eide, B. L., & Eide, F. F. (2006). The mislabelled child. *New Atlantis*, 12, 46–59.
- Ekornes, S. (2015). Teacher perspectives on their role and the challenges of inter-professional collaboration in mental health promotion. *School Mental Health*, 7(3), 193–211. <https://doi.org/10.1007/s12310-015-9147-y>
- Erb, C. S., & Erb, P. (2018). Making amends: A restorative justice approach to classroom behavior. *Teacher Educators' [Journal]*, 11, 91–104.
- Erskine, H. E., Moffitt, T. E., Copeland, W. E., Costello, E. J., Ferrari, A. J., Patton, G., Degenhardt, L., Vos, T., Whiteford, H. A., & Scott, J. G. (2015). A heavy burden on young minds: The global burden of mental and substance use disorders in children and youth. *Psychological Medicine*, 45(7), 1551–1563. <https://doi.org/10.1017/S0033291714002888>
- Falk, D., Frisoli, P., & Varni, E. (2021). The importance of teacher well-being for student mental health and resilient education systems. *Forced Migration Review*, 66.

- Fallot, R.D. and Harris, M. (2009). *Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol*. Community Connections.
- Farber, B. A. (1991). *Crisis in education: Stress and burnout in the American teacher*. Jossey-Bass.
- Farberman, R. K. (1997). Public attitudes about psychologists and mental health care: Research to guide the American Psychological Association public education campaign. *Professional Psychology: Research and Practice*, 28(2), 128–136. <https://doi.org/10.1037/0735-7028.28.2.128>
- Fazel, M., Patel, V., Thomas, S., & Tol, W. (2014). Mental health interventions in schools in low-income and middle-income countries. *The Lancet. Psychiatry*, 1(5), 388–398. [https://doi.org/10.1016/S2215-0366\(14\)70357-8](https://doi.org/10.1016/S2215-0366(14)70357-8)
- Fernando, S. M., Deane, F. P., & McLeod, H. J. (2017). The delaying effect of stigma on mental health help-seeking in Sri Lanka. *Asia-Pacific Psychiatry*, 9(1), e12255. <https://doi.org/10.1111/appy.12255>
- Findley, B., & Varble, D. (2011). Creating A conducive classroom environment: Classroom management is the key. *College Teaching Methods and Styles Journal*, 2(1), 2. <https://doi.org/10.19030/ctms.v2i1.5252>
- Flanigan, L., & Climie, E. (2018). Teachers' knowledge of ADHD: Review and recommendations. *Emerging perspectives: Interdisciplinary graduate research in education and psychology*, 2(1), 1–13. <https://journalhosting.ucalgary.ca/index.php/ep/article/view/42922>
- Fluke, S. M., & Peterson, R. L. (2013, October). *Positive Behavior Interventions and Supports. Strategy Brief. Lincoln, NE: Student Engagement Project*. <http://k12engagement.unl.edu>. University of Nebraska and Nebraska Department of Education.
- Forness, S. R., Serna, L. A., Nielsen, E., Lambros, K. M., Hale, M. J., & Kavale, K. A. (2000). A model for early detection and primary prevention of emotional or behavioural disorders. *Education and Treatment of Children*, 23, 325–345.
- Freed, R. D., & Tompson, M. C. (2011). Predictors of parental locus of control in mothers of pre-and early adolescents. *Journal of Clinical Child and Adolescent Psychology*, 40(1), 100–110. <https://doi.org/10.1080/15374416.2011.533410>
- Frisby, B. N., Hosek, A. M., & Beck, A. C. (2020). The role of classroom relationships as sources of academic resilience and hope. *Communication Quarterly*, 68(3), 289–305. <https://doi.org/10.1080/01463373.2020.1779099>
- Gaiha, S. M., Taylor Salisbury, T., Koschorke, M., Raman, U., & Petticrew, M. (2020). Stigma associated with mental health problems among young people in India: A systematic review of magnitude, manifestations and recommendations. *BMC Psychiatry*, 20(1), 538. <https://doi.org/10.1186/s12888-020-02937-x>
- Echenique, E. G. (2014). An integrative review of literature on learners in the digital era. *Studia Paedagogica*, 19(4), 161–184. <https://doi.org/10.5817/SP2014-4-8>
- Ganga, N. S., & Kutty, V. R. (2012). Identifying key strategies to promote positive mental health of young people in the state of Kerala, India. *International Journal of Mental Health Promotion*, 14(5), 276–288. <https://doi.org/10.1080/14623730.2013.789627>
- Garbacz, S. A., McIntosh, K., Vatland, C. H., Minch, D. R., & Eagle, J. W. (2018). Identifying and examining school approaches to family engagement within schoolwide positive behavioural interventions and supports. *Journal of Positive Behavior Interventions*, 20(3), 127–137. <https://doi.org/10.1177/1098300717752318>

- GBD. (2019). Mental disorders collaborators. (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 9(2), 137–150.
- Gibbs, S., & Miller, A. (2014). Teachers' resilience and wellbeing: A role for educational psychology. *Teachers and Teaching*, 20(5), 609–621. <https://doi.org/10.1080/13540602.2013.844408>
- Gibson, J. E., Stephan, S. H., Brandt, N. E., & Lever, N. A. (2014). *Supporting teachers through consultation and training in mental health*.
- Gilmor, T. M. (1978). Locus of control as a mediator of adaptive behaviour in children and adolescents. *Canadian Psychological Review / Psychologie Canadienne*, 19(1), 1–26. <https://doi.org/10.1037/h0081459>
- Gilmore, H. (2019). *Schools and crime: An empirical analysis of school safety measures* ([Unpublished doctoral dissertation]. University of Nevada – Las Vegas).
- Ginsburg, G. S., & Drake, K. L. (2002). School-based treatment for anxious African-American adolescents: A controlled pilot study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(7), 768–775. <https://doi.org/10.1097/00004583-200207000-00007>
- Glazzard, J., & Rose, A. (2019). The impact of teacher well-being and mental health on pupil progress in primary schools. *Journal of Public Mental Health*, 19(4), 349–357. <https://doi.org/10.1108/JPMH-02-2019-0023>
- Goyal, S., Sudhir, P. M., & Sharma, M. P. (2020). Illness perceptions and health beliefs in persons with common mental disorders. *Asian Journal of Psychiatry*, 53, 102366. <https://doi.org/10.1016/j.ajp.2020.102366>
- Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching*, 17(4), 479–496. <https://doi.org/10.1080/13540602.2011.580525>
- Granada-López, J. M., Ramón-Arбуés, E., Echániz-Serrano, E., Juárez-Vela, R., Cobos-Rincón, A., Satústegui-Dordá, P. J., Navas-Echazarreta, N., Santolalla-Arnedo, I., & Nash, M. (2023). Mental health knowledge and classroom experiences of school teachers in Aragon, Spain. *Frontiers in Public Health*, 11, 1171994. <https://doi.org/10.3389/fpubh.2023.1171994>
- Gray, S. A., Fettes, P., Woltering, S., Mawjee, K., & Tannock, R. (2016). Symptom manifestation and impairments in college students with ADHD. *Journal of Learning Disabilities*, 49(6), 616–630. <https://doi.org/10.1177/0022219415576523>
- Greenberg, M. T., Domitrovich, C. E., Weissberg, R. P., & Durlak, J. A. (2017) Social and Emotional Learning as a Public Health Approach to Education. *The Future of Children*. Roger and Durlak, 27(1), 13–32. <https://doi.org/10.1353/foc.2017.0001>
- Gregory, A., Clawson, K., Davis, A., & Gerewitz, J. (2016). The promise of restorative practices to transform teacher–student relationships and achieve equity in school discipline. *Journal of Educational and Psychological Consultation*, 26(4), 325–353. <https://doi.org/10.1080/10474412.2014.929950>
- Griffin, A. (2017). Adolescent neurological development and implications for health and well-being. *Healthcare*, 5(4), 62. <https://doi.org/10.3390/healthcare5040062>
- Gulliver, A., Griffiths, K. M., Christensen, H., & Brewer, J. L. (2012). A systematic review of help-seeking interventions for depression, anxiety and general psychological distress.

- BMC Psychiatry*, 12(1), 81. (PMC Free article). <https://doi.org/10.1186/1471-244X-12-81>, PubMed: [22799879](https://pubmed.ncbi.nlm.nih.gov/22799879/), [Google Scholar](https://scholar.google.com/citations?user=...).
- Gulliver, A. (2017). Commentary: Mental Health in Sport (MHS): Improving the early intervention knowledge and confidence of elite sport staff. *Frontiers in Psychology*, 8, 1209. <https://doi.org/10.3389/fpsyg.2017.01209>
- Gupta, M. L. (2004). Enhancing student performance through cooperative learning in physical sciences. *Assessment and Evaluation in Higher Education*, 29(1), 63–73. <https://doi.org/10.1080/0260293032000158162>
- Gururaj, G. et al. (2015–2016). National mental health survey of India. *The Summary*. National Institute of Mental Health and Neuro Sciences, NIMHANS Publication No. 128, 2016.
- Gutheinz-Pierce, D., & Whoolery, K. (1995). The reality of early adolescence: Using what we know to guide our classroom practices. *Middle School Journal*, 26(4), 61–64. <https://doi.org/10.1080/00940771.1995.11496131>
- Häfner, H., Maurer, K., Ruhrmann, S., Bechdorf, A., Klosterkötter, J., Wagner, M., Maier, W., Bottlender, R., Möller, H. J., Gaebel, W., & Wölwer, W. (2004). Early detection and secondary prevention of psychosis: Facts and visions. *European Archives of Psychiatry and Clinical Neuroscience*, 254(2), 117–128. <https://doi.org/10.1007/s00406-004-0508-z>
- Hall, S., & Cheston, R. (2002). Mental health and identity: The evaluation of a drop-in centre. *Journal of Community and Applied Social Psychology*, 12(1), 30–43. <https://doi.org/10.1002/casp.639>
- Hamilton, W. (2007). Constructing classroom learning environments that are interactive and authentic and aim for learner empowerment. In *The design and technology association international research conference* (pp. 27–36).
- Hamoda, H. M., Hoover, S., Bostic, J., Rahman, A., & Saaed, K. (2022). Development of a World Health Organization mental health in schools programme in the eastern Mediterranean Region. *Eastern Mediterranean Health Journal*, 28(3), 225–232. <https://doi.org/10.26719/emhj.22.022>
- Indri Hapsari, I., Iskandarsyah, A., Jofiani, P., & R Siregar, J. (2020). Teacher and problem in student with ADHD in Indonesia: A case study. *The Qualitative Report*, 25(11), 4104–4126. <https://doi.org/10.46743/2160-3715/2020.4381>
- Hascher, T., & Waber, J. (2021). Teacher well-being: A systematic review of the research literature from the year 2000–2019. *Educational Research Review*, 34, 100411. <https://doi.org/10.1016/j.edurev.2021.100411>
- Hawthorne, R. (2009). Strength based teaching and learning. *English in Aotearoa*, 68, 7–9.
- Haydon, T., Alter, P., Hawkins, R., & Kendall Theado, C. (2019). ‘Check yourself’: Mindfulness-based stress reduction for teachers of students with challenging behaviours. *Beyond Behavior*, 28(1), 55–60. <https://doi.org/10.1177/1074295619831620>
- Henderson, P., Islam, R., Bachman, P., Pineau, J., Precup, D., & Meger, D. (2018, April). Deep reinforcement learning that matters. In *Proceedings of the AAAI Conference on Artificial Intelligence*, 32(1). <https://doi.org/10.1609/aaai.v32i1.11694>
- Hepburn, S. (2021). Early intensive behavioural intervention (EIBI). In *Encyclopedia of autism spectrum disorders* (pp. 1570–1573). Springer International Publishing.
- Hobbs, C., Paulsen, D., & Thomas, J. (2019). Trauma-informed practice for preservice teachers. In *Oxford research encyclopedia of education*.

