Master of Science in Public Health

Teacher's Perceptions about Mental Health Status of Primary School Children in Rural Rawalpindi: A Mixed Method Study

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Declaration

In submitting this dissertation, I certify that I have read and understood the rules and regulations of DPH and QAU regarding assessment procedures and offenses and formally declare that all work contained within this document is my own apart from properly referenced quotations.

I understand that plagiarism is the use or presentation of any work by others, whether published or not, and can include the work of other candidates. I also understand that any quotation from the published or unpublished works of other persons, including other candidates, must be clearly identified as such by being placed inside quotation marks and a full reference to their source must be provided in proper form.

This dissertation is the result of an independent investigation. Where my work is indebted to others, I have made acknowledgments.

I declare that this work has not been accepted in substance for any other degree, nor is it currently being submitted in candidature for any other degree.

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Dedicated to all those who have been a constant source of support and encouragement I couldn't be able to accomplish this task without your support…….

ABSTRACT

Background:

According to the research, around fifteen percent of children in the Asia of age of 5-16 years suffer from the mental health issues. Teachers are actual hubs that can indicate, supervise and promote child's mental health from the initial stage. Therefore, the aim of this research is to determine teacher's perception about primary school mental health of rural areas.

Method:

This mixed method study is a sight to extend the research literature by exploring primary school teachers' perception about the primary school children mental health. A questionnaire and semi-structured interview were designed to collect quantitative and qualitative data. Twenty two schools were recruited among them fifteen schools were willing to participate. The quantitative data has been gathered from 200 teachers.

Results: Out of 207 primary school teachers, 188 participated in the study, with a response rate of 90.3%. The majority of participants were female, had over five years of teaching experience, and most taught senior primary classes, with 62.8% being class teachers.Out of the mental health issues experienced by primary school children, 56% are categorized as less severe, while 44% are considered severe. The qualitative research study revealed that primary school teachers in Rawalpindi face various challenges related to the mental health of their students, including limited knowledge and training in mental health, insufficient support from parents and school administration, and cultural barriers in

promoting mental health. Teachers also emphasized the importance of socialization and community involvement in promoting the mental health of their students, and expressed a need for targeted interventions and resources to support their own well-being and the well-being of their students.

Conclusion: In conclusion, the study emphasizes the need to address the mental health challenges faced by primary school teachers in Rawalpindi, such as limited knowledge and training, insufficient support from parents and school administration, and cultural barriers. Effective interventions and resources can support the mental health and well-being of both students and teachers while promoting community involvement.

Keywords: Teacher Perception, Mental Health, Primary School Children, Student Mental Health ,Mixed Method , Rawalpindi

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List of abbreviation

LMICs	Low and middle income countries
MHL	Mental health literacy
MH	Mental health
MHIs	Mental health Illness
CMDs	Child mental disabilities
ONS	Office of national statistics
CMHIs	Child mental health Illness
ADHD	Attention-deficit hyperactivity disorder
ED	Emergency Departments
SDQ	Strength and difficulty
SPSS	Statistical package of social sciences
IRB	Institutional review board
CMHP	Child mental health problems

TABLE OF CONTENTS

Table of Contents

List of Tables

List of Figures

CHAPTER I: Introduction

One of the main goals of the global sustainable development agenda is to promote mental health and well-being universally and fairly. One of the metrics in the sustainable development objectives is access to mental health care. There is evidence that Pakistan and other low- and middle-income countries (LMICs) have a nearly 90% treatment gap for prevalent mental diseases. (Usman, Ahmed et al, 2017).

Being physically healthy also involves having a strong mental state, as this determines a person's entire personality and allows them to sustain positive social interactions and productive work. (Tushar, Rahman, et al 2013). In East Asia and the Pacific, the fourth leading cause of death for people aged 15 to 19 is suicide, with almost 1 in 7 boys and 1 in 9 girls who are in this age range having a mental illness. A significant number of children and adolescents also experience psychological distress that may not meet the diagnostic standards for a mental disorder but has a negative impact on their development, health, and general well-being. (UNICEF, 2022, p8)

People's socioeconomic circumstances have an impact on their lives, and poor people may experience poor health due to poverty and higher death rates. Despite the fact that everyone suffers from a serious lack of goods and services, MGDs stated that children's rights to survival, health and nutrition, education, participation, and protection from harm and exploitation are most at risk. Thus, it produces a setting that is detrimental to kids' mental, physical, emotional, and spiritual growth (Hussein, S. A, 2009).

The lifestyle factors affecting the mental health of junior high school pupils were investigated. Sleep disorders or sleep deprivation can impair brain function and affect a

person's capacity for learning, concentration, and mental control. (TANAKA, TAIRA et al, 2002). Children's development requires a healthy mental environment. According to WHO (2012), "mental health is essential to physical health." A youngster who is mentally stable is better equipped to experience significant positive emotions and abilities, such as being happier, having a good outlook, and having the capacity to accept and overcome problems. While a sick child may be the complete opposite and more susceptible to mental problems, a mentally healthy youngster has strong motivational and critical thinking abilities as well as a quick memory (Ching, Jiar, et al, 2015).

1.1: Rationale

Children's mental health issues are now a major global public health concern. According to studies, mental health conditions like anxiety, depression, and behavioral issues are becoming more common among youngsters. The general well-being and academic achievement of youngsters may be negatively impacted by these concerns in the long run. For early identification, intervention, and support, it is essential to comprehend how primary school instructors feel about the state of the students' mental health**.**Rural communities, like Rawalpindi, frequently confront particular difficulties in terms of mental health care and resources. The understanding and treatment of mental health concerns may be influenced by cultural factors, restricted access to mental health specialists, a lack of educational and supportive services, and other factors. Understanding the problems and requirements particular to primary school students in rural areas might assist to better create interventions and support systems that successfully meet the rural setting.Teachers have a huge impact on children's life because they spend a lot of time with them and are in a good position to notice and recognize

symptoms of mental anguish. Their perspectives can help build focused therapies and offer insightful information about the state of elementary school students' mental health. For educators, mental health experts, and other stakeholders to work effectively together to promote children's mental health, it is crucial to comprehend teachers' viewpoints.The goal of this project is to gather information that can help with the creation of evidence-based interventions and policies to improve the mental health and well being of primary school students in rural Rawalpindi. This research can aid in the development of tailored programme and policies that address the particular difficulties faced by children in rural areas by identifying the elements that teachers believe to be influencing mental health and the particular needs of children.As a result, it is crucial to look at how instructors in rural Rawalpindi feel about the state of the children's mental health in elementary school. This study has the potential to shed important light on the mental health variables connected to socio-demographic characteristics, the influences on students' mental health as seen by instructors, and the rural context's knowledge of mental health as a whole. The results of this study can aid in the creation of treatments, assistance programme, and government regulations that support the mental health of primary school students in rural areas, thereby enhancing their general quality of life.It is to investigate the perceptions of teachers about the mental health status of primary school children in rural Rawalpindi, Pakistan. This study aims to explore the mental health variables associated with socio-demographic factors of children and to identify the factors that affect students' mental health, as perceived by their teachers. The study is important because mental health issues in children are a growing concern, and it is essential to understand the perceptions of teachers about the mental health status of primary school children in rural areas. The

study can provide valuable insights into the factors that affect mental health in children and inform the development of interventions to promote mental health and well-being in rural areas.

Furthermore, the mixed-methods approach used in the study is particularly useful in capturing a more comprehensive understanding of the phenomenon under investigation. The quantitative data collected through surveys can provide statistical evidence of the association between mental health variables and sociodemographic factors of children, while the qualitative data collected through interviews can provide in-depth insights into the perceptions and experiences of teachers regarding the factors affecting the mental health of their students. This study can contribute to the development of policies and programs aimed at promoting the mental health and well-being of primary school children in rural Rawalpindi, Pakistan.

1.2: Objectives

1. To determine teacher's perceptions about the mental health in primary school children in rural Rawalpindi.
2. To find association of mental health variables with sociodemographic factors of children.
3. To explore the teacher's perception about factors affecting students' mental health.

2: Literature Review

Mental health literacy is described as the understanding of mental problems and the attitudes towards them that support their early detection, treatment, and prevention. Many studies have been done on the value of health literacy for physical health, but in Pakistan, mental health literacy has received far less attention (Begum, Choudhry et al 2020).

Although few research have evaluated the degree of mental health literacy (MHL) in Pakistan, it is still unclear how common mental health problems are there (Munawar et al, 2020).

Pakistan, particularly in terms of education and stunting, has one of South Asia's lowest rankings for human development metrics, according to World Bank data. There are considerable levels of unmet psychological needs among children in low- and middle-income nations, and 10–20% of youngsters are thought to experience mental health issues.(Neoh et al,2022)

Violence and conflict have numerous, extensive effects on mental health. There is a need for scalable interventions to deal with various mental health issues.(Rahman,Hamdani et al 2016).

According to the study's findings, there is a direct link between improved academic achievement and mental health. Students who struggle with mental health issues fare poorly academically (Zada, Wang . 2021).

According to a recent poll of in junior high school students, the practice of staying up late not only makes pupils more drowsy in class but also affects their sleep quality, dietary choices, and the likelihood of being sick (Tanaka, taira et al 2002). Loneliness is another

element that contributes to mental illness. Children who alone frequently have low self-esteem, elevated levels of anxiety and despair, and even suicidal thoughts. Therefore, problems in peer relationships are virtually usually linked to loneliness. (Bakkalolu,2010). Among elementary pupils from the general community, social skills were a major predictor of future academic functioning. A socially adjusted child is more likely to be an academically successful child, even though academic success is thought to be one of the major indicators of psychological adjustment and a source of rewards and satisfaction. Deficits in social skills have a negative impact on academic participation and achievement (Zach, Yazdi-Ugav, et al. 2016). According to Yao et al., 16% of the world's population, or almost 20% of all teenagers, aged 10 to 19 have mental health disorders. This translates to 1.2 billion adolescents worldwide. (Yao et al, 2012)

In addition to the child, family members such as mothers may also be impacted by the stigma associated with mental illness and may start to worry more about the child's future as well as their current condition.(Neoh et al,2022)

The Pakistani health system still does not provide importance to mental health care.(Javed et al,2020)

There is proof that studies that focus on areas like education or financial stress provide more reliable findings than those that focus on income or expenses. But as this body of research expands, one distinction that is sometimes missed is that between poverty, a binary indicator of deprivation below a defined threshold, and socioeconomic status, which is frequently characterized as a gradient. Socioeconomic status and poverty are, in fact, frequently used interchangeably (Maselko et al 2018).