- Hodas, G. R. (2006). Responding to childhood trauma: The promise and practice of trauma informed care. Pennsylvania office of mental health and substance abuse services, 177, 5–68.
- Holt, D. (2019). *Promoting positive mental health in the primary school: Theory into practice*. Routledge.
- Hooker, K. E., & Fodor, I. E. (2008). Teaching mindfulness to children. *Gestalt Review*, 12(1), 75–91. <https://doi.org/10.5325/gestaltreview.12.1.0075>
- Hopkins, B. (2011). Restorative approaches in UK schools. In *Crime, anti-social behaviour and schools* (pp. 192–211). Palgrave Macmillan UK.
- Horner, R. H., Sugai, G., Smolkowski, K., Eber, L., Nakasato, J., Todd, A. W., & Esperanza, J. (2009). A randomized, wait-list controlled effectiveness trial assessing school-wide positive behavior support in elementary schools. *Journal of Positive Behavior Interventions*, 11(3), 133–144. <https://doi.org/10.1177/1098300709332067>
- Howard, J. A. (2019). A systemic framework for trauma-informed schooling: Complex but necessary! *Journal of Aggression, Maltreatment and Trauma*, 28(5), 545–565. <https://doi.org/10.1080/10926771.2018.1479323>
- Humphreys, K. L., Katz, S. J., Lee, S. S., Hammen, C., Brennan, P. A., & Najman, J. M. (2013). The association of ADHD and depression: Mediation by peer problems and parent–child difficulties in two complementary samples. *Journal of Abnormal Psychology*, 122(3), 854–867. <https://doi.org/10.1037/a0033895>
- Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 1(2), 137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>
- Imran, N., Rahman, A., Chaudhry, N., & Asif, A. (2018). World Health Organization “School Mental Health Manual”-based training for school teachers in Urban Lahore, Pakistan: Study protocol for a randomized controlled trial. *Trials*, 19(1), 290. <https://doi.org/10.1186/s13063-018-2679-3>
- Jacka, F. N., Sacks, G., Berk, M., & Allender, S. (2014). Food policies for physical and mental health. *BMC Psychiatry*, 14(1), 132. <https://doi.org/10.1186/1471-244X-14-132>
- Jadhav, K. S., & Boutrel, B. (2019). Prefrontal cortex development and emergence of self-regulatory competence: The two cardinal features of adolescence disrupted in context of alcohol abuse. *The European Journal of Neuroscience*, 50(3), 2274–2281. <https://doi.org/10.1111/ejn.14316>
- Jain, A., Baviskar, M. P., Narawne, S., & Kunkulol, R. R. (2020). Is the medical teacher’s mental health neglected? Effects of perceived student attitudes and behaviours on mental health and lifestyle of teachers in a rural university of western Maharashtra in India. *Journal of Family Medicine and Primary Care*, 9(12), 6046–6050. [https://doi.org/10.4103/jfmpe.jfmpe\\_1463\\_20](https://doi.org/10.4103/jfmpe.jfmpe_1463_20)
- Jain, M., & Singh, S. (2015). Locus of control and its relationship with mental health and adjustment among adolescent females. *Journal of Mental Health and Human Behaviour*, 20(1), 16–16. <https://doi.org/10.4103/0971-8990.164803>
- Koller, J. R., Osterlind, S. J., Paris, K., & Weston, K. J. (2004). Differences between novice and expert teachers’ undergraduate preparation and ratings of importance in the area of children’s mental health. *International Journal of Mental Health Promotion*, 6(2), 40–45. <https://doi.org/10.1080/14623730.2004.9721930>

- Jayaprakash, R., & Sharija, Sharija S. (2017). UNARV: A district model for adolescent school mental health programme in Kerala, India. *Indian Journal of Social Psychiatry*, 33(3), 233–239. <https://doi.org/10.4103/0971-9962.214591>
- Jennings, P. A., Doyle, S. L., Oh, Y., Rasheed, D. S., Frank, J. L., & Brown, J. L. (2019). Long-term impacts of the CARE program on teachers' self-reported social and emotional competence and well-being. *Journal of School Psychology*, 76, 186–202. <https://doi.org/10.1016/j.jsp.2019.07.009>
- Jha, S., Salve, H. R., Goswami, K., Sagar, R., & Kant, S. (2018). Burden of common mental disorders among pregnant women: A systematic review. *Asian Journal of Psychiatry*, 36, 46–53. <https://doi.org/10.1016/j.ajp.2018.06.020>
- John, P., George, S. K., K. G. S., R., & Kurian, L. G. (2006). *School mental health through empowering education sector: A manual for school teachers and counsellors*. Peejays Child Guidance Clinic.
- Johnson, C., Eva, A. L., Johnson, L., & Walker, B. (2011). Don't turn away: Empowering teachers to support students' mental health. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, 84(1), 9–14. <https://doi.org/10.1080/00098655.2010.484441>
- Jorm, A. F., Kitchener, B. A., Sawyer, M. G., Scales, H., & Cvetkovski, S. (2010). Mental health first aid training for high school teachers: A cluster randomized trial. *BMC Psychiatry*, 10(1), 51. <https://doi.org/10.1186/1471-244X-10-51>
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). 'Mental health literacy': A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *The Medical Journal of Australia*, 166(4), 182–186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>
- Jorm, A. F., Wright, A., & Morgan, A. J. (2007). Beliefs about appropriate first aid for young people with mental disorders: Findings from an Australian national survey of youth and parents. *Early Intervention in Psychiatry*, 1(1), 61–70. <https://doi.org/10.1111/j.1751-7893.2007.00012.x>
- Kaffenberger, C. J., & O'Rourke-Trigiani, J. (2013). Addressing student mental health needs by providing direct and indirect services and building alliances in the community. *Professional School Counseling*, 16(5). <https://doi.org/10.1177/2156759X1201600505>
- Kallivayalil, R. A., & Enara, A. (2018). Prioritizing rural and community mental health in India. *Indian Journal of Social Psychiatry*, 34(4), 285–288. [https://doi.org/10.4103/ijsp.ijsp\\_74\\_18](https://doi.org/10.4103/ijsp.ijsp_74_18)
- Kamboj, K. P., & Garg, P. (2021). Teachers' psychological well-being role of emotional intelligence and resilient character traits in determining the psychological well-being of Indian school teachers. *International Journal of Educational Management*, 35(4), 768–788. <https://doi.org/10.1108/IJEM-08-2019-0278>
- Kapur, R. L. (1979). The role of traditional healers in mental health care in rural India. *Social Science and Medicine. Medical Anthropology*, 13(1), 27–31. [https://doi.org/10.1016/0160-7987\(79\)90015-2](https://doi.org/10.1016/0160-7987(79)90015-2)
- Karasova, J., & Nehyba, J. (2023, April). Student-centred teacher responses to student behaviour in the classroom: A systematic review. In *frontiers in education*. *Frontiers*, 8.
- Karustis, J. L., Power, T. J., Rescorla, L. A., Eiraldi, R. B., & Gallagher, P. R. (2000). Anxiety and depression in children with ADHD: Unique associations with academic and social functioning. *Journal of Attention Disorders*, 4(3), 133–149. <https://doi.org/10.1177/108705470000400301>

- Kataoka, S., Jaycox, L. H., Wong, M., Nadeem, E., Langley, A., Tang, L., & Stein, B. D. (2011). Effects on school outcomes in low-income minority youth: Preliminary findings from a community-partnered study of a school trauma intervention. *Ethnicity and Disease, 21*, 3(0 1), Suppl. 1.
- Kaur, N., Behere, N. S., & Kulkarni, A. S. (2023). A study of beliefs towards mental illness among teachers in Sikar city, Rajasthan. *Indian Journal of Psychiatry, 65*(4), 424–430. [https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry\\_433\\_22](https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_433_22)
- Kaur, R., & Pathak, R. K. (2017). Treatment gap in mental healthcare: Reflections from policy and research. *Economic and Political Weekly, 34*–40.
- Mazzer, K. R., & Rickwood, D. J. (2015). Teachers' and coaches' role perceptions for supporting young people's mental health: Multiple group path analyses. *Australian Journal of Psychology, 67*(1), 10–19. <https://doi.org/10.1111/ajpy.12055>
- Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, H. A., Walters, E. E., Wang, P., Wells, K. B., & Zaslavsky, A. M. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *The New England Journal of Medicine, 352*(24), 2515–2523. <https://doi.org/10.1056/NEJMSa043266>
- Keyes. (2005).
- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*(3), 539–548. <https://doi.org/10.1037/0022-006X.73.3.539>
- Keyes, C. L. M., & Lopez, S. J. (2002). Toward a science of mental health: Positive directions in diagnosis and interventions. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 45–59). Oxford University Press.
- Kim, J., Kim, D. G., & Kamphaus, R. (2022). Early detection of mental health through universal screening at schools. *Georgia Educational Researcher, 19*(1), 62. <https://doi.org/10.20429/ger.2022.190104>
- Kim, L. E., Jörg, V., & Klassen, R. M. (2019). A meta-analysis of the effects of teacher personality on teacher effectiveness and burnout. *Educational Psychology Review, 31*(1), 163–195. <https://doi.org/10.1007/s10648-018-9458-2>
- Kimber, B. (2011). *Primary prevention of mental health problems among children and adolescents through social and emotional training in school*. Karolinska Institutet.
- Kishor, N. (1981). The effect of self-esteem and locus of control in career decision making of adolescents in Fiji. *Journal of Vocational Behavior, 19*(2), 227–232. [https://doi.org/10.1016/0001-8791\(81\)90060-9](https://doi.org/10.1016/0001-8791(81)90060-9)
- Kiuru, N., Leskinen, E., Nurmi, J.-E., & Salmela-Aro, K. (2011). Depressive symptoms during adolescence: Do learning difficulties matter? *International Journal of Behavioral Development, 35*(4), 298–306. <https://doi.org/10.1177/0165025410396764>
- Klassen, R. M., Perry, N. E., & Frenzel, A. C. (2012). Teachers' relatedness with students: An underemphasized component of teachers' basic psychological needs. *Journal of Educational Psychology, 104*(1), 150–165. <https://doi.org/10.1037/a0026253>
- Klassen, R. M., Yerdelen, S., & Durksen, T. L. (2013). Measuring teacher engagement: Development of the engaged teachers scale (ETS). *Frontline learning research, 1*(2), 33–52.
- Kodad, H. S., & Kazi, S. A. (2014). Emerging area of counselling in schools in India. *International Research Journal of Social Sciences, 3*(3), 44–47.

- Kopera-Frye, K. F. (1991). Factors determining adolescent locus of control. <http://files.eric.ed.gov/fulltext/ED333265.pdf>. Retrieved August 28, 2023
- Korpershoek, H., Harms, T., de Boer, H., van Kuijk, M., & Doolaard, S. (2016). A meta-analysis of the effects of classroom management strategies and classroom management programs on students' academic, behavioural, emotional, and motivational outcomes. *Review of Educational Research*, 86(3), 643–680. <https://doi.org/10.3102/0034654315626799>
- Kosow, H., & Gaßner, R. (2008). *Methods of future and scenario analysis: Overview, assessment, and selection criteria*, 39. Dong-Eui University.
- Kottsieper, P. (2009). Experiential knowledge of serious mental health problems: One clinician and academic's perspective. *Journal of Humanistic Psychology*, 49(2), 174–192. <https://doi.org/10.1177/0022167808327749>
- Krame, K. (2021). The efficacy of mindfulness-based interventions on occupational stress and burnout among K-12 educators: A review of the literature. 2nd World Conference on Teaching and Education. <https://doi.org/10.33422/2nd.worldcte.2021.01.31>
- Krille, C. (2019). *Barriers to participation in professional development*. Springer briefs in education.
- Kumar, A. (2011). Mental health services in rural India: Challenges and prospects. *Health*, 03(12), 757–761. <https://doi.org/10.4236/health.2011.312126>
- Kuosa, T. (2011). Evolution of futures studies. *Futures*, 43(3), 327–336. <https://doi.org/10.1016/j.futures.2010.04.001>
- Küpana, M. N. (2015). Social emotional learning and music education Dergisi. *SED Journal of Art Education*, 3(1), 75–88. <https://doi.org/10.7816/sed-03-01-05>
- Glaser, K. (1967). Masked depression in children and adolescents. *American Journal of Psychotherapy*, 21(3), 565–574. <https://doi.org/10.1176/APPI.PSYCHOTHERAPY.1967.21.3.565>
- Kutcher, S., & Wei, Y. (2018). Teachers knowledge update. In. Mental Health & High School curriculum guide, *Understanding mental health and mental illness*, 3. essay. Canadian Mental Health Association.
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present, and future. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>
- Kutcher, S., Wei, Y., Gilberds, H., Ubuguyu, O., Njau, T., Brown, A., Sabuni, N., Magimba, A., & Perkins, K. (2016). A school mental health literacy curriculum resource training approach: Effects on Tanzanian teachers' mental health knowledge, stigma and help-seeking efficacy. *International Journal of Mental Health Systems*, 10, 50. <https://doi.org/10.1186/s13033-016-0082-6>
- Kutcher, S., Wei, Y., McLuckie, A., & Bullock, L. (2013). Educator mental health literacy: A programme evaluation of the teacher training education on the mental health and high school curriculum guide. *Advances in School Mental Health Promotion*, 6(2), 83–93. <https://doi.org/10.1080/1754730X.2013.784615>
- Laski, L., & Expert Consultative Group for Every Woman Every Child on Adolescent Health. (2015). Realising the health and wellbeing of adolescents. *BMJ*, 351, h4119. <https://doi.org/10.1136/bmj.h4119>

- Leishman, J. L. (2006). Culturally sensitive mental health care: A module for 21st century education and practice. *The International Journal of Psychiatric Nursing Research*, 11(3), 1310–1321.
- Lerner, J. W. (1989). Educational interventions in learning disabilities. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28(3), 326–331. <https://doi.org/10.1097/00004583-198905000-00004>
- Levenson, H. (1972). Distinctions within the concept of internal-external control: Development of a new scale. In *Proceedings of the Annual Convention of the American Psychological Association*. American Psychological Association.
- Li, P. H., Mayer, D., & Malmberg, L. E. (2022). Teacher well-being in the classroom: A micro-longitudinal study. *Teaching and Teacher Education*, 115, 103720. <https://doi.org/10.1016/j.tate.2022.103720>
- Lienemann, B. A., Siegel, J. T., & Crano, W. D. (2013). Persuading people with depression to seek help: Respect the boomerang. *Health Communication*, 28(7), 718–728. <https://doi.org/10.1080/10410236.2012.712091>
- Livingston, R. B., Stark, K. D., Jennings, E., & Haak, R. A. (1996). Neuropsychological profiles of children with depressive and anxiety disorders. *Child Neuropsychology*, 2(1), 48–62. <https://doi.org/10.1080/09297049608401350>
- Lomas, J. D., & van der Maden, W. (2021). *My Wellness Check: Designing a student and staff wellbeing feedback loop to inform university policy and governance*.
- Luthar, S. S., & Mendes, S. H. (2020). Trauma-informed schools: Supporting educators as they support the children. *International Journal of School and Educational Psychology*, 8(2), 147–157. <https://doi.org/10.1080/21683603.2020.1721385>
- Ma, F., & Anto, M. M. (2022). Importance of mental health awareness among school teachers in bridging mental health treatment gap in India. *The International Journal of Social Psychiatry*, 68(1), 233–236. <https://doi.org/10.1177/0020764021991889>
- Maclean, L., & Law, J. M. (2022). Supporting primary school students' mental health needs: Teachers' perceptions of roles, barriers, and abilities. *Psychology in the Schools*, 59(11), 2359–2377. <https://doi.org/10.1002/pits.22648>
- Maheady, L., Hashey, A., del Prado Hill, P., & Garas-York, K. (2021). The role of teacher education in effective inclusive elementary schools. In *Handbook of effective inclusive elementary schools* (pp. 77–97). Routledge.
- Malhotra, S., & Patra, B. N. (2014). Prevalence of child and adolescent psychiatric disorders in India: A systematic review and meta-analysis. *Child and Adolescent Psychiatry and Mental Health*, 8, 22. <https://doi.org/10.1186/1753-2000-8-22>
- Malkin, G., Hayat, T., Amichai-Hamburger, Y., Ben-David, B. M., Regev, T., & Nakash, O. (2019). How well do older adults recognise mental illness? A literature review. *Psychogeriatrics*, 19(5), 491–504. <https://doi.org/10.1111/psyg.12427>
- Manjari, A., & Srivastava, A. (2020). Teachers and schools as change agents in improving mental health among adolescents. *International Journal of Indian Psychology*, 8(1), 3429, 2349.
- Mansfield, C., Beltman, S., Weatherby-Fell, N., & Broadley, T. (2016). Classroom ready? Building resilience in teacher education. *Teacher Education*, 211–229.