According to the literature, the general people lacks awareness regarding mental diseases and how to treat them. The significance of mental health literacy among professionals working in the healthcare industry is also emphasized in the study. Due to Pakistan's low literacy rate, high degree of poverty, and lack of qualified specialists, methods for achieving the goal of public health and psychiatric treatment need to be modified (Begum, Choudhry, 2020).

To increase teachers' knowledge of mental health, a lot of study has been conducted in industrialized nations. The way teachers respond to students' mental health difficulties is influenced by their own knowledge about and attitudes towards mental health. Studies on the effectiveness of mental health literacy training on teachers' abilities to identify kids who are having problems with their mental health have produced encouraging results. Early detection can result in early referral, which may shorten the time that an illness goes untreated. (Imran et al ,2022)

Aside from being able to identify and assess mental health needs early on, teachers, school counsellors, and psychologists who work in schools can also help with referral, behavior management, and focused prevention. Additionally, schools have a crucial part to play in helping kids and teenagers who need mental health support, including by supplying alternative learning pathways and ongoing educational opportunities.(UNICEF,2022,p20)

One Chinese study focused on the significance of the role of teachers and stated that they should be the class's facilitator of academic study, implement classroom discipline, plan extracurricular activities, and keep in touch with subject teachers and parents who are involved in their class. Teachers should also be the class's leader, organizer, and educator.

They also advocated for the inclusion of mental health education in the academic program (Yao, Kadetz, et al. 2021).

A study indicates that South Asia has a 14.2% (12.9% to 15.7%) prevalence of CMDs.(Naveed et al ,2022)

Study 2019 indicate that mental disorders and self-harm account for 19 per cent of the total burden of disease among 10–19-year olds. (UNICEF, 2022)

Social skills and appropriate behavior are highly valued by teachers. According to teachers, between 16% and 30% of the pupils in their classes' exhibit persistent social, emotional, and behavioral issues, which have been linked to short-, intermediate-, and long-term challenges. (Yazdi-Ugav, Zach, et al. 2016). Teachers in schools are responsible for the pastoral care of the pupils in their classes, including how they view the mental health of their charges and how they have responded to those views. (Yao, Kadetz, et al, 2021.

The Department for Education (DfE, 2014b) emphasizes the key role of teachers in promoting MH for all children and identifying emerging MH needs. However, the literature suggests that, although some teachers are willing to accept this role, they lack sufficient training and confidence in their capacity to respond effectively. (Rothi, Leavey and Best, 2008; Trudgen and Lawn, 2011). So there is little information in the literature about the expertise of national primary school teachers, therefore more research is necessary.

According to some writers, the push to raise academic standards has led to the quick delivery of "one-size-fits-all professional development." (Stover et al., 2011)

Theorists note the difference between transferring information and effective professional learning for teachers (Pedder, 2013). Fox (1996) proclaim that knowledge must be actively

constructed through on-going interactions between individuals and the external world. This point of view contends that learning effectiveness depends on an individual's ability to maintain a healthy balance between the active investigation of new concepts and reflection on their prior knowledge (Pedder, 2013).

The majority of the pertinent literature examines teachers' capacity to recognize MHIs and refer their concerns to MH professionals. (Loades,2010; Trudgen, 2011).

Teachers' responses to pupils' mental health difficulties are influenced by their understanding of and opinions about psychological issues.(Imran et al,2022).

2.1: Mental Health:

The labels and terminology used to describe non-physical issues, such as "mental disorder," have generated a great deal of debate.(Bilton,2013). While some authors have voiced worries about the detrimental psychological effects of labelling, others have emphasized how better categorization leads to higher levels of understanding and interprofessional communication. (Bringewatt, 2013). The term "mental disorder" is used to describe a number of characteristics, according to the authors, and should not be taken to mean that a person's problems are wholly internal (Cole, 2015). The authors emphasize the need to differentiate between labelling the MHI and labelling the person and acknowledge that labelling can have both beneficial and detrimental effects.(Link.Phelan, 2010). Medical research has recently start to realize the complex relationship between physical and mental health, and both are thought to be influenced by biological, environmental, and experiential factors (Murphey et al, 2013). In order to avoid confusion and lower the risk of stigmatization, (Cole, 2015) advises professionals to use a definition of "good MH."

The World Health Organization's (WHO) definition of children with good MH is therefore used as the premise for this paper:

"Children and adolescents with good MH are able to achieve and maintain optimal psychological and social functioning and wellbeing. They have a sense of identity and self-worth sound family and peer relationships, an ability to be productive and to learn and a capacity to tackle developmental challenges and use cultural resources to maximize growth" (WHO, 2005, p.2).

"Mental health conditions' is a broad term that encompasses the continuum of mild psychological distress through to mental disorders that may be temporary or chronic, fluctuating or progressive. During childhood and adolescence, common mental health conditions include: difficulties with behavior, learning or socialization; worry, anxiety, unhappiness or loneliness; and disorders such as depression, anxiety, psychosis, bipolar disorder, eating disorders, substance use disorders, conduct disorder, attention deficit/hyperactivity disorder, intellectual disability, autism spectrum disorder, and personality disorders.**" (**UNICEF, 2022, p8**)**

2.2: Proportion of Children and Adolescents with Mental Health Issues:

According to a study, the prevalence of CMDs in South Asia is 14.2% (12.9% to 15.7%)(Naveed et al ,2022).

The World Health Organization (WHO) report predicted that by 2020, mental health problems will have increased by 15%, with young people being the group most at risk (Rozaniza et al, 2013). MHIs are estimated to cost around 105 billion and they are projected to double in price by 2035. According to data from the Office of National Statistics (ONS),

approximately 10% of children between the ages of 5 and 16 had a mental health disorder in 2004 (Green et al, 2005).

The common mental illnesses are highly prevalent with reported prevalence of depression (6%), schizophrenia (1.5%), and epilepsy (1%–2%) in Pakistan.(Javed, Khan,et al,2020)

The most prevalent CMHIs and the outcomes connected with them are briefly described in the subsection that follows.

2.3: Factors affecting Child Mental Health

2.3.1: Age:

In children who are adolescents, higher incidences of psychotrauma and emotional dysregulation have been found. Lower levels of perceived neighborhood attachment, family and school connectedness were found in older children, which may be related to a variety of factors, including prolonged exposure to adversities or harmed family or peer relationships. These are all things that contribute to children's mental health and psychosocial well-being. An increased risk was younger age. According to one study, younger kids have fewer traumatic incidents but exhibit higher mental health issues, however these were primarily predicted by parental psychopathology (Arakelyan, Ager, 2020).

2.3.2: Socio-Economic status:

Compared to their peers in private schools, pupils at public schools had a greater prevalence of social anxiety. This could be as a result of the lower socioeconomic level of public school kids, which has been linked to social anxiety. Additionally, there are few opportunities for one-on-one mentoring in government-run public schools because of the higher student-to-teacher ratio and high rates of teacher absenteeism, which puts the

students at a disadvantage because receiving mentorship from an adult or an older student is helpful in reducing anxiety(Farooq,Muneeb et al 2017).

2.3.3:Parental conflicts:

Inter-parental conflicts are one of the most significant, parent-driven elements that adversely affect the home settings of children and adolescents. Arguments and conflicts are inevitable aspects of family life. The literature has frequently noted that parent-child disagreements are significant risk factors for children's mental health, behavioral and emotional issues, and social conduct (Hess, 2022).

2.4:The Consequences of Child Mental Health Issues

Common mental disorders (CMDs) have negative social and economic effects in addition to a severe functional disability. Depression and anxiety disorders are thought to cost the world economy over $1 trillion annually(Naveed et al, 2020).

Despite not being the most common in children, research demonstrates that emotional problems can occur (Adi et al., 2007)but in them, all CMHIs children have the highest lifetime prevalence (Kessler et al., 2007). A child with hyperkinetic issues typically experiences these symptoms within the first five years of life, and they include attention issues, unpredictable behavior, and impulsivity (Laufer et al, 2011).

Students were more susceptible to these mental health disorders due to academic stress, financial concerns, dependency on others and career aspirations, as well as the competitive environment, which led to morbidity and psychological tiredness (Zada, Wang et al 2021). Children who are labelled as having conduct issues are more likely than their peers to struggle academically and socially, as well as to experience unemployment, drug use, and crime as adults (Farrington et al., 2006).

It is well established in the literature that students with mental disorders or difficulties—whether they are treated for them or not—get worse grades and leave school more frequently than other students. Due to delays in learning the necessary skills for a successful life, students with mental health issues are more likely to acquire a mental disorder that lasts a lifetime (Zada , Wang et al 2021).

There is a shortage of research in Pakistan, diagnostic methods and interventions for mentally weary adolescents are insufficient. As a result, students struggle academically, exhibit hostility and other negative behaviors, abuse drugs, and occasionally resort to drastic measures like suicide. A state of balance between one's emotional, social, and psychological well-being is known as mental health (Zada , Wang ,2021).

2.5: Growing Concerns about the Mental Health of Children

An international concern in public mental health is issues related to children and adolescents. Young people in Pakistan, who make up around 20% of the country's population, are especially vulnerable to a number of co-occurring risk factors, including fast unplanned urbanization, violence, social and economic inequality, and the possibility of developing mental health issues.(Hamdani, Huma et al , 2021)

Less than 1% of Pakistan's health budget is designated for mental health care, and the public sector only has one inpatient child and adolescent psychiatric hospital with six beds. This is despite the widespread acknowledgement of child and adolescent mental health issues (Hamdani et al,2021).

Up to 1.8 million children are thought to experience a family breakdown, which is an increase of 44% since 1980, according to the Marriage Foundation. (The Marriage Foundation, 2015).Because of this, family pressures of any kind (such as financial

constraints and job security) may have a negative impact on parents' well-being and consequently have a similar effect on children. (Welsh et al., 2015).