- Marsh, R. J. (2016). Identifying students with mental health issues: A guide for classroom teachers. *Intervention in School and Clinic*, 51(5), 318–322. <https://doi.org/10.1177/1053451215606706>
- Mascayano, F., Armijo, J. E., & Yang, L. H. (2015). Addressing stigma relating to mental illness in low- and middle-income countries. *Frontiers in Psychiatry*, 6, 38. <https://doi.org/10.3389/fpsy.2015.00038>
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *The American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037//0003-066x.56.3.227>
- Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy, and practice. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 1–25). Cambridge University Press.
- Masters, E. R. (2019). *Promoting mentally healthy classrooms: Evaluation of online mental health literacy instruction in preservice teacher education* (Doctoral dissertation. University of Western Ontario).
- Mathur Gaiha, S., Ann Sunil, G., Kumar, R., & Menon, S. (2014). Enhancing mental health literacy in India to reduce stigma: The fountainhead to improve help-seeking behaviour. *Journal of Public Mental Health*, 13(3), 146–158. <https://doi.org/10.1108/JPMH-06-2013-0043>
- Matteucci, M. C., Guglielmi, D., & Lauermann, F. (2017). Teachers' sense of responsibility for educational outcomes and its associations with teachers' instructional approaches and professional wellbeing. *Social Psychology of Education*, 20(2), 275–298. <https://doi.org/10.1007/s11218-017-9369-y>
- Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*, 15(1–2), (e1018). <https://doi.org/10.1002/cl2.1018>
- McCallum, F., & Price, D. (2010). Well teachers, well students. *The Journal of Student Wellbeing*, 4(1), 19–34. <https://doi.org/10.21913/JSW.v4i1.599>
- McCluskey, G. (2018). *Restorative approaches in schools: Current practices, future directions*. *The Palgrave international handbook of school discipline, surveillance, and social control* (pp. 573–593).
- McDougall, T. (2011). Mental health problems in childhood and adolescence. *Nursing Standard* (through 2013), 26(14), 48.
- McIntosh, K., Mercer, S. H., Nese, R. N., & Ghemraoui, A. (2016). Identifying and predicting distinct patterns of implementation in a school-wide behaviour support framework. *Prevention Science*, 17(8), 992–1001. <https://doi.org/10.1007/s11211-016-0700-1>
- Mehra, D., Lakiang, T., Kathuria, N., Kumar, M., Mehra, S., & Sharma, S. (2022, February). Mental health interventions among adolescents in India: A scoping review. In *Healthcare* (Vol. 10, No. 2, p. 337). MDPI, 10(2). <https://doi.org/10.3390/healthcare10020337>
- Melnikovas, A. (2018). Towards an explicit research methodology: Adapting research onion model for futures studies. *Journal of Futures Studies*, 23(2).
- Menchola, M., Arkowitz, H. S., & Burke, B. L. (2007). Efficacy of self-administered treatments for depression and anxiety. *Professional Psychology: Research and Practice*, 38(4), 421–429. <https://doi.org/10.1037/0735-7028.38.4.421>
- Mental health in schools: A manual*. (2021). WHO Regional Office for the Eastern Mediterranean. Licence: CC BY-NC-SA 3.0 IGO.

- Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the National comorbidity Survey Replication–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980–989. <https://doi.org/10.1016/j.jaac.2010.05.017>
- Merikangas, K. R., Nakamura, E. F., & Kessler, R. C. (2009). Epidemiology of mental disorders in children and adolescents. *Dialogues in Clinical Neuroscience*, 11(1), 7–20. <https://doi.org/10.31887/DCNS.2009.11.1/krmerikangas>
- Merrell, K. W. (2010). Linking prevention science and social and emotional learning: The Oregon Resiliency Project. *Psychology in the Schools*, 47(1), 55–70. <https://doi.org/10.1002/pits.20451>
- Milfont, T. L., & Denny, S. J. (2017). *Everyday environments and quality of life: Positive school and neighbourhood environments influence the health and well-being of adolescents*. *Handbook of environmental psychology and quality of life research* (pp. 369–384).
- Minnis, H., Gajwani, R., & Ougrin, D. (2022). Editorial: Early intervention and prevention of severe mental illness: A child and adolescent psychiatry perspective. *Frontiers in Psychiatry*, 13, 963602. <https://doi.org/10.3389/fpsy.2022.963602>
- Mitchell, B. S., Hirn, R. G., & Lewis, T. J. (2017). Enhancing effective classroom management in schools: Structures for changing teacher behaviour. *Teacher Education and Special Education*, 40(2), 140–153. <https://doi.org/10.1177/0888406417700961>
- Morrison, B., Blood, P., & Thorsborne, M. (2005). Practicing restorative justice in school communities: Addressing the challenge of culture change. *Public Organization Review*, 5(4), 335–357. <https://doi.org/10.1007/s11115-005-5095-6>
- Morrison, G., Ross, S., & Lowther, D. (2007). When each one has one: Technology as a change agent in the classroom. *Educational Technology Research and Development*. Retrieved September 12, 2022.
- Mundia, L. (2013). Relationship between mental health and teaching: Evidence from Brunei trainee teachers. *International Journal of Mental Health*, 42(2–3), 73–98. <https://doi.org/10.2753/IMH0020-7411420205>
- Nagpal, J. (2022). *Modular handbook for teachers and allied stockholders early identification/detection of mental health problems in school going children and adolescents*. Ministry of Education, Government of India.
- Nastasi, B. K. (2003). Promotion of mental health. In *Handbook of paediatric psychology in school settings* (pp. 119–134). Routledge.
- Nayak, R., Manoharan, M., Prasad, L., Gladston, S., Raghuram, M., Edwin, D., & Kanthi, E. (2022). Psychological issues in adolescents. *Indian Journal of Continuing Nursing Education*, 23(1), 29–39. [https://doi.org/10.4103/ijcn.ijcn\\_53\\_22](https://doi.org/10.4103/ijcn.ijcn_53_22)
- Nebhinani, N., & Jain, S. (2019). Promoting child and adolescent mental health in India. *Journal of Indian Association for Child and Adolescent Mental Health*, 15(3), 1–8. <https://doi.org/10.1177/0973134220190301>
- Nguyen, D. T., Wright, E. P., Dedding, C., Pham, T. T., & Bunders, J. (2019). Low self-esteem and its association with anxiety, depression, and suicidal ideation in Vietnamese secondary school students: A cross-sectional study. *Frontiers in Psychiatry*, 10, 698. <https://doi.org/10.3389/fpsy.2019.00698>

- Ní Chorcora, E., & Swords, L. (2022). Mental health literacy and help-giving responses of Irish primary school teachers. *Irish Educational Studies* (Irish ed.) (Irish ed.), *41*(4), 735–751. <https://doi.org/10.1080/03323315.2021.1899029>
- Nwankwo, B. E., Balogun, S. K., Chukwudi, T. O., & Ibeme, N. C. (2012). *Self esteem and locus of control as correlates of adolescents well functioning*.
- Ogorchukwu, J. M., Sekaran, V. C., Nair, S., & Ashok, L. (2016). Mental health literacy among late adolescents in South India: What they know and what attitudes drive them. *Indian Journal of Psychological Medicine*, *38*(3), 234–241. <https://doi.org/10.4103/0253-7176.183092>
- ORC, Our Responsibility, T. O., & CHILDREN. (n.d.). <https://www.orcindia.org/whoweare.html>
- Our responsibility to children: Training manual. (2015). <https://www.orcindia.org/downloads/trainers%20manual.pdf>. State Council of Educational Research and Training p. 2022.
- Paavola, S., Hakkarainen, K., & Sintonen, M. (2006). Abduction with dialogical and trialogical means. *Logic Journal of the IGPL*, *14*(2), 137–150. <https://doi.org/10.1093/jigpal/jzk010>
- Pal, D., Sahu, D. P., Maji, S., Taywade, M., & Maji, Jr., S. (2022). Prevalence of anxiety disorder in adolescents in India: A systematic review and meta-analysis. *Cureus*, *14*(8), e28084. <https://doi.org/10.7759/cureus.28084>
- Paolini, A. C. (2020). Social emotional learning: Key to career readiness. *Anatolian Journal of Education*, *5*(1), 125–134. <https://doi.org/10.29333/aje.2020.5112a>
- Parikh, N., Parikh, M., Vankar, G., Solanki, C., Banwari, G., & Sharma, P. (2016). Knowledge and attitudes of secondary and higher secondary school teachers toward mental illness in Ahmedabad. *Indian Journal of Social Psychiatry*, *32*(1), 56–62. <https://doi.org/10.4103/0971-9962.176770>
- Patchen, T. (2006). Engendering participation, deliberating dependence: Inner-city adolescents' perceptions of classroom practice. *Teachers College Record*, *108*(10), 2053–2079
- Patel, K., Caddy, C., & Tracy, D. K. (2018). Who do they think we are? Public perceptions of psychiatrists and psychologists. *Advances in Mental Health*, *16*(1), 65–76. <https://doi.org/10.1080/18387357.2017.1404433>
- Patel, V. (2018). Acting early: The key to preventing mental health problems. *Journal of the Royal Society of Medicine*, *111*(5), 153–157. <https://doi.org/10.1177/0141076818764995>
- Patel, V., Araya, R., Chatterjee, S., Chisholm, D., Cohen, A., De Silva, M., Hosman, C., McGuire, H., Rojas, G., & Van Ommeren, M. (2007). Treatment and prevention of mental disorders in low-income and middle-income countries. *The Lancet*, *370*(9591), 991–1005. [https://doi.org/10.1016/S0140-6736\(07\)61240-9](https://doi.org/10.1016/S0140-6736(07)61240-9)
- Periera, C., Mohandas, K., Chacko, A. T., Anju, I., Famila, E. R., Manju, G. S., Jayasree, M. S., Archana, S. S., & Meena, S. (2019). *Impact study of health education and life skill programme 'Ullasapparavakal' Standard III, IV and V national population education project state council for educational research and training (SCERT) Kerala*. SCERT.
- Phifer, L. W., & Hull, R. (2016). Helping students heal: Observations of trauma-informed practices in the schools. *School Mental Health*, *8*(1), 201–205. <https://doi.org/10.1007/s12310-016-9183-2>

- Pianta, R. C., Hamre, B. K., & Allen, J. P. (2012). *Teacher–student relationships and engagement: Conceptualizing, measuring, and improving the capacity of classroom interactions*.
- Polirstok, S. (2015). Classroom management strategies for inclusive classrooms. *Creative Education, 06*(10), 927–933. <https://doi.org/10.4236/ce.2015.610094>
- Postholm, M. B. (2013). Classroom management: What does research tell us? *European Educational Research Journal, 12*(3), 389–402. <https://doi.org/10.2304/eeerj.2013.12.3.389>
- Powers, J. D., Wegmann, K. M., Blackman, K. F., & Swick, D. C. (2014). Increasing access to mental health services in schools through community-engaged research: Results from a one-year pilot project. *School Social Work Journal, 39*(1), 73–89.
- Pozo-Rico, T., Poveda, R., Gutiérrez-Fresneda, R., Castejón, J. L., & Gilar-Corbi, R. (2023). Revamping teacher training for challenging times: Teachers' well-being, resilience, emotional intelligence, and innovative methodologies as key teaching competencies. *Psychology Research and Behavior Management, 16*, 1–18. <https://doi.org/10.2147/PRBM.S382572>
- Prabhu, V., Ashok, L., Kamath, V. G., Sekaran, V. C., Kamath, A., Padickaparambil, S., P Hegde, A., & Devaramane, V. (2021). What predicts mental health literacy among school teachers? *Ghana Medical Journal, 55*(2), 141–146. <https://doi.org/10.4314/gmj.v55i2.7>
- Pratiwi, N. I. (2022). Ability analysis of pedagogical content knowledge of prospective teacher students majoring in mathematics. *EduLine, 2*(2), 72–79.
- Praveenlal, K. (2013). Policy and programmes for mental health in Kerala. *BMC Proceedings, 7*(S5), Suppl. 5, O12. <https://doi.org/10.1186/1753-6561-7-S5-O12>
- Prest, J. L., Bowman, N., & Rose, C. A. (2020). Creating inclusive classroom communities through social and emotional learning to reduce social marginalization among students. In *Accessibility and diversity in education: Breakthroughs in research and practice* (pp. 183–200). IGI Global. <https://doi.org/10.4018/978-1-5225-2520-2.ch008>
- Puglisi, M. (2001). *The study of the futures: An overview of futures studies methodologies. Interdependency between agriculture and urbanization: Conflicts on sustainable use of soil water*. CIHEAM. Options Méditerranéennes, Série, A. Séminaires méditerranéens, 44, 439–463.
- Purgato, M., Uphoff, E., Singh, R., Thapa Pachya, A. T., Abdulmalik, J., & van Ginneken, N. (2020). Promotion, prevention and treatment interventions for mental health in low- and middle-income countries through a task-shifting approach. *Epidemiology and Psychiatric Sciences, 29*, e150. <https://doi.org/10.1017/S204579602000061X>
- Raimundo, R., Marques-Pinto, A., & Lima, M. L. (2013). The effects of a social-emotional learning program on elementary school children: The role of pupils' characteristics. *Psychology in the Schools, 50*(2), 165–180. <https://doi.org/10.1002/pits.21667>
- Rajak, R., & Chandra, B. (2017). Exploring predictors of burnout and work engagement among teachers-a review on higher educational institutions of India. *Journal of the Indian Academy of Applied Psychology, 43*(1), 145.
- Rajak, R., & Chandra, B. (2017). Exploring predictors of burnout and work engagement among teachers-a review on higher educational institutions of India. *Journal of the Indian Academy of Applied Psychology, 43*(1), 145.
- Rajkumar, E., Julia, G. J., Sri Lakshmi K, N. V., Ranjana, P. K., Manjima, M., Devi, R. R., Rukmini, D., Christina, G., Romate, J., Allen, J. G., Abraham, J., & Jacob, A. M. (2022).

- Prevalence of mental health problems among rural adolescents in India: A systematic review and meta-analysis. *Scientific Reports*, 12(1), 16573. <https://doi.org/10.1038/s41598-022-19731-2>
- Raman, V., School, T. S., & Mental Health Program in India. (2023). School Mental Health Program in India-Issues and possible practical solutions. *Indian Journal of Psychological Medicine*, 45(3), 283–288. <https://doi.org/10.1177/02537176231165033>
- Ramkumar, G. S. (2015). Mental health provisions in schools of Kerala: A narrative overview of programs and interventions. *Kerala Journal of Psychiatry*, 28(1), 82–93.
- Rath, T., & Conchie, B. (2008). *Strengths based leadership: Great leaders, teams, and why people follow*. Simon & Schuster.
- Read 2020 programme to develop skills among adolescents. (2020, September 3). <https://www.thehindu.com/news/national/kerala/read-2020-programme-to-develop-skills-among-adolescents/article32518472.ece>. *The Hindu*.
- Reddy, G. L., & Poornima, R. (2012). Occupational stress and professional burnout of University teachers in South India. *International Journal of Educational Planning & Administration*, 2(2), 109–124.
- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26(1), 1–13. <https://doi.org/10.1037/a0022714>
- Rigby, K., & Cox, I. (1996). The contribution of bullying at school and low self-esteem to acts of delinquency among Australian teenagers. *Personality and Individual Differences*, 21(4), 609–612. [https://doi.org/10.1016/0191-8869\(96\)00105-5](https://doi.org/10.1016/0191-8869(96)00105-5)
- Roberts, R. E., Fisher, P. W., Turner, J. B., & Tang, M. (2015) Estimating the burden of psychiatric disorders in adolescence: The impact of subthreshold disorders. *Social Psychiatry and Psychiatric Epidemiology*, 50(3), 397–406. <https://doi.org/10.1007/s00127-014-0972-3>
- Rosanbalm, K. D., & Murray, D. W. (2017). Promoting self-regulation in the first five years: A practice brief. OPRE. *Brief. Administration for Children and Families*, 2017–2079.
- Rosén, L. A., Taylor, S. A., O'Leary, S. G., & Sanderson, W. (1990). A survey of classroom management practices. *Journal of School Psychology*, 28(3), 257–269. [https://doi.org/10.1016/0022-4405\(90\)90016-Z](https://doi.org/10.1016/0022-4405(90)90016-Z)
- Rosenberg, M. (1965). Rosenberg Self-Esteem Scale (RSE). Acceptance and commitment therapy. *Measures Package*, 61(52), 18.
- Rossen, E., & Cowan, K. C. (2014). Improving mental health in schools. *Phi Delta Kappan*, 96(4), 8–13. <https://doi.org/10.1177/0031721714561438>
- Rothi, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education*, 24(5), 1217–1231. <https://doi.org/10.1016/j.tate.2007.09.011>
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs*, 80(1), 1–28. <https://doi.org/10.1037/h0092976>
- Rüsch, N., Evans-Lacko, S. E., Henderson, C., Flach, C., & Thornicroft, G. (2011). Knowledge and attitudes as predictors of intentions to seek help for and disclose a mental illness. *Psychiatric Services*, 62(6), 675–678. [https://doi.org/10.1176/ps.62.6.pss6206\\_0675](https://doi.org/10.1176/ps.62.6.pss6206_0675)

- Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Publications.
- Ryff, C. D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics*, 83(1), 10–28. <https://doi.org/10.1159/000353263>
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727. <https://doi.org/10.1037//0022-3514.69.4.719>
- Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9(1), 13–39. <https://doi.org/10.1007/s10902-006-9019-0>
- India State-Level Disease Burden Initiative Mental Disorders Collaborators. (2020). The burden of mental disorders across the states of India: The Global Burden of Disease Study 1990–2017. *The Lancet. Psychiatry*, 7(2), 148–161. [https://doi.org/10.1016/S2215-0366\(19\)30475-4](https://doi.org/10.1016/S2215-0366(19)30475-4)
- Salaheddin, K., & Mason, B. (2016). Identifying barriers to mental health help-seeking among young adults in the UK: A cross-sectional survey. *The British Journal of General Practice*, 66(651), e686–e692. <https://doi.org/10.3399/bjgp16X687313>
- Saraf, G., Chandra, P. S., Desai, G., & Rao, G. N. (2018). What adolescent girls know about mental health: Findings from a mental health literacy survey from an urban slum setting in India. *Indian Journal of Psychological Medicine*, 40(5), 433–439. [https://doi.org/10.4103/IJPSYM.IJPSYM\\_108\\_18](https://doi.org/10.4103/IJPSYM.IJPSYM_108_18)
- Saunders, M., Lewis, P., & Thornhill, A. (2016). *Research methods for business students* (7th ed.). Pearson.
- Saunders, N. K., Lewis, P., & Thornhill, A. (2019). *Research methods for business students* (8th ed.). Pearson Education.
- Schneider, M. (2013). Adolescence as a vulnerable period to alter rodent behaviour. *Cell and Tissue Research*, 354(1), 99–106. <https://doi.org/10.1007/s00441-013-1581-2>
- Schussler, D. L., Jennings, P. A., Sharp, J. E., & Frank, J. L. (2016). Improving teacher awareness and well-being through CARE: A qualitative analysis of the underlying mechanisms. *Mindfulness*, 7(1), 130–142. <https://doi.org/10.1007/s12671-015-0422-7>
- Schwarz, S. W. (2009). *Adolescent mental health in the United States*.
- Schwarz, S. W. (2009). Adolescent mental health in the United States: Facts for policymakers. *New York: National center for children in poverty (NCCP)*. Mailman School of Public Health Columbia University.
- Sebia, A., Shukla, R., & Chakraborty, S. (2022). NCERT. [https://ncert.nic.in/pdf/Mental\\_Health\\_WSS\\_A\\_Survey\\_new.pdf](https://ncert.nic.in/pdf/Mental_Health_WSS_A_Survey_new.pdf)
- Seden, K., Wangmo, S., & Dorji, K. (2020). Impact of classroom wellbeing on student learning: Bhutanese students' perceptions. *Journal of the International Society for Teacher Education*, 24(2), 30–44.
- Segool, N. K., Mathiason, J. B., Majewicz-Hefley, A., & Carlson, J. S. (2009). *Enhancing student mental health: Collaboration between medical professionals and school psychologists*.
- Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *The American Psychologist*, 55(1), 5–14. <https://doi.org/10.1037//0003-066x.55.1.5>

- Shah, H., & Kumar, D. (2012). Sensitizing the teachers towards school mental health issues: An Indian experience. *Community Mental Health Journal*, 48(4), 522–526. <https://doi.org/10.1007/s10597-011-9437-2>
- Shah, H., & Kumar, D. (2012). Sensitizing the teachers towards school mental health issues: An Indian experience. *Community Mental Health Journal*, 48(4), 522–526. <https://doi.org/10.1007/s10597-011-9437-2>
- Shank, M. K. (2023). Novice teachers' training and support needs in evidence-based classroom management. *Preventing School Failure: Alternative Education for Children and Youth*, 67(4), 197–208. <https://doi.org/10.1080/1045988X.2023.2195361>
- Shastri, P. C. (2009). Promotion and prevention in child mental health. *Indian Journal of Psychiatry*, 51(2), 88–95. <https://doi.org/10.4103/0019-5545.49447>
- Shelemy, L., Harvey, K., & Waite, P. (2019). Supporting students' mental health in schools: What do teachers want and need? *Emotional and Behavioural Difficulties*, 24(1), 100–116. <https://doi.org/10.1080/13632752.2019.1582742>
- Shidhaye, R., & Kermode, M. (2013). Stigma and discrimination as a barrier to mental health service utilization in India. *International Health*, 5(1), 6–8. <https://doi.org/10.1093/inthealth/ihs011>
- Shidhaye, R., Murhar, V., Gangale, S., Aldridge, L., Shastri, R., Parikh, R., Shrivastava, R., Damle, S., Raja, T., Nadkarni, A., & Patel, V. (2017). The effect of VISHRAM, a grass-roots community-based mental health programme, on the treatment gap for depression in rural communities in India: A population-based study. *The Lancet. Psychiatry*, 4(2), 128–135. [https://doi.org/10.1016/S2215-0366\(16\)30424-2](https://doi.org/10.1016/S2215-0366(16)30424-2)
- Shinde, D. S., Madhale, M. D., Panari, M. H., & Shanmugam, R. (2021). Effectiveness of video assisted teaching programme on knowledge regarding care of children on mechanical ventilator among staff nurses working in Paediatric Intensive Care Units of Selected Hospitals at Belgaum. *Annals of the Romanian Society for Cell Biology*, 7420–7436.
- Shu, K. (2022). Teachers' Commitment and self-efficacy as predictors of work engagement and well-being. *Frontiers in Psychology*, 13, 850204. <https://doi.org/10.3389/fpsyg.2022.850204>
- Shukla, A., & Trivedi, T. (2008). Burnout in Indian teachers. *Asia Pacific Education Review*, 9(3), 320–334. <https://doi.org/10.1007/BF03026720>
- Sideridis, G. D. (2007). Why are students with LD depressed? A goal orientation model of depression vulnerability. *Journal of Learning Disabilities*, 40(6), 526–539. <https://doi.org/10.1177/00222194070400060401>
- Siu, B. W., Chow, K. K., Lam, L. C., Chan, W. C., Tang, V. W., & Chui, W. W. (2012). A questionnaire survey on attitudes and understanding towards mental disorders. *East Asian Archives of Psychiatry*, 22(1), 18–24.
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194–200. <https://doi.org/10.1080/10705500802222972>
- Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, 53(1), 80–93. <https://doi.org/10.1037/0022-0167.53.1.80>

- Sturman, D. A., & Moghaddam, B. (2011). Reduced neuronal inhibition and coordination of adolescent prefrontal cortex during motivated behaviour. *The Journal of Neuroscience*, 31(4), 1471–1478. <https://doi.org/10.1523/JNEUROSCI.4210-10.2011>
- Sugai, G., & Horner, R. H. (2009). Responsiveness-to-intervention and school-wide positive behaviour supports: Integration of multi-tiered system approaches. *Exceptionality*, 17(4), 223–237. <https://doi.org/10.1080/09362830903235375>
- Sugai, G., & Simonsen, B. (2012). *Positive behavioural interventions and supports: History, defining features, and misconceptions*.
- Sulistiowati, N. M. D., Keliat, B. A., Ismail, I., & Besral, . (2020). Mental health and related factors among adolescents. *Enfermería Clínica*, 30, 111–116. <https://doi.org/10.1016/j.enfcli.2020.07.023>
- Sweetman, N. (2022). What is a trauma informed classroom? What Are the Benefits and Challenges Involved? *Frontiers in Education*, 7, 914448. <https://doi.org/10.3389/educ.2022.914448>
- Szalavitz, M., & Perry, B. D. (2011). *Born for love: Why empathy is essential – And endangered*. Morrow.
- Tang, S. Y. F., Wong, A. K. Y., & Cheng, M. M. H. (2015). The preparation of highly motivated and professionally competent teachers in initial teacher education. *Journal of Education for Teaching*, 41(2), 128–144. <https://doi.org/10.1080/02607476.2015.1010875>
- Taylor, C., Jennings, P. A., Harris, A., Schussler, D. L., & Roeser, R. W. (2019). *Embodied teacher mindfulness in the classroom: The Calm, Clear, Kind framework*.
- Teng, E., Venning, A., Winefield, H., & Crabb, S. (2015). Half full or half empty: The measurement of mental health and mental illness in emerging Australian adults. *Social Inquiry into Well-Being*, 1(1). <https://doi.org/10.13165/SIIW-15-1-1-01>
- Thornicroft, G. (2008). Stigma and discrimination limit access to mental health care. *Epidemiologia e Psichiatria Sociale*, 17(1), 14–19. <https://doi.org/10.1017/s1121189x00002621>
- Thorsborne, M., & Vinegrad, D. (2017). *Restorative practices in classrooms*. Routledge, Taylor & Francis Group.
- Timperley, H. S., & Robinson, V. M. (2000). Workload and the professional culture of teachers. *Educational Management and Administration*, 28(1), 47–62. <https://doi.org/10.1177/0263211X000281005>
- Tomé, G., de Matos, M. G., Reis, M., Ramiro, L., Coelho, F., Gomez-Baya, D., & Wiium, N. (2020). Positive Youth Development: The 5 C's effect in a School environment. *Erebea. Revista de Humanidades y Ciencias Sociales*, 10.
- Tomlinson, C. A., & Imbeau, M. B. (2023). *Leading and managing a differentiated classroom*. Ascd.
- Toolan, J. M. (1962). Depression in children and adolescents. *The American Journal of Orthopsychiatry*, 32(3), 404–415. <https://doi.org/10.1111/j.1939-0025.1962.tb00290.x>
- Toppo, M. R., & Manjhi, G. (2011, July 30). Burnout among para-teachers in India. Munich personal RePEc archive. <https://mpra.ub.uni-muenchen.de/43507/>
- van Doesum, K. T. M., & Hosman, C. M. H. (2009). Prevention of emotional problems and psychiatric risks in children of parents with a mental illness in the Netherlands: II.