Exposure to elements linked to poor mental health and wellbeing can be influenced by gender and other social inequities. Gender norms play a significant role in determining how adolescents are diagnosed and treated as well as how they are exposed to situations or behaviors that may cause mental illness once they reach adolescence. In the world, boys are more likely than girls to have behavioral disorders like attention-deficit hyperactivity disorder (ADHD) and conduct disorder. Girls are more likely than boys to experience emotional illnesses like anxiety and sadness.(WHO,p6,2022).

There is some evidence to suggest that increased social media use may be linked to an increase in the prevalence of CMHIs.In addition, spending extended amounts of time in front of a screen (such as a TV, computer, video game, etc.) has been linked to emotional distress in children and adolescents (Chanfreau, 2013). Particularly those who do so for longer than four hours each day; (Yang et al., 2013).

Nationwide, 2% to 5% of pediatric emergency department visits for children are for mental health issues, and this percentage is rising. These children are assessed in a variety of settings, including EDs at children's hospitals and EDs that treat about 500 kids annually. The majority of children who need emergency care are seen in EDs at hospitals other than children's hospitals.(Lo,Bridge et al 2020).At school and college, students are rarely taught how to manage their time well, which makes it difficult for them to handle the independence and autonomy that university life affords. This leads to mental health issues. The understanding that one can get assistance and support is a different issue. The majority

of students who recognize their issues and get over their fear of being stigmatized do not have experience with the availability of support (Zada,Wang et al, 2021).

2.6:Mental Health Promotion in Schools

By enhancing students' social, behavioral, emotional, and intellectual performance, schools provide a chance for early intervention to support child and adolescent mental health (Hamdani, Huma et al, 2021).

The promotion of children's physical and psychological health and well-being is a primary responsibility of schools, and teachers in particular must be mentally literate if this objective is to be met (Imran et al, 2022).

Peer support and school-based programs, as well as digital and community participation, will all be supported under the Joint Program. These might emphasize the following: advancing the opportunities and rights of people with mental health conditions; eradicating stigma; providing nurturing care in infancy; promoting fundamental individual qualities and capacities throughout childhood and adolescence; and preventing and treating developmental, emotional, behavioral, and substance use issues. (WHO,UNICEF,p15,2022)

On October 10, 2019, International Mental Health Day, Pakistani President Arif Alvi introduced the President's Plan to Improve Mental Health of Pakistanis. In most low- and middle-income nations, mental health is stigmatized, underfunded, and under researched. Now, however, attention is being paid to this long-ignored global concern. The program emphasizes the importance of early-life treatments that foster mental health and prevent mental disease. As part of this program, teachers will receive training on how to recognize

and treat mental health issues early on as well as skills and methods for promoting mental health in schools (Mirza,Rahman, 2019).

Despite the fact that schools continue to place a high priority on helping students develop their academic skills, (Stallard,2013) contends that schools are also the best places to help students. By implementing school-based interventions, some of the obstacles to obtaining MH services elsewhere are diminished (Warner et al., 2006).

Schools are increasingly understood to be important locations for the provision of early interventions because of a number of key factors, including their regular presence of children and adolescents, their nurturing environment that prioritises learning and development, and their staff, who are particularly adept at working with children and frequently the first to notice the warning signs of mental illness.(Imran et al ,2022)

Additionally, school counsellors and primary mental health professionals can provide children with specialized MH support at school as needed. (Bringewatt, 2010).

In order to mobilize the strengths and responsibilities of children as well as those of their family and society, WHO and UNICEF will support initiatives that are recovery- and strength-based (WHO, UNICEF, p15, 2022)

2.7: Current national studies on mental health

Even though the prevalence of psychological issues in the general population is rising, research in the field of mental health is exceedingly restricted. As research has not been a large and desired motivation among local experts, there are not many epidemiological studies in the field of mental health. There are not many national studies on the prevalence

or incidence of mental disorders; the data that are available are insufficient, and there are no incentives for conducting research (Javed et al,2020).

2.8: Conceptual Framework:

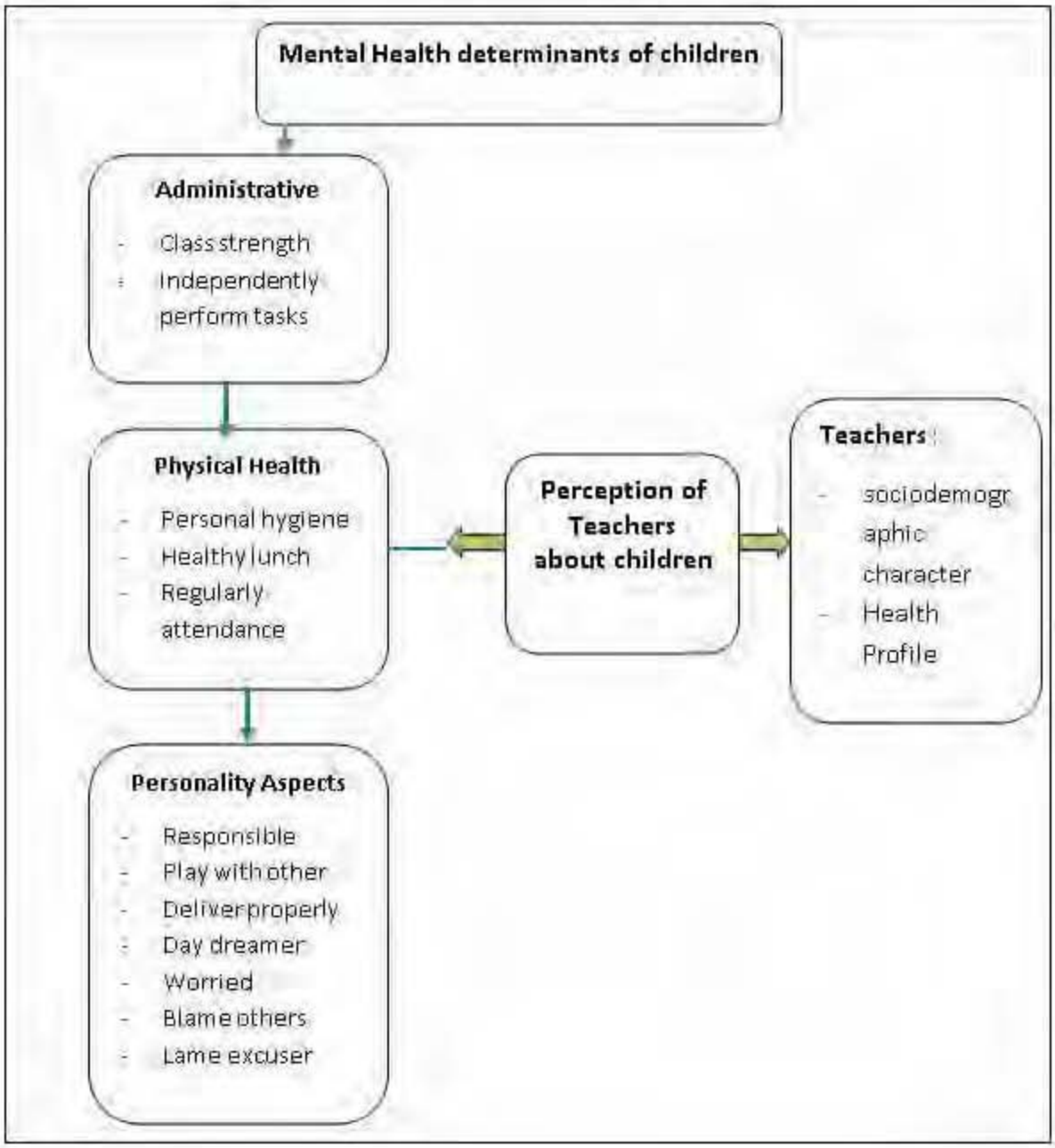

Figure 1: Conceptual Framework for Teachers Perception about Mental Health of Primary School Children
(Nong et al. 2022

2.9:Purpose Statement:

The purpose of this Phenomenological study will be to understand and describe the lived experiences of teachers regarding predictors of mental health of primary school children of rural Rawalpindi.

The **central phenomena** of this phenomenological study will be**"the lived experiences of teachers having primary school students with mental health issues".**

2.10: Research Questions

2.10.1: Central Question:

What are the lived experiences of teachers about the mental health of primary school children?

2.10.2: Sub question/Issue questions:

1. What do you know about the term "Mental Health"?
2. Do you have anyone else in the family who also suffers from mental health issues?
3. What are the mental health problems of children in rural areas?
4. What are the reasons for mental health issues in primary school children?
5. What are your views about slow learners?
6. What are the issues/problems of slow learners?
7. If a child is mentally disturbed, what'd you think how it will affect their later life?
8. What problems and issues these sorts of children can cause in class?
9. What is the role of the teacher in a mentally suffering child's life?
10. How can we help a mentally suffering child at community level?
11. What is the role of government?

2.11: Operational Definitions:

2.11.1: Teacher's Perception

For this study, a teacher is a faculty member within a high school who normally and regularly contacts students for at least 06 hours per day in a classroom setting. The teachers' rating of the child's mental health problem severity as severe or less severe and their understanding of children's mental health problems.

2.11.2 : Mental Health

For this study, a mental health refers to a child who meets the criteria for Psychological, Emotional, Moral and behaviorally balanced. It means problems or difficulties should not be present like are changes in thinking, mood, and/or behavior that impair functioning. Mental health problem is more inclusive than a mental health disorder. For example, a constantly disruptive child might be problematic for a teacher, but the child may not meet the criteria for having a mental health disorder (c.f., Humphrey & Wigelsworth, 20I6).

2.11.3: Primary School Children

It refers to "the period between the grade Play group to Grade five; roughly from3 to 12 years of age".

2.11.4:Mental health literacy:

The knowledge, understanding, and ability of individuals, including primary school teachers, to recognize and respond to mental health issues in children.

2.11.5: Mental health illness

A broad term that refers to various mental health conditions, including anxiety, depression, and behavioral disorders that can affect a child's emotional, cognitive, and social functioning

2.11.6: Child mental disabilities

Mental health conditions that significantly impair a child's ability to think, feel, and behave.

2.11.7: Child mental health problems

A range of emotional and behavioral difficulties experienced by children that can have negative impacts on their academic, social, and personal development.