- Interventions. *Australian e-Journal for the Advancement of Mental Health*, 8(3), 264–276. <https://doi.org/10.5172/jamh.8.3.264>
- Venkataraman, S., Patil, R., & Balasundaram, S. (2019). The need for assessing mental health literacy among teachers: An overview. *International Journal of Research in Medical Sciences*, 7(8), 3210. <https://doi.org/10.18203/2320-6012.ijrms20193422>
- Venkataraman, S., Patil, R., & Balasundaram, S. (2019). Why mental health literacy still matters: A review. *International Journal of Community Medicine and Public Health*, 6(6), 2723. <https://doi.org/10.18203/2394-6040.ijcmph20192350>
- Vigo, D., Thornicroft, G., & Atun, R. (2016). Estimating the true global burden of mental illness. *The Lancet. Psychiatry*, 3(2), 171–178. [https://doi.org/10.1016/S2215-0366\(15\)00505-2](https://doi.org/10.1016/S2215-0366(15)00505-2)
- Vijayan, P., Chakravarthi, S., & Arul Philips, J. A. (2016). The role of teachers' behaviour and strategies in managing a classroom environment. *International Journal of Social Science and Humanity*, 6(3), 208–215. <https://doi.org/10.7763/IJSSH.2016.V6.644>
- Vogel, D. L., Wade, N. G., Wester, S. R., Larson, L., & Hackler, A. H. (2007). Seeking help from a mental health professional: The influence of one's social network. *Journal of Clinical Psychology*, 63(3), 233–245. <https://doi.org/10.1002/jclp.20345>
- Wachtel, T. (2013). Defining restorative. <http://www.iirp.edu/pdf/Defining-Restorative.pdf>
- Wahdi, A. E., Wilopo, S. A., & Erskine, H. E. (2023). The prevalence of adolescent mental disorders in Indonesia: An analysis of Indonesia–national mental health survey (I-NAMHS). *Journal of Adolescent Health*, 72(3), Suppl. 70. <https://doi.org/10.1016/j.jadohealth.2022.11.143>
- Walter, H. J., Gouze, K., & Lim, K. G. (2006). Teachers' beliefs about mental health needs in inner city elementary schools. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(1), 61–68. <https://doi.org/10.1097/01.chi.0000187243.17824.6c>
- Wang, H., Hall, N. C., & Rahimi, S. (2015). Self-efficacy and causal attributions in teachers: Effects on burnout, job satisfaction, illness, and quitting intentions. *Teaching and Teacher Education*, 47, 120–130. <https://doi.org/10.1016/j.tate.2014.12.005>
- Wang, M. T., Degol, J. L., Amemiya, J., Parr, A., & Guo, J. (2020). Classroom climate and children's academic and psychological wellbeing: A systematic review and meta-analysis. *Developmental Review*, 57, 100912. <https://doi.org/10.1016/j.dr.2020.100912>
- Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International*, 26, Suppl. 1(suppl\_1), i29–i69. <https://doi.org/10.1093/heapro/dar075>
- Wei, X., Yu, J. W., & Shaver, D. (2014). Longitudinal effects of ADHD in children with learning disabilities or emotional disturbances. *Exceptional Children*, 80(2), 205–219. <https://doi.org/10.1177/001440291408000205>
- Wei, Y., Hayden, J. A., Kutcher, S., Zygmunt, A., & McGrath, P. (2013). The effectiveness of school mental health literacy programs to address knowledge, attitudes and help seeking among youth. *Early Intervention in Psychiatry*, 7(2), 109–121. <https://doi.org/10.1111/eip.12010>
- Weinmann, S., & Koesters, M. (2016). Mental health service provision in low and middle-income countries: Recent developments. *Current Opinion in Psychiatry*, 29(4), 270–275. <https://doi.org/10.1097/YCO.0000000000000256>

- Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development, 17*(2), 110–119. <https://doi.org/10.1007/s10804-009-9082-y>
- Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development, 17*(2), 110–119. <https://doi.org/10.1007/s10804-009-9082-y>
- Weston, D. A. (2014). *An analysis of the link between teacher perception of leadership and teacher retention in American overseas schools in the NESAs region*. Lehigh University.
- Whitley, J., Smith, J. D., & Vaillancourt, T. (2013). Promoting mental health literacy among educators: Critical in school-based prevention and intervention. *Canadian Journal of School Psychology, 28*(1), 56–70. <https://doi.org/10.1177/0829573512468852>
- Whitley, R. (2016). Ethno-racial variation in recovery from severe mental illness: A qualitative comparison. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie, 61*(6), 340–347. <https://doi.org/10.1177/0706743716643740>
- Williams, A. J., Maguire, K., Morrissey, K., Taylor, T., & Wyatt, K. (2020). Social cohesion, mental wellbeing and health-related quality of life among a cohort of social housing residents in Cornwall: A cross sectional study. *BMC Public Health, 20*(1), 985. <https://doi.org/10.1186/s12889-020-09078-6>
- World Health Organization. (2022). Mental health. [https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response/?gad\\_source=1&gclid=CjwKCAiA5L2tBhBTEiwAdSxJX9hcFAS3oz\\_Envl0vAAIqdf2IC1jMw\\_hp\\_kokdEVvcb4ZctcixaQ-BoCNLYQAvD\\_BwE](https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response/?gad_source=1&gclid=CjwKCAiA5L2tBhBTEiwAdSxJX9hcFAS3oz_Envl0vAAIqdf2IC1jMw_hp_kokdEVvcb4ZctcixaQ-BoCNLYQAvD_BwE). World Health Organization.
- Wu, I. H. C., Bathje, G. J., Kalibatseva, Z., Sung, D., Leong, F. T. L., & Collins-Eaglin, J. (2017). Stigma, mental health, and counseling service use: A person-centered approach to mental health stigma profiles. *Psychological Services, 14*(4), 490–501. <https://doi.org/10.1037/ser0000165>
- Yamaguchi, S., Foo, J. C., Kitagawa, Y., Togo, F., & Sasaki, T. (2021). A survey of mental health literacy in Japanese high school teachers. *BMC Psychiatry, 21*(1), 478. <https://doi.org/10.1186/s12888-021-03481-y>
- Yamaguchi, S., Foo, J. C., Nishida, A., Ogawa, S., Togo, F., & Sasaki, T. (2020). Mental health literacy programs for school teachers: A systematic review and narrative synthesis. *Early Intervention in Psychiatry, 14*(1), 14–25. <https://doi.org/10.1111/eip.12793>
- Yamamoto, K., & Dizney, H. F. (1968). Mental health knowledge among student teachers. *Community Mental Health Journal, 4*(2), 171–176. <https://doi.org/10.1007/BF01530701>
- Yoon, K. S., Garet, M., Birman, B., & Jacobson, R. (2007). *Examining the effects of mathematics and science professional development on teachers' instructional practice: Using professional development activity log*. Council of Chief State School Officers.
- Yulianti, P. D., Sugiharto, D. Y. P., Surjaningrum, E. R., & Hartini, N. (2021). Mental healthy literacy of teachers: A systematic literature review. *Journal of Educational, Health & Community Psychology (JEHCP), 10*(2).
- Zaky, E. A. (2016). Adolescence: A crucial transitional stage in human life. *Journal of Child and Adolescent Behaviour, 4*(6), 115–116.
- Zee, M., & Roorda, D. L. (2018). Student–teacher relationships in elementary school: The unique role of shyness, anxiety, and emotional problems. *Learning and Individual Differences, 67*, 156–166. <https://doi.org/10.1016/j.lindif.2018.08.006>



## **APPENDICES**

## Appendix A- Teacher Survey

### A1: Informed Consent Form-

**Title of the study: DESIGNING A MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS IN KERALA**

#### Information to the Participants

Hi, my name is Fathima M A (PhD Scholar, Department of Psychology, Prajyoti Niketan College). I am doing a study under the guidance of Dr Milu Maria Anto (Assistant Professor, Department of Psychology, Prajyoti Niketan College). This study aims to develop an awareness program for school teachers in order to sensitize them towards mental health problems in school students. The first phase of the study explores the teachers' current level of awareness and approach towards mental health problems in students and various individual factors associated with it. It is expected that this information will help improve the role of teachers as facilitators of youth mental health and well-being. Your participation in the study will involve responding to a survey, which will take about 15-20 min..

#### Undertaking by the investigator

Your consent to the above study is solicited. Your participation is completely voluntary. At any point during the study, you have the right to withdraw without giving any reason. You are free to contact the investigator for clarification or guidance, if so desired. No tangible or monetary benefits will be given for participating. The information obtained during the study will be used for the purpose of research, which may include research presentations and publications. However, the individual identities will not be revealed.

#### Consent

I ..... have been informed about the procedure of the study. I have understood that I have the right to withdraw at any time during the study. I am aware that participation in this study requires me to give about 15-20 min of my time to respond to a survey and that there are no tangible benefits associated with my participation. I, the undersigned, give my consent to be a participant of this study.

#### Signature of Participant

#### Signature of the Researcher

Name :

Fathima M A (PhD Scholar,)

Date :

Dept of Psychology, Prajyoti Niketan College

Contact (email/phone):

Contact:9207288855, [psy.fathima@gmail.com](mailto:psy.fathima@gmail.com).

#### Research Guide .

Dr Milu Maria Anto (Assistant Professor)  
Dept of Psychology, Prajyoti Niketan College

Prajyoti Niketan College Pudukad, Thrissur, Kerala - India-  
680301 E-mail: [prajyotinetancollege@gmail.com](mailto:prajyotinetancollege@gmail.com), Phone.: 0480  
2752885, 9387275202



### A 3: Vignette Based Questions

The following scenario is about an imaginary student.  
Read the passage carefully and answer the following questions.

A student in 10th std was observed to be behaving differently for the past few weeks. He appeared uninterested in spending time or talking with his classmates. His mother reported that he is not eating properly at home, and most days he brings back his school lunch without eating. He appears to have also lost weight.

Most of the other teachers have complained that he is not paying attention and tends to fall asleep during class. His mother also reported that he is sleeping very late at night. He is an average performer in academics. However, in the recent exams, even though he passed all the subjects, he scored very low marks.

1. In your opinion, what problem is the student facing?

.....  
.....

2. Do you think this student is facing any mental health problems?

Yes       No      (If yes , what do you think is the problem? \_\_\_\_\_)

3. How will you respond to such students ?

- Will reprimand/ scold the student and instruct them to perform better
- Talk to the student and listen to what their concerns are
- Call parents and instruct them to look into what the issue is
- Refer the student to a professional (psychologist, psychiatrist, counsellor etc)
- Ignore it as the student is not causing any disturbance in class and is passing all subjects

If you will respond in other ways, please mention them below:

-----  
-----  
-----

### A4: Mental Health Literacy Questionnaire

The next set of questions helps with understanding your knowledge about mental health. Read all of the questions carefully and indicate how much you agree/ disagree with each statement.

1.....2.....3.....4.....5  
**Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree**

1	Physical exercise contributes to good mental health	1	2	3	4	5
2	A person with depression feels very miserable	1	2	3	4	5
3	People with schizophrenia usually have delusions (e.g., they may believe they are constantly followed and observed)	1	2	3	4	5 <input type="checkbox"/>
4	If I had a mental disorder I would seek my relatives' help	1	2	3	4	5
5	If someone close to me had a mental disorder, I would encourage her/him to look for a psychologist	1	2	3	4	5
6	Mental disorders don't affect people's behaviors	1	2	3	4	5
7	Sleeping well contributes to good mental health	1	2	3	4	5
8	If I had a mental disorder I would seek a psychologist's help	1	2	3	4	5
9	A person with anxiety disorder may panic in situations that she/he fears	1	2	3	4	5
10	People with mental disorders belong to low-income families	1	2	3	4	5
11	If someone close to me had a mental disorder, I would listen to her/him without judging or criticizing	1	2	3	4	5
12	Alcohol use may cause mental disorders	1	2	3	4	5
13	Mental disorders don't affect people's feelings	1	2	3	4	5
14	The sooner mental disorders are identified and treated, the better	1	2	3	4	5
15	Only adults have mental disorders	1	2	3	4	5
16	Changes in brain function may lead to the onset of mental disorders	1	2	3	4	5
17	If someone close to me had a mental disorder, I would encourage her/him to see a psychiatrist	1	2	3	4	5
18	If I had a mental disorder I would seek friends' help	1	2	3	4	5
19	A balanced diet contributes to good mental health	1	2	3	4	5
20	One of the symptoms of depression is the loss of interest or pleasure in most things	1	2	3	4	5
21	If someone close to me had a mental disorder, I could not be of any assistance	1	2	3	4	5
22	The symptom's length is one of the important criteria for the diagnosis of a mental disorder	1	2	3	4	5
23	Depression is not a true mental disorder	1	2	3	4	5
24	Drug addiction may cause mental disorders	1	2	3	4	5
25	Mental disorders affect people's thoughts	1	2	3	4	5
26	Doing something enjoyable contributes to a good mental health	1	2	3	4	5
27	A person with schizophrenia may see and hear things that nobody else sees and hears	1	2	3	4	5
28	Highly stressful situations may cause mental disorders	1	2	3	4	5
29	If I had a mental disorder I would seek a psychiatrist's help	1	2	3	4	5

## **Appendix B- Teacher Focused Group Discussion**

### **B 1: Message to Teachers**

---

#### **Study on School Mental Health**

My name is Fathima. I am a PhD Scholar from Kerala. My research work is in the area of **School Mental Health**. As a part of my research work, I will be conducting some online discussions to get to know the teachers' understanding of mental health I am looking for **high school and higher secondary school teachers** (with at least 1 year experience in any syllabus) in Kerala to participate in these discussions. The online discussion will have 6-8 participants and a moderator. The medium will be either English/Malayalam according to the convenience of the participants. The date and time will be fixed according to the convenience of the participants. **There will only be one discussion, and the duration of the discussion will be 45 min - 1 hr.** The input from teachers will be beneficial in developing programs to enhance school mental health. If you are a school teacher and interested in taking part in my study, kindly send a message to the contact number or email id given below. Those who participate in the study will get a **chance to attend an online awareness programme** conducted by the researcher **during April- May 2021 free of charge.**

It will be a huge help if you can spread the word and forward it to teachers you know.

Regards,

**Fathima M A** (Researcher)  
PhD Scholar, Dept of Psychology  
Prajyoti Niketan College, Thrissur  
(University of Calicut Research Center)

**Dr. Milu Maria Anto** (Research Guide)  
Head, Dept of Psychology  
Prajyoti Niketan College  
(University of Calicut Research Center)

Ph: **9207288855**  
Email : **psy.fathima@gmail.com**

---

## B2 : Informed Consent Form

**Title of the study: DESIGNING A MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS IN KERALA**

### **Information to the Participants**

Hi, my name is Fathima M A (PhD Scholar, Department of Psychology, Prajyoti Niketan College). I am doing a study under the guidance of Dr Milu Maria Anto (Assistant Professor, Department of Psychology, Prajyoti Niketan College). This study aims to develop an awareness program for school teachers in order to sensitize them towards mental health problems in school students. The first phase of the study explores the teachers' current level of awareness and approach towards mental health problems in students and various individual factors associated with it. It is expected that this information will help improve the role of teachers as facilitators of youth mental health and wellbeing. Your participation in the study will involve a group discussion of 45 min - 1 hr and it will be recorded.

### **Undertaking by the investigator**

Your consent to the above study is solicited. Your participation is completely voluntary. At any point during the study, you have the right to withdraw without giving any reason. You are free to contact the investigator for clarification or guidance, if so desired. No tangible or monetary benefits will be given for participating. The information obtained during the study will be used for the purpose of research, which may include research presentations and publications. However, the individual identities will not be revealed.

### **Consent**

I ..... have been informed about the procedure of the study. I have understood that I have the right to withdraw at any time during the study. I am aware that participation in this study requires me to give about 45min - 1 hr of my time to engage in group discussion that will be recorded and that there are no tangible benefits associated with my participation. I, the undersigned, give my consent to be a participant of this study.

### **Signature of Participant**

Name :

Date :

Contact (email/phone):

### **Signature of the Researcher**

Fathima M A (PhD Scholar,)

Dept of Psychology, Prajyoti Niketan College

Contact:9207288855, [psy.fathima@gmail.com](mailto:psy.fathima@gmail.com).

### **Research Guide .**

Dr Milu Maria Anto (Assistant Professor)

Dept of Psychology, Prajyoti Niketan College

Prajyoti Niketan College Pudukad, Thrissur, Kerala - India-  
680301 E-mail: [prajyotinetancollege@gmail.com](mailto:prajyotinetancollege@gmail.com), Phone.: 0480  
2752885, 9387275202

### **B3 : Focused Group Discussion Schedule**

#### **Background Information**

1. Name
2. Age
3. Qualification
4. Marital status
5. Children
6. Years of experience
7. Subject teaching
8. Workshop/training /seminar about mental health
9. (When? Type? Duration? Resource person?)
10. Have you faced any mental health issues?
11. (if yes, what?)
12. Have you sought help for it?
13. (if yes from whom, experience? )
14. Has any of your relatives/friends faced a mental health problem?
15. (if yes, what?)
16. Have they sought help? (if yes from whom, experience?)

#### **Main Questions**

1. **What is your understanding about mental health ?** (What is mental health, its importance)
2. **What are mental health problems?**(What causes it? Biological? Any particular MHP you are aware of? )
3. **Who is more likely to get mental health problems?** (Adults /Children?)
4. **How confident are you in handling your own stress?** (What are various strategies that helped you?)
5. **What are the possible reasons for poor academic performance?** (Lack of effort from the child? Teaching strategies not suitable for the student? Learning disability? Mental health problems? )
6. **As a teacher what is your final goal for students?** -(Academic excellence or overall development ? A student with good marks or balanced emotion and compassion)
7. **What is your opinion about seeking help for mental health problems?** (Is it okay to take help for mental health problems or one should be able to solve one's own problem?? )
8. **Who are mental health professionals? What do they do ??** (Difference between psychologist and psychiatrist), (Is talk therapy effective?Is medicine required?)
9. **If you find a student engaging in harmful activity (drug use, toxic relationship, aggression), do you have the confidence to communicate with the student or handle the issue?** ( If yes, what would you do?)
10. **What are some of the strategies you have found effective to have good relationships with students?**
11. **What is your understanding about bullying?** (What is bullying? How to handle bullying? Why does a child bully?)
12. **What are, in your understanding, the warning signs that are indicative of mental health problems in students?** (How can you identify if a child is having a mental health issue? What would be your first step if you recognize the child has issues? What if you cannot handle it at school level?)
13. **As teachers, what do you think you can do to help children develop positive mental health?** (Increase self-esteem, confidence etc? Preventing mental health problems.)
14. **When would you like to receive training about all this ?B.Ed., in school, booster training?** (if it's a 2-day training, 10 hours in the schools you are working? as a paper in BEd, case study examples in BEd?)
15. **Any more relevant questions you think should be included in this discussion? Comments?**

## **Appendix C- Teacher Interview**

### **C 1: Message to Teachers**

---

#### **Study on School Mental Health**

My name is Fathima. I am a PhD Scholar from Kerala. My research work is in the area of **School Mental Health**. As a part of my research work I am planning to conduct telephonic interviews of high school and higher secondary school teachers (with at least 1 year experience in any syllabus) in Kerala. The medium will be either English/Malayalam according to the convenience of the participants. The date and time will be fixed according to the convenience of the participants. Duration of the interview would be approximately 30 min. The input from teachers will be beneficial in developing programs to enhance school mental health. If you are a school teacher and interested in taking part in my study, kindly send a message to the contact number or email id given below. It will be a huge help if you can spread the word and forward it to teachers you know.

Regards,

**Fathima M A** (Researcher)  
PhD Scholar, Dept of Psychology  
Prajyoti Niketan College, Thrissur  
(University of Calicut Research Center)

**Dr. Milu Maria Anto** (Research Guide)  
Head, Dept of Psychology  
Prajyoti Niketan College  
(University of Calicut Research Center)

Ph: **9207288855**  
Email : **psy.fathima@gmail.com**

---

## C 2: Informed Consent Form

**Title of the study: DESIGNING A MENTAL HEALTH AWARENESS PROGRAM FOR SCHOOL TEACHERS IN KERALA**

### **Information to the Participants**

Hi, my name is Fathima M A (PhD Scholar, Department of Psychology, Prajyoti Niketan College). I am doing a study under the guidance of Dr Milu Maria Anto (Assistant Professor, Department of Psychology, Prajyoti Niketan College) This study aims to develop an awareness program for school teachers in order to sensitize them towards mental health problems in school students. The first phase of the study explores the teachers' current level of awareness and approach towards mental health problems in students and various individual factors associated with it. It is expected that this information will help improve the role of teachers as facilitators of youth mental health and well-being. Your participation in the study will involve responding to telephonic interview questions that will take approximately 30 minutes and it will be recorded.

### **Undertaking by the investigator**

Your consent to the above study is solicited. Your participation is completely voluntary. At any point during the study, you have the right to withdraw without giving any reason. You are free to contact the investigator for clarification or guidance, if so desired. No tangible or monetary benefits will be given for participating. The information obtained during the study will be used for the purpose of research, which may include research presentations and publications, however the individual identities will not be revealed.

### **Consent**

I ..... have been informed about the procedure of the study. I have understood that I have the right to withdraw at any time during the study. I am aware that participation in this study requires me to give about 30 minutes of my time for answering telephonic interview questions that will be recorded and that there are no tangible benefits associated with my participation. I, the undersigned, give my consent to be a participant of this study.

### **Signature of Participant**

### **Signature of the Researcher**

Name :

Fathima M A (PhD Scholar,)

Date :

Dept of Psychology, Prajyoti Niketan College

Contact (email/phone):

Contact:9207288855, [psy.fathima@gmail.com](mailto:psy.fathima@gmail.com).

### **Research Guide .**

Dr Milu Maria Anto (Assistant Professor)

Dept of Psychology, Prajyoti Niketan College

Prajyoti Niketan College Pudukad, Thrissur, Kerala - India-  
680301 E-mail: [prajyotiniketancollege@gmail.com](mailto:prajyotiniketancollege@gmail.com), Phone.: 0480  
2752885, 9387275202

### C 3 : Interview Schedule

#### Background Information

1. Name
2. Age
3. Qualification
4. Marital status
5. Children
6. Years of experience
7. Subject teaching
8. Workshop/training /seminar about mental health
  - a. (When? Type? Duration? Resource person?)
9. Have you faced any Mental health issues?
  - a. (if yes, what?)
10. Have you sought help for it?
  - a. (if yes from whom, experience? )
11. Has any of your relatives/friends faced a mental health problem?
  - a. (if yes, what?)
12. Have they sought help? (if yes from whom, experience? )

#### Main Interview Questions

1. **What is your understanding about mental health ?**
  - a. What is mental health?
  - b. Its importance.
2. **What are mental health problems ?**
  - a. What causes it?
  - b. Biological?
  - c. Any particular Mental Health Problem you are aware of?
3. **Who is likely to get mental health problems?**
  - a. (Older people/ Adults /children ? )
  - b. Men/women?
4. **How confident are you in handling your own stress?**
  - a. What are different stresses you face, what usually stresses you?
  - b. Various strategies that helped you.
5. **What is your opinion about seeking help for mental health problems?**
  - a. Is it okay to take help for mental health problems or one should be able to solve one's own problem??
  - b. Seeking help shows one's weakness.
  - c. Who can we seek help from? If you had an issue, who would you go to first?
  - d. Would you go to a mental health professional?
  - e. If not, what is the difficulty you have in going to a mental health professional?
6. **Who are mental health professionals?**
  - a. Can you name a few mental health professionals you know?
  - b. Do you think mental health professionals need to be qualified? Or can anyone become one with some basic training?
  - c. Difference between counsellor, clinical psychologist and psychiatrist.
  - d. Is talk therapy effective, or are medicines required?

7. **As a teacher what is your final goal for students?**
  - a. Academic excellence or overall development i.e., a student with good marks or balanced emotion and compassion.
  - b. What do you mean by overall development?
8. **What are the possible reasons for poor academic performance?**
  - a. Lack of effort from the child?
  - b. Teaching strategies not suitable for the children?
    1. Learning disability?
    2. Mental health problems?
9. **If you find a student engaging in harmful activities**
  - a. What are the usual harmful activities that you find students engaging in?
    1. **(drug use, toxic relationship, aggression),**
    2. **Do you have the confidence to communicate with the student or handle the issue?**
  - b. (If yes, what would you do ?)
  - c. Would you refer them to mental health professionals? (if yes, whom? If not, why?)
10. **What are some of the strategies you have found effective to have good relationships with students?**
11. **Do you know about bullying?**
  - a. What is bullying?
  - b. Are you aware of the impacts of body shaming, ridiculing etc.
  - c. How can you handle bullying ?
  - d. Why does a child bully?
  - e. Will you refer such children to a mental health professional?
12. **What are, in your understanding, the warning signs that are indicative of mental health problems in students?**
  - a. How can you identify if a child is having a mental health issue?
  - b. What would be your first step if you recognize the child has issues?
  - c. What if you cannot handle it at school level?
  - d. Will you involve parents?
  - e. Will you refer them to a mental health professional?
13. **As teachers, what do you think you can do to help children develop positive mental health?**
  - a. How to increase self-esteem and confidence in students?
  - b. Preventing mental health problems.
  - c. Increasing resilience.
  - d. Equipping them to seek help if necessary.
14. **When would you like to receive training about all this?**
  - a. **Adding practical elements/ case study in Bed. along with theory?**
  - b. **Training sessions in school?**
    1. If it's 2-day training, 10 hours in the schools you are working, with case study examples; would that help?
15. **Any further comments or suggestions?**

## Appendix D- Student Survey

### D 1: Informed Consent Form

#### Dear Participant,

Thank you for your interest in participating in our Assessment. This form is designed to gather information about your general level of well-being and your understanding of mental health. The purpose of this assessment is to gain insights into the general well-being and mental health awareness of students. The collected data will be used to design a program that aims to support and enhance the overall mental health of participants.

Filling out this form is estimated to take approximately 20 minutes of your time. Your responses will be kept confidential, and all data collected will be anonymized. No personally identifiable information will be disclosed or used in any way that could compromise your privacy. Participation in this assessment is entirely voluntary. You are free to skip any questions you do not wish to answer, and you can withdraw from the assessment at any time without consequence.

#### Undertaking by the investigator

Your consent to the above study is solicited. Your participation is completely voluntary. At any point during the study, you have the right to withdraw without giving any reason. You are free to contact the investigator for clarification or guidance, if so desired. No tangible or monetary benefits will be given for participating. The information obtained during the study will be used for the purpose of research, which may include research presentations and publications, however the individual identities will not be revealed.

#### Consent

I ..... have been informed about the procedure of the study. I have understood that I have the right to withdraw at any time during the study. I am aware that participation in this study requires me to give about 20 minutes of my time for answering questionnaires and that there are no tangible benefits associated with my participation. I, the undersigned, give my consent to be a participant of this study.