2.11.8: Severe mental health issues

Mental health conditions that significantly impact a child's daily life and require professional intervention, such as psychosis or severe depression.

2.11.9: Less severe mental health issues

Mental health conditions that may not have a significant impact on a child's daily life, but can still affect their emotional well-being and require support, such as mild anxiety or occasional sadness.

CHAPTER III: METHODOLOGY

Creswell 2013 suggests that mixed method designs as useful techniques for comprehending contextual real-world issues. This strategy combines the advantages and disadvantages of quantitative and qualitative methodologies "to obtain different but complementary data on the same topic" (Morse, 1991, p.122).

Equal importance was given to both quantitative and qualitative methods. A convergent parallel mixed method design was selected. The current study is underpinned by a constructive epistemology, which posits that learning is an individual's engagement in a continuous process of knowledge construction and reconstruction as they react to their environment (Scott, 2011)

The head of schools and teachers were given a permission letter, information sheet, and consent from for both phases of the study to introduced the research and invite them to take part in it.The average number pf participants in each of the 15 participating schools was 5.The questionnaire response rates ranged from 0% to100%. There were interviews with 1-2 participants from each school.

3.1: Quantitative Methodology:

3.1.1: Procedure:

To make sure both components of the research work understood, three teachers were chosen to participate in a pilot study. The appropriateness of the language, the questions organizations and the time lines of the anticipated results were all sort after feedback from the pilot participants. However certain criteria seem to be pretty comparable to those used by mental health organization/websites. Despite this, Participants feedback was mostly

good to ensure that teachers present their perspective instructions were added to the research introduction.

3.1.2: Quantitative Data collection

To introduce the research to participants, schools visit occurred during ordinary staff meeting. Teachers were given packets containing two blank envelops, an information sheet a questionnaire, and a consent form for each section of the study after a brief introduction. To provide the participants enough time to fill and put the consent form(s) in the blank envelops and returned them to the box, a sealed post box was positioned in the staff room for one to two weeks. After the predetermined period, the box was picked up from each school.

3.1.3: Research Design:

A quantitative research approach using cross-sectional study design was used for the current study.

3.1.4: Research Duration:

Study period for the current research was six months.

3.1.5: Study Setting:

This study is carried out at Primary schools of Rural Rawalpindi.

3.2: Research Participants:

A purposive sampling technique was used for the selection of teachers who met the inclusion criteria.

3.3: Inclusion Criteria:

1. Primary school Teachers of Rural Area.

2. Teachers currently teaching at primary schools of Rural Rawalpindi.
3. Teacher who have at least 1 year of teaching experience.
4. Public and Private both school teachers were included.

3.4: Exclusion Criteria:

1. Primary school Teachers of apart from Rural Area.
2. Teachers who were not teaching currently at primary schools of Rural Rawalpindi.
3. Teacher who don't have at least 1 year of teaching experience.
4. Teachers of secondary schools or above of Rural Rawalpindi.

3.5: Sample Size Calculation:

Sample size was calculated using proportion formula for sample size calculation in OpenEpi menu, Version 3.01 software. Previous prevalence of mental health issues was taken as 14.2% as reported by a study the prevalence of CMDs in South Asia is 14.2% (12.9% to 15.7%)(Naveed et al ,2022).Calculated sample size was 188 with 95% confidence interval (C.I) and 5% margin of error.

3.6: Questionnaire:

For this study, a questionnaire was created expressly to collect quantitative data from 188 participant. To make sure the objective of the research were met, 40 element underwent comprehensive consideration. Five of the topics were concerning the teacher's health profile, While 9 were designed to collect quantitative data on demographic information. 23 of the categories were related to student performances in the class room. There are three sections to items number 23 .It took about 10 minutes to complete the questionnaire.

3.7: Sampling Strategy:

Desired sample was collected using purposive sampling strategy.

3.7.1: Pilot Testing

Pilot testing was performed before starting the formal data collection procedure by including 10% of the actual sample size. Performa was tested for any future changes; no major changes were done after pilot testing. One question was added in demographic section which was Strength of Class. Data from pilot testing was not included in final analysis. Pilot testing showed that reliability of SDQ scale was 0.807.

Table 1: Internal Consistency of SDQ

Cronbach's alpha	**0.807**

3.8: Qualitative Methodology

3.8.1:Study design:

The study design isphenomenological study as a researcher I focused on the lived experiences and perceptions of teachers about of mental health status of primary school children .I took 11 in depth interviews.

3.8.2:Study setting:

Study setting isPrimary School Teachers of Rural Rawalpindi.

3.8.3:Duration of study:

Study duration wassix months.

3.8.4:Sampling techniques:

Sampling technique waspurposive sampling.

3.8.5: SAMPLE SIZE:

There was no defined sample size for this study;As researcher I collected the data till saturation is achieved.:

3.8.6:Inclusion criteria:

1. Primary school Teachers of Rural Area.
2. Teachers currently teaching at primary schools of Rural Rawalpindi.
3. Teacher who have at least 1 year of teaching experience.
4. Public and Private both school teachers were included.

3.8.7: Exclusion criteria:

1. Primary school Teachers of apart from Rural Area.
2. Teachers who were not teaching currently at primary schools of Rural Rawalpindi.
3. Teacher who don't have at least 1 year of teaching experience
4. Teachers of secondary schools or above of Rawalpindi

3.9: Semi-structured interview

Interviews were chosen to collect in-depth data from 15 participants. This methods was specifically selected to ensure that issues that were relevant to the research aims were fully explored, whilst providing suitable flexibility for the participants to express their views in detail. The interview schedules consisted of 10 open questions and selection of organized prompts.

3.10: Data Collection Strategy

The semi-structured interviews were using the contact information listed on the forms for the interviews was used, and cues were provided as necessary.After the interviews at least

two weeks of the qualitative data was transcribed each participants received 30 minutes total for the interviews.

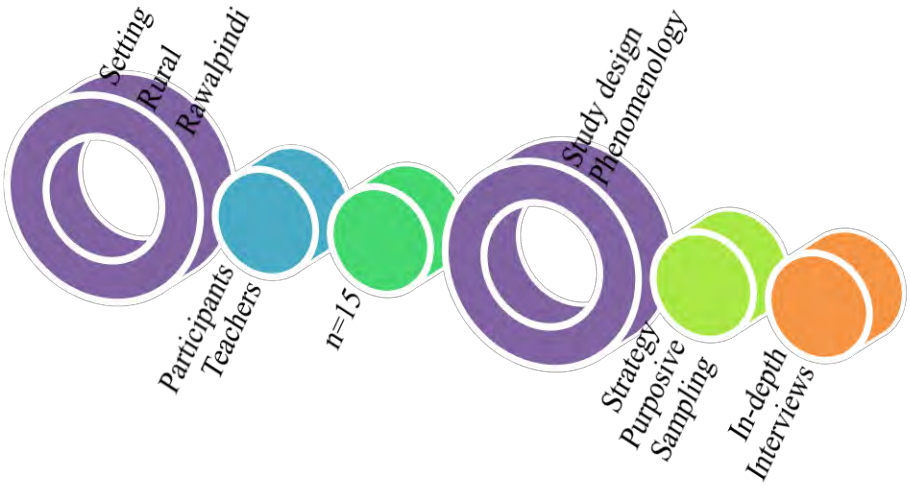

Figure 2: Qualitative Methodology

3.11: Data Analysis Procedure

Code book was developed and data was entered in Statistical Package for Social Sciences (SPSS) version 26. After careful data entry, data was checked for any error before proceeding to the further 20 analysis. After data cleaning, data transformation was carried out for certain variables. Data analysis was done in two phases; descriptive analysis and inferential analysis.

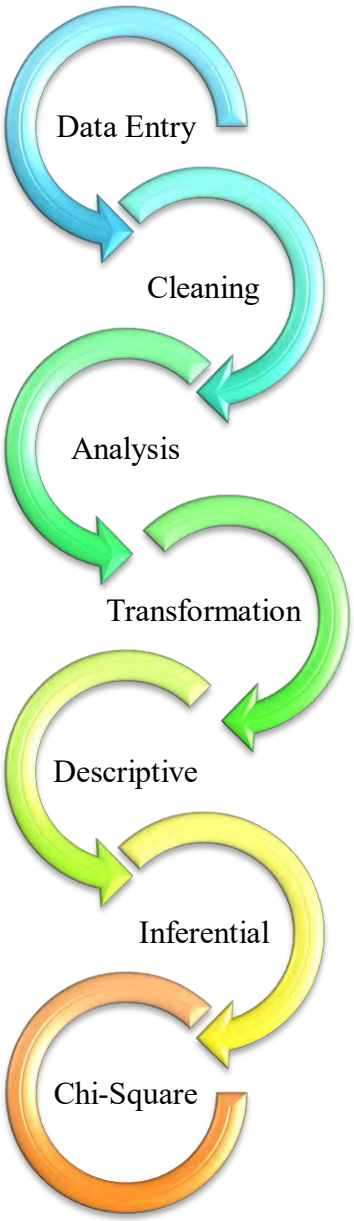

Figure 3: Data Analysis Process

3.12: Data Transformation:

For binary logistic analysis, outcome variable was transformed in to two categories using median as a cut-point with coding of 0 and 1.

3.13: Descriptive Analysis:

Descriptive statistics were generated for sociodemographic characteristics and mental health of children reasons (outcome variable). Data was summarized in the form of frequencies and percentages and presented in table form, Bar chart and Pie chart.

3.14: Inferential Analysis:

Association of mental health of children was determined with socio-demographic variables using Pearson Chi Square test of Independence.

3.15: Ethical Considerations:

Before starting formal data collection, approval from Institutional Review Board (IRB) of Al-Shifa School of Public Health Rawalpindi, Pakistan has been taken (Annexure-4). Permission letter from the Head of Department of Al-Shifa School of Public Health was obtained regarding access to various primary schools. Permission was taken from the schools of rural Rawalpindi for conducting research. Teachers were explained the purpose of the research and written consent was taken from each participant (Annexure-3). Participants were assured for the confidentiality of their data. Data collected from the respondents was kept anonymous and was not shared with anyone. Data was entered in SPSS anonymously. After data entry, hard copies of collected were kept at a safe place.