#### Signature of Participant

Name :  
Date :  
Contact (email/phone):

#### Signature of the Researcher

Fathima M A (PhD Scholar.)  
Dept of Psychology, Prajyoti Niketan College  
Contact:9207288855, [psy.fathima@gmail.com](mailto:psy.fathima@gmail.com).

#### Research Guide .

Dr Milu Maria Anto (Assistant Professor)  
Dept of Psychology, Prajyoti Niketan College

Prajyoti Niketan College Pudukad, Thrissur, Kerala - India-  
680301 E-mail: [prajyotinetancollege@gmail.com](mailto:prajyotinetancollege@gmail.com), Phone.: 0480  
2752885, 9387275202

I Agree

**D 2: Personal Data Sheet**

- 1 READ Roll Number
- 2 Age
- 3 Gender
- 4 Class/ Standard
- 5 Syllabus
- 6 Mother's Educational Qualification
- 7 Mother's Occupation
- 8 Father's Educational Qualification
- 9 Father's Occupation
- 10 Siblings
- 11 Approximate Family Income (Monthly)
- 12 Place of Residence

**D 3: Rosenberg Self Esteem Scale**

**(Rosenberg, 1965)**

1. On the whole, I am satisfied with myself. .	Strongly Agree	Agree	Disagree	Strongly Disagree
2. At times, I think I am no good at all. .	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I feel that I have a number of good qualities. .	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I am able to do things as well as most other people.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. I feel I do not have much to be proud of. .	Strongly Agree	Agree	Disagree	Strongly Disagree
6. I certainly feel useless at times. .	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I feel that I'm a person of worth, at least on an equal plane with others.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. I wish I could have more respect for myself. .	Strongly Agree	Agree	Disagree	Strongly Disagree
9. All in all, I am inclined to feel that I am a failure. .	Strongly Agree	Agree	Disagree	Strongly Disagree
10. I take a positive attitude toward myself. .	Strongly Agree	Agree	Disagree	Strongly Disagree

**D 4: Brief Resilience Scale**

**(Smith et al., 2008)**

1	I tend to bounce back quickly after hard times.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2	I have a hard time making it through stressful events.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3	It does not take me long to recover from a stressful event.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4	It is hard for me to snap back when something bad happens.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	I usually come through difficult times with little trouble.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6	I tend to take a long time to get over set-backs in my life.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the totalsum by the total number of questions answered.

Score: \_\_\_\_\_ item average / 6

**D 5: Locus of Control Scale**

**(Levenson, 1972)**

1	Whether or not I get to be a leader depends mostly on my ability.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
2	To a great extent my life is controlled by accidental happenings.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
3	I feel that what happens in my life is mostly determined by powerful people.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
4	Whether or not I get into a car accident depends mostly on how good a driver I am.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
5	When I make plans, I am almost certain to make them work.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
6	Often there is no chance of protecting my personal interests from bad luck.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
7	When I get what I want, it's usually because I'm lucky.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
8	Although I might have a good ability, I will not be given leadership responsibility without appealing to those in positions of power.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
9	How many friends I have depends on how nice a person I am.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
10	I have often found that what is going to happen will happen.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
11	My life is chiefly controlled by powerful others.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
12	Whether or not I get into a car accident is mostly a matter of luck.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
13	People like myself have very little chance of protecting our personal interests when in conflict with those of strong pressure groups.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
14	It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
15	Getting what I want requires pleasing those people above me.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree

16	Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
17	If important people were to decide they didn't like me, I probably wouldn't make many friends.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
18	I can pretty much determine what will happen in my life.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
19	I am usually able to protect my personal interests.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
20	Whether or not I get into a car accident depends mostly on the other driver.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
21	When I get what I want, it's usually because I worked hard for it.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
22	In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
23	My life is determined by my own actions.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
24	It's chiefly a matter of fate whether or not I have a few friends or many friends.	Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree

### Scoring

Total responses for the items listed under each of the three parts of the scale; add +24 to each of three totals.

Internal Locus of Control: Total your responses for 1, 4, 5, 9, 18, 19, 21, and 23; then add +24.

Score: \_\_\_\_\_

Powerful Others: Total your responses for 3, 8, 11, 13, 15, 17, 20, and 22; then add +24.

Score: \_\_\_\_\_

Chance: Total your responses for 2, 6, 7, 10, 12, 14, 16, and 24; then add +24.

Score: \_\_\_\_\_

Scores should be between 0 and 48. A high rating on the Internal Locus of Control scale indicates that you have a strong internal locus of control. An internal locus of control can be helpful for successful behaviour change.

High ratings on either the Powerful Others scale or the Chance scale indicate a strong external locus of control. If you rate high on the Powerful Others scale, you typically believe that your fate is controlled by other people; if you rate high on the Chance scale, you believe your fate is controlled by chance.

### D 6: Open Ended Questions

1. What is "Mental Health" according to you?
2. What are mental health problems?
3. What do you think cause mental health problems?
4. You are facing a stressful period in life, and you are finding it difficult to manage on your own,

Not at all.....Very Likely					
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5
0	1	2	3	4	5

- How likely are you to seek the help of your friends?
- How likely are you to seek the help of your parents?
- How likely are you to seek the help of your teachers?
- How likely are you to seek the help of a metal health professional (psychiatrist/ clinical psychologist/counsellor)?

5. You would feel more comfortable to approach your parents for help during a stressful period if they are ... (complete the sentence)
6. You would feel more comfortable to approach your teachers for help during a stressful period if they are ... (complete the sentence)
7. Do you know the difference between a psychiatrist and a psychologist? If yes, what is it?

## **Appendix E- Interview Schedule (Experts)**

### **Personal Details**

1. Name
2. Age
3. Gender
4. Qualification
5. Designation
6. Experience

### **Interview Questions**

1. What is your observation on general mental health among teachers (school teachers)?
2. Do you think they specifically need more awareness in any particular area in student mental health? If yes, elaborate.
3. When should the teachers be trained in student mental health?
4. What are the practical difficulties in training teachers according to your point of view?
5. Any other suggestions or inputs for developing a mental health awareness programme for school teachers?

## Appendix F- Program Handouts

### F 1: Day 1 Handout

Page | 1

Mental Health Awareness Program for School Teachers	Resource Person: Fathima M A
Day 1: Understanding Development & Wellbeing	Date : 29.03.2023 , 2pm – 6pm (Zoom)

#### Outline of Topics

- **Introductory Session**
  - Definition of Mental Health
  - Definition of Mental Health Awareness
  - Mental Health Disorders: Statistics: India, Kerala
  - Way Ahead: Primary, Secondary, and Tertiary Prevention
  - Focus on Adolescent Mental Health
  - Roles of Schools and Teachers
  - Benefits of Mental Health Awareness Among Teachers
  - Current Status of Mental Health Awareness Programs
  - Changes included in this Program
- **Information Session1: Biology of Mental Health**
  - Expected Learning Outcomes.
    - Understanding about basics of the human brain: structure and function
    - Understanding the development of the brain and body, specifically in adolescence
    - Understanding About Fight/Flight/Freeze response to stress
    - Understanding about Window of Tolerance and Co-regulation
  - Nervous system classification. Central peripheral.
  - Brain.
  - Neurotransmitters.
  - Parts of brain. Hemispheres/lobes.
  - Development of brain.- maturation. Primitive brain. Emotional brain thinking brain.
  - Prefrontal cortex- underdeveloped in adolescence.
  - Brain and stress. Coping fight flight freeze responses.
  - Upstairs and downstairs Brain.
  - Mirror neurons. Co regulation.
  - Understanding biology of mental health and development. :Implications. To teachers
- **Information Session 2: Psychosocial Development**
  - Expected learning outcomes.
    - Understanding about various psychosocial domains of development, Cognition, Emotion, Motivation, Development of Personality and Identity Formation ,Attachment Style and Interpersonal Relationships, Sexuality
    - Have Realistic Expectation from Adolescents based on their developmental stage
  - Cognition and cognitive development. [Egocentrism, individuation]
  - Emotions. [Types. Regulating skills not fully developed in adolescence., mood swings]
  - Motivation, [intrinsic versus extrinsic.]
  - Personality development. Open brackets, identity formation, role confusion.]
  - Relationships. Open Brackets attachment. Secure vs insecure., Peer relationships, more important]
  - Sexuality development. [Important terms., Adolescent sexuality, comprehensive sexual health and education.]

- **Information Session 3: Factors Influencing Mental Health and Wellbeing**
  - Expected Learning Outcomes
    - Understanding Well-being, beyond the absence of illness
    - Understanding about Bio- Psycho Social Aspects that influence wellbeing
    - Understanding stress and stress response
    - Understanding the Impact of Adverse Childhood Experiences
    - Mental Health Distress vs. Disorders
  - Wellbeing. [beyond mental illness]
  - Factors influencing. Wellbeing: Biopsychosocial.
  - Biological factors.
    - Genetics and heredity.
    - Brain chemistry, Neurotransmitters. Variations.
    - Brain structure and function variation.
    - Hormonal changes
    - Vitamin mineral deficiency.
    - Physical illness. Disability.
    - Temperament.
    - Intelligence.
  - Psychological factors.
    - Coping skills. Adaptive vs Maladaptive.
    - Self Esteem.
    - Attitudes and beliefs.
    - Emotional regulation.
    - Cognitive Distortions.
    - learned helplessness.
    - Identity.
  - Social factors.
    - School related factors.
    - Socio economic status.
    - Culture.
    - Social inequality, [ gender, class cast. etc+]
    - Social skills.
  - Family relationships.
    - Parenting. Authoritarian. Permissive. Neglectful. Authoritative.
    - Helicopter parenting.
    - Parental marital discord. Divorce slash separation.
    - Loss of parent
    - Edwards childhood experiences. Abuse. Neglect. Family dysfunction
  - Trauma.
    - Big T traumas. Small t traumas.
    - How trauma affects development. Physical development. Psychological development. And learning.
  - Distress vs disorder.
    - Stress level and performance.
    - Distress vs disorder.
    - Distress, self care and social support.
    - Disorder. Professional care. And treatment.

## F 2: Day 2 Handout

Page | 1

Mental Health Awareness Program for School Teachers	Resource Person: Fathima M A
Day 1: Mental Health and Neurodevelopmental Problems	Date : 30.04.2023 , 2pm – 6pm (Zoom)

### Outline of Topics

- **Expected Learning Outcomes**
  - Basic Understanding of Neurodevelopmental Conditions
  - Basic Understanding of Various Mental Health Conditions
  - Understanding About Warning Signs
  - Psychological First Aid
  - Mental Health Professionals and Help-Seeking
- **Disclaimer**
  - The information is for awareness purpose and not sufficient for diagnosis, kindly meet a professional if suspecting any disorder
- **Neuro Developmental Problems**
  - Intellectual Variations
    - Intelligence, IQ, IQ test
    - Borderline intelligence and Mild Intellectual Disability
    - Giftedness
    - How teachers can support children with intellectual variation
  - Autism Spectrum Disorder (ASD)
    - Definition and Major Characteristics
    - Three Levels of functioning in ADHD
    - ASD without language or intellectual impairment
    - Typical brain vs brain in ASD
    - Strategies to support students with ASD
  - Attention Deficit Hyperactivity Disorder (ADHD)
    - Definition 3 Major Features. In attention., impulsivity, hyperactivity.
    - Adult ADHD.
    - Brain functioning in ADHD.
    - ADHD and disruptive behaviour.
    - Strategies to help students with ADHD.
  - Learning Disorder
    - Definition. And Major types. Dyslexia, dysgraphia dyspraxia, dyscalculia.
    - Typical brain versus dyslexic brain.
    - Characteristics of Learning disability.
    - Ways to help students with learning disability.
- **Emotional Problems**
  - Depression
    - Symptoms. Emotional symptoms, Thoughts. Physical symptoms, behaviour.
    - Downward spiral of depression.
    - Signs of teen depression.
    - Causes and risk factors.
  - Bipolar Disorder
    - Depression and mania.
    - Definition of Mania.
    - Causes., Brain in bipolar disorder.
  - Anxiety Disorder

- Anxiety versus anxiety disorder.
  - Anxious brain.
  - Generalised anxiety disorder. [ Constant anxiety.]
  - Panic disorder. [ Episodes of intense anxiety.]
  - Social Anxiety disorder. [Anxiety with respect to social interaction.]
  - Phobia. [Excessive fear of specific object or situation.]
- Obsessive Compulsive Disorder
  - Obsessions and compulsions.
  - Obsessive compulsive cycle.
  - OCD types- Contamination checking. Symmetry. Intrusive Thoughts hoarding
  - OCD brain.
- Trauma Related Disorder
  - Bing T traumas, small T traumas.
  - PTSD symptoms. impact of childhood trauma.
  - Dissociation. [Depersonalization. Derealization. Memory loss.] Features of dissociative disorder.
- Psychosis: Definition and features.
- **Behavioral and related Problems**
  - Oppositional Defiant Disorder [Defiant behaviour.]
  - Conduct Disorder [rule breaking behavior.]
  - Personality Disorder [paranoid., avoidant, Narcissistic., antisocial, borderline.]
  - Addiction (Substance Use, Behavioral Addiction)
  - Substance use Disorder [tolerance. Craving. Withdrawal. Erratic behaviour.]
  - Internet and gaming addiction
  - Food Addiction
  - Porn Addiction
  - Social Media Addiction
  - Self Harm Behavior [Nonsuicidal self harm. Out of helplessness.]
  - Suicidal Behavior [Suicidal intent. Lethality. Death wishes.]
- **Facilitating Mental Health Help Seeking**
  - Noticing Warning signs [noticeable. Changes in classroom behaviour.]
  - Psychological First Aid [Ensuring safety. Help and stabilization. Facilitate. Sufficient support and help.]
  - Various Mental Health Professionals
    - Psychologists and Counsellors
    - Clinical Psychologists
    - Psychiatrists
    - Psychiatric Social Workers
    - Special Educators and Remedial Trainers
  - Psychotherapy (In depth psychological intervention) vs Counselling (Short term support)
  - Role of Medication
  - Whom and When to Refer
  - How teachers can support students with mental health problems
    - Noticing variations and talking to students.
    - Involving. Parents, school counsellors and school authorities if required.
    - Suggesting referral to. Appropriate professionals.
    - Continued classroom support.

## F 3: Day 3 Handout

Page | 1

Mental Health Awareness Program for School Teachers	Resource Person: Fathima M A
Day 3: teacher Self Care	Date : 06.05.2023 , 2pm – 6pm (Zoom)

### Outline of Topics

- **Expected Learning Outcomes**
  - Understanding about. Burnout.
  - Importance of teacher self-care.
  - Physical, Psychological, social, self-care.
  - Seeking help.
- **Importance of teacher self care.**
  - What is burnout?
  - Signs of burnout.
  - Benefits of self-care.
- **Physical well-being.**
  - Sleep.
    - Benefits of adequate sleep.
    - Sleep hygiene practices.
  - Nutrition.
    - Nutrients in our body.
    - Nutrients we need, balanced diet.
    - Importance of water intake.
  - Physical activity.
    - Benefits of physical activity.
    - Cardiovascular/ aerobic exercises.
    - Strength training/muscle training.
    - How to start the physical activity?
    - How to incorporate exercise into daily life?
    - 5-minute workout.
  - Relaxation and grounding.
    - Hyper arousal- down-regulating exercises.
    - Hypo arousal- up regulating exercises.
- **Psychological well-being.**
  - Self-acceptance.
  - Celebrating strengths.
  - Self-compassion.
  - Hope and optimism.
  - Positive self-talk.
  - Dealing with difficult emotions.
  - Journaling.
  - Solution, focused approach.
    - Identifying what is working.
    - How to do more of what is working?
    - Focus on what is possible.
  - Decision making.
  - Adaptability.
  - Handling stress.
  - Positive emotion refocusing technique.

- Guided meditation.
- Cognitive distortion. Challenging Distortions
  - All or none? Thinking
  - Overgeneralization
  - Mental. Filtering.
  - Disqualifying positives
  - Mind reading
  - Fortune Telling
  - Magnification
  - Emotional reasoning
  - Should statements
  - Labelling.
- **Social well-being.**
  - Work life balance.
  - Prioritising.
    - Important And Urgent - Do.
    - Important And Not Urgent - Schedule.
    - Not Important And Urgent - Delegate.
    - Not Important And Not Urgent- Delete
  - Effective communication skills.
  - Assertive Communication.
  - Communicating disagreement or displeasure.
  - Teamwork.
  - Delegation.
  - Seeking help.
  - Professional help.

Training Handout : Please Dont Circulate

## F 4: Day 4 Handout

Mental Health Awareness Program for School Teachers	Resource Person: Fathima M A
Day 3: Empowering Classroom Practices	Date : 07.05.2023 , 2pm – 6pm (Zoom)

### Outline of Topics

- **Expected Learning Outcomes**
  - Understanding. Empowering classroom practices. Trauma, informed approach, strength based approach, restorative approach, social emotional learning.
  - Understanding various aspect of student teacher relationship.
  - Understanding and practicing Non Violent Communication.
  - Strategies for. Helping students in distress.
- **Empowering Classroom Practices Introduction.**
  - Trauma informed approach.
  - Strength based approach.
  - Restorative approach
  - Social emotional learning
  - Teacher, Student, relationship
  - Respect
  - Positive relation with students
  - Active listening
  - Mindfulness.
  - Empathy
  - Safe and Predictive Classrooms.
  - Growth mindset.
  - Focus on strength.
  - Non violent communication
    - Observations
    - Feelings
    - Needs
    - Requests
  - Holistic development and well-being of students
- **Helping students in distress/ Difficulty in Regulation**
  - Importance of co-regulation
  - How to use co-regulation. [Voice poster]
  - Not, personalizing student behaviour
  - Restorative practice
    - Restorative language. Questions
    - Restorative conversations.
    - The restorative circle
  - Helping students with panic attacks
  - Helping students with low mood and social withdrawal
  - Helping students with generalized anxiety.
  - Helping students with learning disability
  - Helping students with a lack of motivation.
  - Managing disruptive classrooms.
  - Managing, triggering behaviour from students
  - Managing fights or aggression

## Appendix G- Participant Feedback Forms

### G 1: Day 1 Feedback Form

<b>Relevance of Content</b>	Low.....High				
1. Introductory Session	1	2	3	4	5
2. Biology of Mental Health	1	2	3	4	5
3. Psycho-Social Development	1	2	3	4	5
4. Factors Influencing Mental Health and Well-being	1	2	3	4	5
5. Hands-on Practice of Relaxation Method: Breathing Exercise	1	2	3	4	5
6. Hands-on Practice of Reflective and Practice Activities: Teacher Characteristics, Identity Wheel, Wellness Wheel, Identifying attachment patterns etc.	1	2	3	4	5
<b>Adequacy of Content</b>	Low.....High				
1. Introductory Session	1	2	3	4	5
2. Biology of Mental Health	1	2	3	4	5
3. Psycho-Social Development	1	2	3	4	5
4. Factors Influencing Mental Health and Well-being	1	2	3	4	5
5. Hands-on Practice of Relaxation Methods	1	2	3	4	5
6. Hands-on Practice of Reflective Activities	1	2	3	4	5
<b>Duration</b>	Not Adequate..... Adequate				
1. Introductory Session	1	2	3	4	5
2. Biology of Mental Health	1	2	3	4	5
3. Psycho-Social Development	1	2	3	4	5
4. Factors Influencing Mental Health and Well-being	1	2	3	4	5
5. Hands-on Practice of Relaxation Methods	1	2	3	4	5
6. Hands-on Practice of Reflective Activities	1	2	3	4	5
<b>Program Structure</b>	Not Adequate..... Adequate				
1. Pacing of the Content					
2. Placement of Breaks					
3. Placement of Practice sessions/Activity					
Additional Comments / Suggestions (Content Duration and Structure of Program)					

**G 2: Day 2 Feedback Form**

<b>Relevance of Content</b>	Low.....High				
1. Neuro Developmental Problems	1	2	3	4	5
2. Emotional Disorders	1	2	3	4	5
3. Behavioral Disorders	1	2	3	4	5
4. Mental Health professionals and help seeking	1	2	3	4	5
5. Somatic Exercises	1	2	3	4	5
6. Vignette Based Practice of Identifying Symptoms	1	2	3	4	5
<b>Adequacy of Content</b>	Low.....High				
1. Neuro Developmental Problems	1	2	3	4	5
2. Emotional Disorders	1	2	3	4	5
3. Behavioral Disorders	1	2	3	4	5
4. Mental Health Professionals and Help Seeking	1	2	3	4	5
5. Somatic Exercises	1	2	3	4	5
6. Vignette Based Practice of Identifying Symptoms	1	2	3	4	5
<b>Duration</b>	Not Adequate..... Adequate				
1. Neuro Developmental Problems	1	2	3	4	5
2. Emotional Disorders	1	2	3	4	5
3. Behavioral Disorders	1	2	3	4	5
4. Mental Health Professionals and Help Seeking	1	2	3	4	5
5. Somatic Exercises	1	2	3	4	5
6. Vignette Based Practice of Identifying Symptoms	1	2	3	4	5
<b>Program Structure</b>	Not Adequate..... Adequate				
1. Pacing of the Content	1	2	3	4	5
2. Placement of Breaks	1	2	3	4	5
3. Placement of Practice sessions/Activity	1	2	3	4	5
Additional Comments / Suggestions (Content Duration and Structure of Program)					

**G 3: Day 3 Feedback Form**

<b>Relevance of Content</b>	Low.....High				
1. Importance of Teacher Self care	1	2	3	4	5
2. Physical Well-being	1	2	3	4	5
3. Psychological Well-being	1	2	3	4	5
4. Social Well-being	1	2	3	4	5
5. Practice Activity- Solution focused approach	1	2	3	4	5
6. Practice Activity- Communicating Disagreement or Displeasure	1	2	3	4	5
7. Self-Reflective Activity					
<b>Adequacy of Content</b>	Low.....High				
1. Importance of Teacher Self care	1	2	3	4	5
2. Physical Well-being	1	2	3	4	5
3. Psychological Well-being	1	2	3	4	5
4. Social Well-being	1	2	3	4	5
5. Practice Activity- Solution focused approach	1	2	3	4	5
6. Practice Activity- Communicating Disagreement or Displeasure	1	2	3	4	5
7. Self-Reflective Activity					
<b>Duration</b>	Not Adequate..... Adequate				
1. Importance of Teacher Self care	1	2	3	4	5
2. Physical Well-being	1	2	3	4	5
3. Psychological Well-being	1	2	3	4	5
4. Social Well-being	1	2	3	4	5
5. Practice Activity- Solution focused approach	1	2	3	4	5
6. Practice Activity- Communicating Disagreement or Displeasure	1	2	3	4	5
7. Self-Reflective Activity					
<b>Program Structure</b>	Not Adequate..... Adequate				
1. Pacing of the Content	1	2	3	4	5
2. Placement of Breaks	1	2	3	4	5
3. Placement of Practice sessions/Activity	1	2	3	4	5
Additional Comments / Suggestions (Content Duration and Structure of Program)					

**G 4: Day 4 Feedback Form**

<b>Relevance of Content</b>	Low.....High				
1. Empowering Classroom Practices Introduction	1	2	3	4	5
2. Teacher - Student relationship	1	2	3	4	5
3. Communication- (Non-violent communication and restorative conversation)	1	2	3	4	5
4. Helping Students in Distress-Difficulty in Regulation	1	2	3	4	5
5. Practice Activity- Non-Violent Communication	1	2	3	4	5
6. Practice Activity- Restorative Conversation	1	2	3	4	5
7. Self-Reflective Activity					
<b>Adequacy of Content</b>	Low.....High				
1. Empowering Classroom Practices Introduction	1	2	3	4	5
2. Teacher - Student Relationship	1	2	3	4	5
3. Communication- (Non-Violent Communication and Restorative Conversation)	1	2	3	4	5
4. Helping Students in Distress-Difficulty in Regulation	1	2	3	4	5
5. Practice Activity- Non-Violent Communication	1	2	3	4	5
6. Practice Activity- Restorative Conversation	1	2	3	4	5
7. Self-Reflective Activity					
<b>Duration</b>	Not Adequate..... Adequate				
1. Empowering Classroom Practices Introduction	1	2	3	4	5
2. Teacher - Student Relationship	1	2	3	4	5
3. Communication- (Non-Violent Communication and Restorative Conversation)	1	2	3	4	5
4. Helping students in Distress-Difficulty in Regulation	1	2	3	4	5
5. Practice Activity- Non-violent Communication	1	2	3	4	5
6. Practice Activity- Restorative Conversation	1	2	3	4	5
7. Self-Reflective Activity					
<b>Program Structure</b>	Not Adequate..... Adequate				
1. Pacing of the Content	1	2	3	4	5
2. Placement of Breaks	1	2	3	4	5
3. Placement of Practice Sessions/Activity	1	2	3	4	5
Additional Comments / Suggestions (Content Duration and Structure of Program)					

**Appendix H- Expert Evaluation Form**

1	<b>Name</b>	
2	<b>Age</b>	
3	<b>Gender</b>	
4	<b>Field (Education/ Mental Health)</b>	
5	<b>Qualification</b>	
6	<b>Experience</b>	

Content of The Program

Relevance of Topics Covered in Each Segment

		Not Relevant.....Very Relevant				
1	Introductory Session	1	2	3	4	5
2	Biology of Mental Health	1	2	3	4	5
3	Psycho-Social Development	1	2	3	4	5
4	Factors Influencing Mental Health and Well-being	1	2	3	4	5
5	Mental Health Problems and Disorders	1	2	3	4	5
6	Teacher Self Care	1	2	3	4	5
7	Empowering Classroom Practices	1	2	3	4	5
8	Hands on Practice of Relaxation Methods	1	2	3	4	5
9	Hands on Practice of Reflective Activities	1	2	3	4	5
10	Practice Sessions of Classroom Management	1	2	3	4	5

Adequacy of Content in Each Segment

		Not Adequate.....Adequate				
		1	2	3	4	5
1	Introductory Session	1	2	3	4	5
2	Biology of Mental Health	1	2	3	4	5
3	Psycho-Social Development	1	2	3	4	5
4	Factors Influencing Mental Health and Well-eing	1	2	3	4	5
5	Mental Health Problems and Disorders	1	2	3	4	5
6	Teacher Self Care	1	2	3	4	5
7	Empowering Classroom Practices	1	2	3	4	5
8	Hands on Practice of Relaxation Methods	1	2	3	4	5
9	Hands on Practice of Reflective Activities	1	2	3	4	5
10	Practice Sessions of Classroom Management	1	2	3	4	5

Structure of the Program

Duration of Each Sessions

		Not Adequate.....Adequate				
		1	2	3	4	5
1	Introductory Session	1	2	3	4	5
2	Biology of Mental Health	1	2	3	4	5
3	Psycho-Social Development	1	2	3	4	5
4	Factors Influencing Mental Health and Well-being	1	2	3	4	5
5	Mental Health Problems and Disorders	1	2	3	4	5
6	Teacher Self Care	1	2	3	4	5
7	Empowering Classroom Practices	1	2	3	4	5

8	Hands on Practice of Relaxation Methods	1	2	3	4	5
9	Hands on Practice of Reflective Activities	1	2	3	4	5
10	Practice Sessions of Classroom Management	1	2	3	4	5

Program Structure

		Not Satisfactory.....Satisfactory				
1	Duration of the whole program	1	2	3	4	5
2	Pacing of the Content	1	2	3	4	5
3	Placement of Breaks	1	2	3	4	5
4	Placement of Practice sessions/Activity	1	2	3	4	5

Additional Comments / Suggestions (Content Duration and Structure of Program)						