Chapter IV: Results

4.1: Quantitative:

From the total of 207 primary school teachers in the sample, 188 completed the study, yielding a 90.3% response rate. The reasons for the 8.69 % non-response of teachers not being included in this study were unwillingness to participate and incomplete questionnaire especially for those questions which addressed the dependent variable. And those teachers who did not participate in this study had similar characteristics to those who participated.

Amongst 188 teachers majority were females 182 (96.8%); the mean age of the teachers was 68 (36.2) years with a range of 24 and 30 years. Among the total teachers 96 (51.1%) of the teachers were Single. Most of the teachers have > 5 years of teaching experience with (47.9%) reporting teaching experience from range 0 to 5 years. From the total teachers, majority 90 (47.9%) were teaching senior primary classes which include grade four and grade five. From total teacher 118 (62.8%) were Class Teachers. Total teacher 78(41.5%) were Masters and among all teachers 132 (70.2%) were having no additional certificates. Among total teacher 99 (52.7%) were having no professional teaching education. Total 132 (70.2%) were having normal weight. Among all teachers, 102 (54.3%) didn't want answer about chronic illness and from total teachers 126 (67%) didn't want an answer about who diagnosed them their illness. From all teachers 199 (63.3%) were not agreed about taking any medication regularly. Among all 142 (75.5%)

were agreed on taking good sleep. The number of students per class reported was 48 (25.5%) with a minimum and maximum size of 15 students and 20 students per class. It was reported that 118 (62.8%) most of the students were independently working. Teachers reported that 128 (68.1%) students were dependent and wasn't able to do work independently.

Table 2: Descriptive Summary of Socio-demographic Variables

S.No.	Variable	Frequency (n)	Percentage (%)
1	**Gender**		
	Male	6	3.2
	Female	182	96.8
2	**Age**		
	Under 23	47	25.0
	24 – 30	68	36.2
	31 – 36	43	22.9
	37 – 43	12	6.4
	57 and older	18	9.6
3	**Marital Status**		
	Single	96	51.1
	Married	76	40.4
	Separated	1	5
	Divorced	10	5.3
	Widowed	5	2.7
4	**Years of Teaching**		
	0-5	90	47.9
	6-10	55	29.3
	11-15	25	13.3
	16-20	16	8.5
	Greater than 21 years	2	1.1
5	**Grade of Teaching**		
	Kindergarten	44	23.4
	Pre-School	18	9.6
	Grade 3	36	19.1
	Primary School	90	47.9

6	**Type of Teaching**		
	Subject Teacher	70	37.2
	Class Teacher	118	62.8
7	**Teacher's Additional Certificate**		
	Montessori	44	23.4
	PTC	12	6.4
	No Certificate	132	70.2
8	**Teacher's Education Level**		
	Matriculation	4	2.1
	Intermediate	34	18.1
	Graduation	72	38.3
	Masters	78	41.5
9	**Professional Teaching Education**		
	B.Ed	62	33.0
	M.Ed	27	14.4
	No Professional tool	99	52.7
10	**Body Mass Index**		
	Underweight	37	19.7
	Normal	132	70.2
	Over-weight	15	8.0
	Obese	4	2.1
11	**Chronic Disease**		
	Blood Pressure	36	19.1
	Diabetes	15	8.0
	Other	35	18.6
	Don't want to answer	102	54.3
12	**Diagnosed By**		
	Doctor	35	18.6
	Self	23	12.2
	Other	4	2.1
	Don't want to answer	126	67.0
13	**Any Regular Medication**		
	Agree	23	12.2
	Not Agree	119	63.3
	Often	30	16.0
	Don't want to answer	16	8.5
14	**Good Sleep at Night**		
	Agree	142	75.5

	Not Agree	15	8.0
	Often	15	8.0
	Don't want to answer	16	8.5
15	**Strength of Class**		
	15-20	48	25.5
	21-26	45	23.9
	27-32	38	20.2
	33-38	36	19.1
	39-45	17	9.0
	Others	4	2.1
16	**Independent Students**		
	All of them	30	16.2
	Most of them	118	62.8
	Some of them	37	19.7
	No one	03	1.6
17	**Dependent Students**		
	1-5	128	68.1
	5-10	35	18.6
	11-15	25	13.3

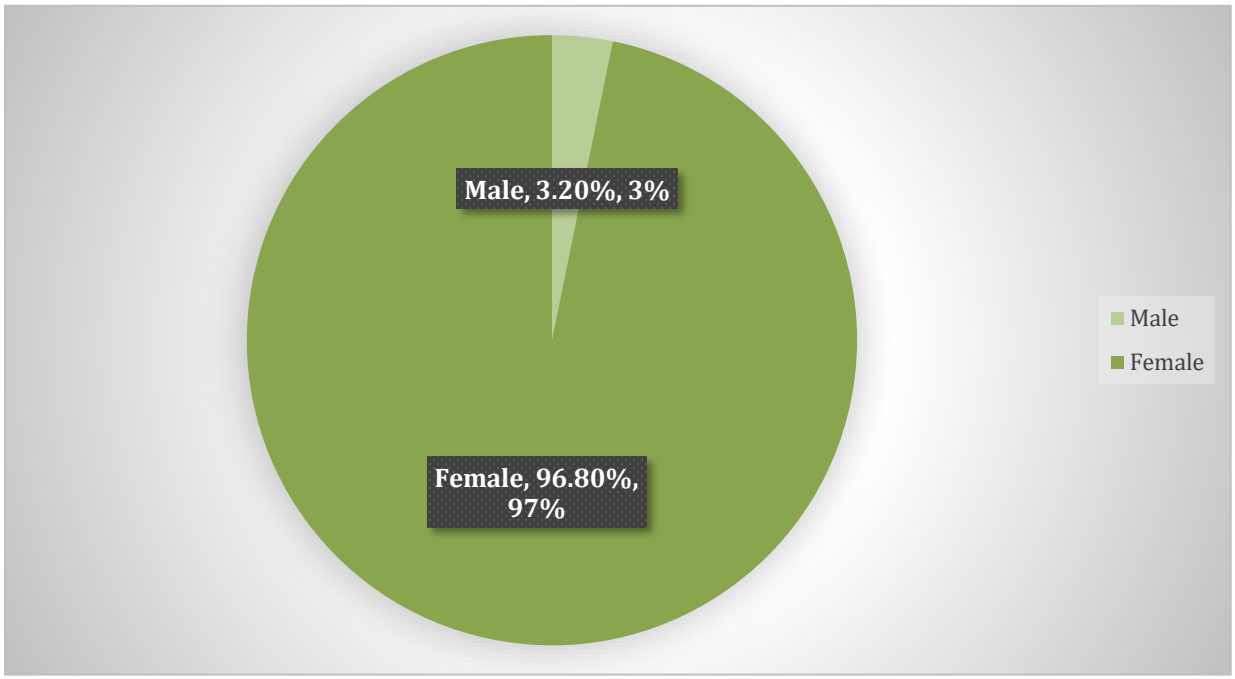

Figure 4: Percentage and Frequency of Males and Females in the sample

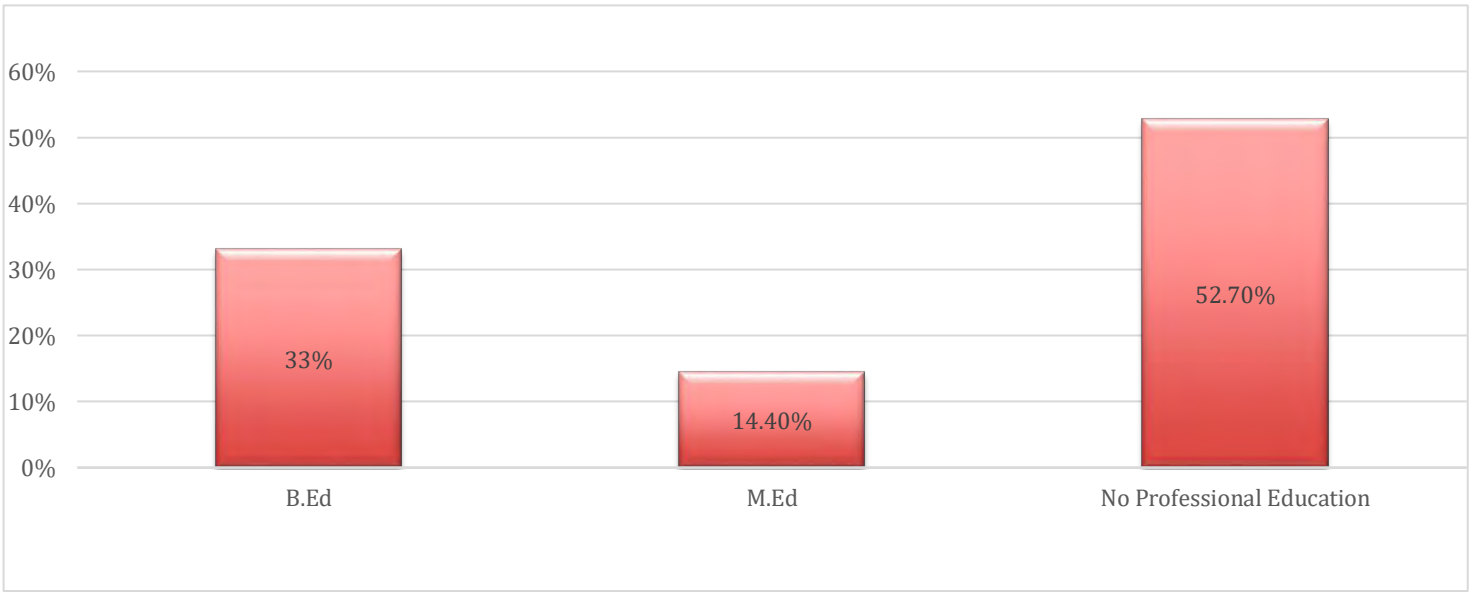

Figure 5: Education Level of Teachers

4.2. Inferential Analysis: Pearson Chi Square Results:

The association of mental health issues with demographic variables was determined using Pearson Chi - Square Test of Independence after confirming the assumptions of the test. The association of demographic variables was tested independently with the Perception of teachers about the mental health of primary school children using Chi-Square test of Independence. All p-values equal to **0.05** were considered statistically significant.

A summary of association of sociodemographic characters and mental health is given in table below.

Results of the Chi square test showed that Type of teaching and **Dependent Students who need assistance presented** high levels of association regarding mental health as compared to other groups. These results were statistically significant (p value= 0.05).

Table 3 Frequency and Percentages Mental Health of Children

S. No.	Variable	Frequency (f)	Low Mental health issues N (%)	High Mental health issues N (%)	Chi-Square (df)	P-value
1	**Gender**					
	Male	6	2 (33.3%)	4 (66.7%)	1.339	
	Female	182	104 (57.1%)	78 (42.9%)	(1)	0.247
2	**Age**					
	Under 23	47	23(48.9%)	24(51.1%)	7.626	0.106
	24 – 30	68	33(48.5%)	35(51.5%)	(4)	
	31 – 36	43	28(65.1%)	15(34.9%)		

	37 – 43 57 and older	12 18	09(75.0%) 13(72.2%)	03(25.0%) 05(27.8%)		
3	**Marital Status** Single Married Separated Divorced Widowed	 96 76 1 10 5	 51(53.1%) 47(61.8%) 1(100.0%) 5(50.0%) 2(40.0%)	 45(46.9%) 29(38.2%) 0 (0.0%) 5(50.0%) 3(60.0%)	2.820 (4)	0.588
4	**Years of Teaching** 0-5 6-10 11-15 16-20 Greater than 21 years	 90 55 25 16 2	 44(48.9%) 32(58.2%) 18(72.0%) 11(68.8%) 1(50.0%)	 46(51.1%) 23(41.8%) 07(28.0%) 05(31.3%) 1(50.0%)	5.635 (4)	0.228
5	**Grade of Teaching** Kindergarten Pre-School Grade 3 Primary School	 44 18 36 90	 20(45.5%) 12(66.7%) 18(50.0%) 56(62.2%)	 24(54.5%) 06(33.3%) 18(50.0%) 34(37.8%)	4.755 (3)	0.191
6	**Type of Teaching** Subject Teacher Class Teacher	 70 118	 47(67.1%) 59(50.0%)	 23(32.9%) 59(50.0%)	5.250 (1)	**0.022**
7	**Teacher's Additional Certificate** Montessori PTC No Certificate	 44 12 132	 19(43.2%) 6(40.0%) 81(61.4%)	 25(56.8%) 6(40.0%) 51(38.6%)	4.648 (2)	0.098
8	**Teacher's Education Level** Matriculation Intermediate Graduation Masters	 4 34 72 78	 3(75.0%) 18(52.9%) 41(56.9%) 44(56.4%)	 1(25.0%) 16(47.1%) 31(43.1%) 34(43.6%)	0.737 (3)	0.865
9	**Professional Teaching Education** B.Ed M.Ed No Professional tool	 62 27 99	 35(56.5%) 20(74.1%) 51(51.5%)	 27(43.5%) 7(25.9%) 82(48.5%)	4.390 (2)	0.111
10	**Student don't need assistance** All of them	 30	 09(30.0%)	 21(70.0%)	12.209	0.07

	Most of them Some of them No one	118 37 03	70(58.8%) 25(67.6%) 02(100.0%)	49(41.2%) 12(32.4%) 0 (00.0%)	(3)	
15	**Student need assistance** 1-5 5-10 11-15	 128 35 25	 68(53.1%) 18(51.4%) 20(80.0%)	 60(46.9%) 17(48.6%) 05(20.0%)	6.572 (2)	**0.037**

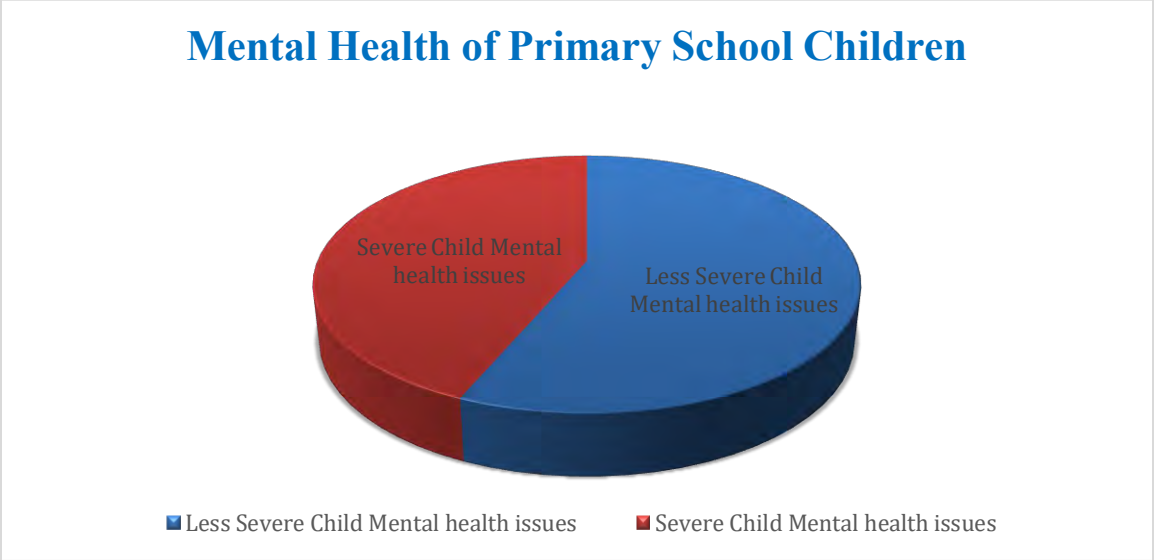

Figure 6: Percentage of mental health issues

4.3: Quantitative Analysis:

Code book was developed and Data was coded and entered into a computer using EPI-data version 3.1 after it had been gathered. The social sciences statistics package was used once it was exported (SPSS version 26). After careful data entry, data was checked for any error before proceeding to the further analysis. Means, frequency, percentages, and standard deviations were calculated and displayed in tables and graphs as descriptive statistics. The data was divided into two categories: teachers' perception and severe mental health issues. health of children, the Strength and Difficulties Questionnaire (SDQ) was adapted and used in the study. The aim was to investigate the perceptions of primary school teachers in Rawalpindi regarding the mental health of children, categorizing it into high and low mental health issues. The study analyzed all the variables independently and examined their association with sociodemographic factors to assess the perceptions of the teachers.

The study included mostly female participants (96.8%) with a response rate of 90.3%. The non-response rate of 8.69% was due to unwillingness to participate and incomplete questionnaire responses. However, it was found that those who did not participate had similar characteristics to those who did participate. The mean age of the teachers was 36.2 years, with a range of 24-30 years, and most teachers had teaching experience from 0 to 5 years.

Regarding the sociodemographic factors, more than half of the teachers were single (51.1%), and 47.9% reported teaching senior primary classes (grade four and grade five). Additionally, 62.8% were class teachers, 41.5% had a master's degree, and 70.2% had no

additional certificates. However, it is worth noting that more than half (52.7%) of the teachers did not have professional teaching education, which might have implications for the quality of education provided to students.

The study also looked at health-related factors, and it was found that 70.2% of the teachers had a normal weight, while 54.3% did not want to answer questions about chronic illness. A significant percentage (63.3%) did not agree to take medication regularly, but most teachers (75.5%) agreed to take good sleep.

In terms of teaching methods, the study found that the number of students per class reported was 48 (25.5%), with a minimum and maximum size of 15 students and 20 students per class. It was reported that most of the students (62.8%) were independently working, while 68.1% were dependent and unable to work independently.

The results of this study provide valuable insights into the characteristics of primary school teachers and their approaches to teaching and health-related factors. The findings highlight the need for professional teaching education for teachers and the importance of promoting good health habits among them. The study also highlights the need to focus on improving the quality of education provided to students, given the high percentage of teachers without professional teaching education.

Overall, the study provides a better understanding of the perceptions of primary school teachers regarding the mental health of children in Rawalpindi and emphasizes the need to promote mental health awareness and support for children in primary schools.

The association between demographic variables and teachers' perceptions about the mental health of primary school children was tested using the Chi-Square test of independence. A p-value of 0.05 was considered statistically significant

4.4: Qualitative Analysis:

4.4.1: Teachers Perceptions:

I elaborated the question "What do you know about the term mental health? "To display not only the findings but also the process that I used lead me to the outcome. Eleven teachers responded in interviews. Majority of which was female and only two were males .Some teachers responded in form of concise statements to describe the term mental health. Two themes were generated from all the responses gathered for Term Mental Health

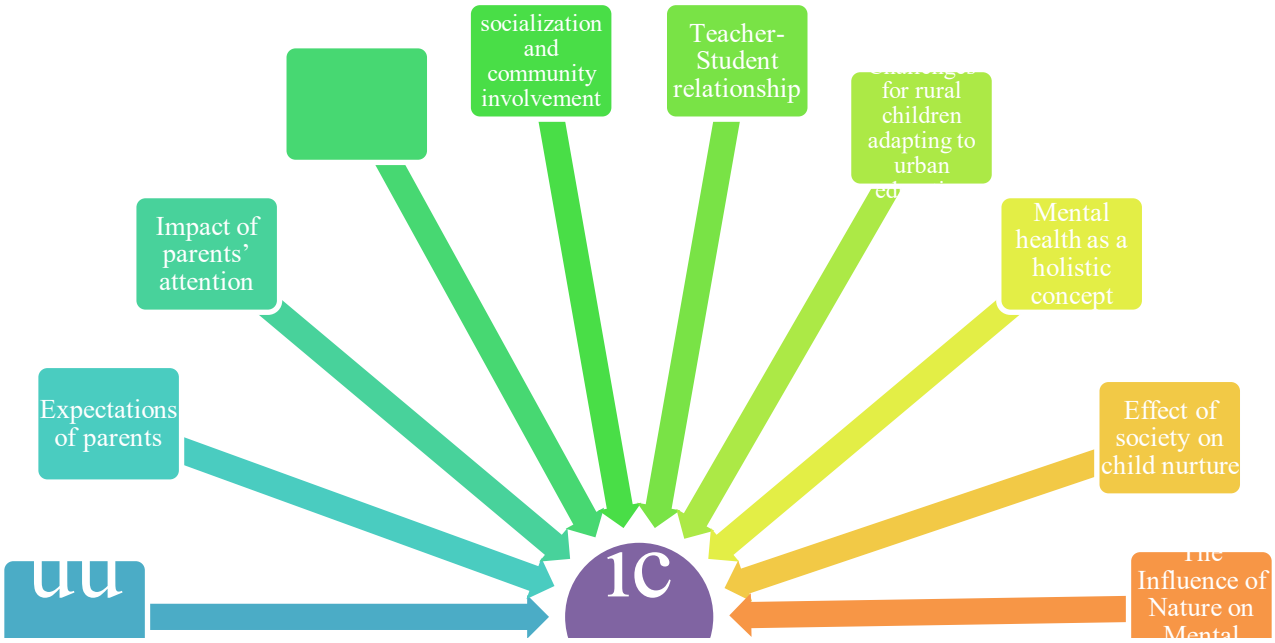

Figure 7: Theme 1: Thematic Analysis

4.5 Theme 1: Mental health as a holistic concept

Most of the teachers provided same responses and they called mental health as “Mental Peace”
One of the response was about the mental health and its dependence on surrounding was:

“Mental health is a mental peace. Peace of mind depend on the atmosphere or environment and our surrounding that how they are making us mentally.”(Participant 5)

Another teacher put emphases on mental health in terms:

“Mental peace”. The first priority is mental peace. If a person is not at peace he might not be fit. If he is mentally peaceful he is fit.(Participant 6)

One of the instructor said:

“Mental health is a measure of how the child's mental health is. Mental health is that sound health.” (Participant 3)

One of the male teacher briefly describe the term mental health in a way that:

“If a student is psychologically or neurogically fit and stable”

He explained further both terms and said:

“By psychological fitness I mean that child must be free of any complexes and by neurogically , his neurons must be working and active” (Participant 2)

One teacherresponded differently regarding mental health and said:

“I would say that, a good investment on child health, education and discipline” (Participant 8)

One of the teacher related mental health to the circumstances:

"Mental health is like that you can say basically children who have disturbance at home or they may have health problem or issue in this you can see children are born with mental issue or health issue or one's mental level decreases , some babies are born normal . For example, by birth are they are normal. But there are few problems in the house which have a lot of impact on them, because of which the mental condition of the children becomes a little disturbed" (Participant 1)

One of the participants told that:

"Many Issues" she describe this with an example of her brother who was facing some mental issues and said:

"First of all if we look at mental health, many questions arise on this, many issues come inti it. for example I have a brother ,he seems to be quiet well, he seems to be a man he speaks ,eats, sits ,getup, he picks up everything quickly, but he does not know what is right and what is wrong" *(Participant 7)*

4.6 :Theme 2: Curriculum Design

Respondent emphasizes the importance of recognizing and nurturing individual strengths and talents in children, rather than imposing a standardized curriculum that may not cater to their specific abilities and interests.

One of the teacher narrated that:

"*It means that our entire syllabus is not personality based like it's not for nourishing child's nature, to groom it. No, our syllabus is tied……. instead of observing that child, we deal with him blindly by this child suffers psychologically*.

He further elaborated it with an example:

"*There is a land that grows wheat and another land that grows cotton, then a land is only for growing fruits and a land only for irrigation, so each type of land is dealt with by the farmer in according to its nature, but unfortunately it is in our education system"(Participant 2)*

Another teacher express her perceptions regarding curriculum development and struggle of a school children. She said:

"Today's standards are high and high. I say that today's syllabus system is not right. What do we do. We do follow the foreigner's syllabus, we design activities according to them and provide this to our children? We do not see our children, we do not see the mental level of these children."(Participant 3)

4.7:Theme 3: Expectations of parents:

Teachers focuses on the dealings of parents with children and said:

"The dealing with the parents is not correct. The dealings of the parents are not good. The parents who are there are doing the comparisons. The have the habit of comparison. If Aslam is like this then why are you not like that? I Aslam's have, good marks, why you don't have?? Then whatever, parents should take care of this sensitivity."(Participant 2)

One of instructor narrated that children's individuality is often overlooked in society, leading to harmful expectations that can affect their mental well-being and motivation in their career path she said:

"In our society, many expectations are placed on children like if someone is a doctor, he says that my child should become a doctor, I should go into the medical field. Well, if he himself is no doctor but he sees that someone else's child has become a doctor, he is earning a lot, so he does not see what is special about my child, he will also say to him

that you should become a doctor. Yes, you have to study medical and take marks. He is do ignore whether the mental level of my child is this or not or what is the interest of my child. When you tell the child by force do it, the abilities within the child will also disappear. (Participant 3)

4.8: Theme 4: Impact of parents' attention

Teachers discussed the importance of parental involvement in a child's education and upbringing. They emphasize that parents should not only send their children to school but also pay attention to their overall affairs, including their social circle and activities outside of school.

"Parents have a very big role to play" (Participant 6)

A teacher said that:

They (Children) are getting less attention at home. The reason for getting less attention is that the families nowadays are leading a very busy life. If the wife is also doing a job or she is also with a job, then the children get less time. (Participant 1)

Another teacher responded in a same way:

They hardly have time to sit with the children and neither they can talk to them in a good way and focus on them. (Participant 7)

In due regard on of the teacher said that:

"In this that the time of the mother and the father with the children has become very less, it has become a limited time. The children they used to spend with, because of this the children are becoming a bit stubborn and irritable." Participant 1

A teacher said that it is important to pay attention to child's activities:

"If there is a child, it should not even be that, we send him to school,and when he comes back from school, it is not enough, but also see the rest of his affairs, how are all his affairs.Where he goes, with whom he sits, with whom he comes, these things matter a lot.So the family has more responsibility, the teacher does not have only this responsibility,they (family) should pay attention to what the child's company is like. (Participant 4)

Another teacher elaborated this and said parent should talk with children and ask about their day and she said:

"Sit and talk with them. The child comes home and you are discussing your own problems. You are not talking about the child. Also, we have to come to his level. The first thing is that our parents do not come to the child's level. Have any parents ever asked? I don't think so, most people ask"

She further elaborated her point:

"*Child comes home and you are discussing your own problems. You do not talk about the child."*

Another teacher emphasize the importance to keep an eye on children's company and said:

"*Assuming that if there is a child, it should not even be that ; we send him to school,and when he comes back from school, it is not enough, but also see the rest of his affairs, how are all his affairs.Where he goes, with whom he sits, with whom he comes, these things matter a lot.So the family has more responsibility"*

4.9:Theme 5: The Influence of Nature on Mental Health:

Most of the participants through light in mental health of rural area and said that proximity to nature contributes to better mental health in rural children , while urban children lack these benefits due to pollution and other environmental factors.

In this regard one teacher said in interview:

"Children from rural areas have very good mental health. It has a very simple reason. Because they are very close to nature. As much as they see the clean sky every day and far away from noise and living in echo free environment, that much not a urban area child can get…..That's why the child from the rural area is also physically"

He responded regarding urban area in a way that:

"*Child of the city are not getting clean environment, clean water, nor is the air clean, nor is climate not he is getting natural heat but the rural children are getting natural sunlight but the urban are kids are getting sunlight washed in chemicals So,in all these factors, climate weather and pollution, because a child who is far away from nature."(Participant 2)*

One of the other teacher differentiate the mental health of rural and urban area child and said:

"The children of area have very good mental health as compared to our children due to their natural environment the environment of village is pleasant."

The teacher further elaborated about urban area:

"But in urban areas children are limited to one room basically we are producing burger child basically the village students are rural area children have very good mental health they are physically fit and healthy."(Participant 3)

One more teacher said:

"If you see Maa shaa Allah the mental health of the children of rural area is good than Ourchildren, because they are growing in an open environment, In the atmosphere of a happy village."

She compare the rural area children with urban area and like this:

"Whereas we people locked our children in the rooms and looked them in the dark environment. We arepreparing them just as Burger children. We have made them burger children whereas the village." (Participant 1)

4.10: Theme 6: Effect of society on child nurture.

Teachers emphasized the peaceful environment and its impact on child mental health like In a peaceful environment, humans can accomplish anything they set their minds to except for overcoming death. Society and home environment play a significant role in shaping a child's potential, and every individual has their unique strengths and abilities.

One of the teacher said:

"Man is made with such adaptation abilities, If you leave it in the forest, it will become wild; if you leave it among humans" (Participant 11)

One the teachers,

A teacher said:

"Man is superior to everything except death human can do anything if they set their mind to it if there is a peaceful environment many things can happen and a person does not

have to face problem. No child is dull rather the society and the members of the house make it so"(Participant 4)

4.11: Theme 7: Challenges for rural children adapting to urban education.

Teachers were concerned about the misunderstood simplicity of rural area children and put emphases that the challenges faced by rural children in adapting to an urban education system include difficulty in dealing with the school schedule and communication barriers due to cultural differences.

In this regards one of the teacher said:

"So problem is that since they are simple in temperament if we look at them from the schooling schedule, then it is a little difficult for them to deal with n school. That's why it should deal technically so that his simplicity should not be mistaken or misunderstood and not to be considered mentally retarded. The receiver is a very sensitive zone that if someone is simpler than you because of your environment, then his simplicity of your mood and behavior may not be understood as your mental retardation."(Participant 3)

Another teacher quoted that:

"The child not told how to communicate if it does not learn to deal with the thinking of village and rural area and thinking of the urban area he became contradiction which cause a lot of damage"(Participant 4)

Teachers further concluded that to groom these children to cope up with these challenges. It is important to approach these challenges with technical solutions and understanding to avoid mistaking simplicity for mental retardation.

"It is important to approach these challenges with technical solutions and understanding to avoid mistaking simplicity for mental retardation."(Participant 2)

4.12:Theme8: Teacher-Student relationship

Teacher's elaborated the society's role in development of children:

"Teacher is spiritual parent"(Participant 1)

"Assuming that if there is a child, it should not even be that we send him to school,And when he comes back from school, it is not enough, but also see the rest of his affairs, how are all his affairs. Where he goes, with whom he sits, with whom he comes, these things matter a lot. So the family has more responsibility" (Participant 2)

One of the instructor describe the relationship of teacher and student

"a teacher is a substitute for parents Children share every problem with their teacher. A teacher is a friend who is very close."(Participant 6)

"Teacher should be very friendly. There is no one closer to the child's heart than the teacher.no one understand a child more than a teacher" (Participant 2)

One of the participant describe the role of teachers:

"This is the ability of a teacher that he knows the child and recognizes him, How to extract it from each situation and how to communicate with him. How will he understand and understand his mind, what kind of mind it possesses. And what kind of thinking he has" (Participant 4)

One individual said that:

"If the teacher pays attention to it, the children can come a long way. For all this, the teacher's observation should be strong. Maybe the child is being neglected at home. In this way, the child is not being given self-confidence at home. Or the child may have

many economic problems at home. It is the teacher's responsibility to judge everyone individually"

4.14: Theme 9: socialization and community involvement

Interviewees expressed their concern that children today are not being sent to playgrounds, madrassas, or mosques, which were once important places for them to socialize and learn about their community. The lack of community involvement is seen as a contributing factor to the decline in social skills and the mental health of children. The teachers suggested that religious education can provide children with a sense of community and help them develop important life skills.

"Looking at today's environment, outdoor games have reduced a lot. Now even children are being thrown out of their homes. The children imprisoned inside……..Looking at today's environment, outdoor games have reduced a lot. Now even children are being thrown out of their homes. The children imprisoned inside"

Another individual responded in same manner and said:

"I think that the current routine is going from school to home, from home to school, what we are telling the children, we are not even sending them to any playground. Earlier, we used to send the children to madrassas to study, now Qari Sahib also goes home. But Even from there.. The child used to go and learn. When have we sent our child to the society? Then when he grows up and goes to the society, he is out of control. Therefore, I do not think that our community is playing a role"(Participant 2)

Teachers suggest that to provide peace to mentally suffering children we should provide them with religious knowledge:

"First of all the basic things about our religion should taught ,as peace will come in the children nature and personality if we give them such little tips as during azan time children should taught about the manners of the Azaan with this the children personality develops and secondly they have some religious knowledge . even the atmosphere of house should managed"(participant 1)

A teachers narrated that :

"The first thing is religious education because we are Muslims. Today's child goes to 10th grade but he doesn't know how to read the Quran. The reason is that he is not sent to madrassas. The child is not sent to the mosque"(Participant 3):

Chapter V: Discussions

5.1: Quantitative:

In current study, perceptions of teachers about mental health of primary school children of Rawalpindi were evaluated. To determine teacher perceptions about mental health of children Strength and Difficulties Questionnaire (SDQ) was adapted. Mental Health of children was divided into two categories, high mental health issues and low mental health issues. All parameters were tested independently with sociodemographic variables for their association and examine perceptions of teachers.

In this study, the majority of the participants were female (96.8%). Results pertain to a study involving primary school teachers, in which the response rate was 90.3%. The non-response rate of 8.69% was due to unwillingness to participate and incomplete questionnaire responses. However, it was found that those who did not participate had similar characteristics to those who did participate. The finding that the majority of the participants were female (96.8%) is consistent with previous research on the gender distribution of teachers in Asian countries, where teaching is often seen as a more suitable profession for women than for men (Jiang, 2017). This is particularly true in developing countries such as Pakistan, where social and cultural norms often limit women's employment opportunities (Khan & Naqvi, 2016).The response rate of 90.3% in this study is relatively high compared to other studies in the region. For example, a study conducted in Iran reported a response rate of 71.6% among primary school teachers (Rahmani, Ashrafi-Rizi, Habibi-Koolaee, & Rahimi-Madiseh, 2019). However, the non-response rate of 8.69% due to unwillingness to participate and incomplete questionnaire responses is a limitation of the study, as it may introduce bias in the results.

Mean age was 36.2 years with a range of 24-30 years. Most teachers (>5 years of teaching experience) reported teaching experience from range 0 to 5 years. Additionally, 51.1% of teachers were single, and 47.9% reported teaching senior primary classes (grade four and grade five). Furthermore, 62.8% were class teachers, 41.5% had a master's degree, and 70.2% had no additional certificates. The majority of the participants were female, which is consistent with many studies conducted in Asian countries, particularly in the field of education (Abu-Hassan & Yaacob, 2011; Chen, Chen, & Chen, 2016). Additionally, the mean age of the participant's falls within the range reported in previous studies conducted in the Asian region (Abu-Hassan & Yaacob, 2011; Lin, 2013).In terms of teaching experience, results indicate that most teachers had less than 5 years of experience. This finding is consistent with several studies conducted in Asian countries such as China and Malaysia, which have reported that younger teachers with less experience (Chen et al., 2016; Yang & Shen, 2013).Regarding marital status, my results showed that more than half of the teachers were single. This finding is consistent with several studies conducted in Asian countries, such as China and Taiwan, which have reported that a significant proportion of teachers are single (Chen et al., 2016; Chou & Lin, 2014).Furthermore, my results indicated that a significant proportion of the teachers were teaching senior primary classes (grade four and grade five). This finding is consistent with a study conducted in Malaysia, which reported that primary school teachers were more likely to teach in senior primary classes (Abu-Hassan & Yaacob, 2011).In terms of educational qualifications, results showed that 41.5% of the teachers had a master's degree, and 70.2% had no additional certificates. This finding is consistent with several studies conducted in Asian

countries, such as Malaysia and China, which have reported that many teachers have only a bachelor's degree and lack formal qualifications (Abu-Hassan & Yaacob, 2011; Yang & Shen, 2013).It is worth noting that more than half (52.7%) of the teachers did not have professional teaching education, which might have implications for the quality of education provided to students.

Regarding health-related factors a significant percentage (63.3%) did not agree to take any medication regularly. However, most teachers (75.5%) agreed to take good sleep. Most teachers (75.5%) agreed to take good sleep is consistent with research conducted in other parts of the world. For example, a study conducted in the United States by Carroll et al. (2017) found that sleep quality was significantly related to teacher job performance and job satisfaction.

In terms of teaching methods, the study found that the number of students per class reported was 48 (25.5%), with a minimum and maximum size of 15 students and 20 students per class. It was reported that most of the students (62.8%) were independently working, while 68.1% were dependent and unable to work independently. These results provide valuable insights into the characteristics of primary school teachers and their approaches to teaching and health-related factors. Students per class is consistent with previous research on class size in Asia. A study conducted in China by Wang et al. (2019) found that the average class size was 45.9, with a range of 20 to 65 students. Similarly, a study conducted in Vietnam by Nguyen et al. (2018) found that the average class size was 45.5, with a range of 25 to 75 students. Finding on students who don’t need much assistance and able to do their work by themselves is consistent with previous research on teaching methods in Asia. A study conducted in Taiwan by Cheng et al. (2018) found that teachers emphasized independent

learning and critical thinking in their teaching methods. This may be due to the focus on developing student autonomy and self-directed learning in Asian education systems. However, the finding that 68.1% of students were need assistance and unable to work independently suggests that more support and guidance may be needed to help students develop the skills necessary for independent learning. This finding is consistent with research on the challenges of implementing independent learning in Asian classrooms. A study conducted in Hong Kong by Chan and So (2018) found that teachers faced difficulties in promoting independent learning due to the emphasis on exam-oriented teaching and learning.

In current study, association between mental health issues and demographic variables of primary school children was determined by the Pearson Chi-Square test of independence after confirming the assumptions of the test. Additionally, the association between demographic variables and teachers' perceptions about the mental health of primary school children was tested using the Chi-Square test of independence. A p-value of 0.05 was considered statistically significant.

The results of the study showed that there was a significant association between type of teaching(0.022) like class teacher or subject teacher and dependent students who need complete assistance of teacher(0.037). This suggests that the type of teaching and level of dependence among students may influence the occurrence of mental health issues. However, the study did not provide any information about the strength or direction of this association, and more research may be needed to understand the relationship better. The

finding of a significant association between the type of teaching (class teacher or subject teacher) and dependent students is consistent with previous research in Asia. For example, a study conducted in China by Wang et al. (2020) found that class teachers played a more important role in the academic and social development of primary school students than subject teachers. The study also found that class teachers had a better understanding of their students' needs and were more willing to provide support to dependent students. Furthermore, a study conducted in South Korea by Lee and Yoon (2017) found that class teacher role were more likely to report concerns about their students' mental health and behavior than subject teachers. This suggests that class teachers may have a better understanding of their students' mental health and well-being, which may lead to more effective interventions and support.

It is important to note that the study only looked at the association between a limited set of demographic variables and mental health issues. Other factors, such as socioeconomic status, family environment, and individual differences, may also play a role in the development of mental health issues in primary school children.

5.2:Qualitative:

Firstly, there are several studies conducted in different parts of Asia that have investigated the perceptions of teachers towards the mental health of primary school children. For example, a study conducted in Malaysia found that teachers were generally aware of the importance of mental health in children and were willing to provide support to students experiencing mental health issues (Choo et al., 2018). Similarly, a study conducted in India found that teachers were often the first point of contact for parents who were concerned

about their child's mental health, and that teachers played a crucial role in identifying and addressing mental health issues in children (Rani & Singh, 2020).

When looking at the themes that emerged from my research, there are also similarities with studies conducted in other Asian countries. For example, the theme of mental health as a holistic approach is similar to findings from a study conducted in China, which found that teachers believed that mental health was not just about the absence of mental illness, but also included the development of social, emotional, and cognitive skills (Yan et al., 2020).The theme of expectations of parents is also similar to findings from other studies. For example, a study conducted in Hong Kong found that parents often had high expectations for their children's academic performance, which could contribute to stress and anxiety in children (Leung et al., 2018).The theme of the impact of parents' attention is also similar to findings from other studies, such as a study conducted in Taiwan, which found that parental involvement and support was a significant predictor of children's mental health and well-being (Lin & Wang, 2020).The theme of the role of society in child nurture is similar to findings from a study conducted in Korea, which found that there were significant cultural and societal pressures on children that could impact their mental health and well-being (Lee et al., 2018).The theme of the role of teachers is also similar to findings from other studies, such as a study conducted in Pakistan, which found that teachers were often the first point of contact for students experiencing mental health issues, and that there was a need for more training and support for teachers in this area (Ahmed et al., 2020).Finally, the theme of the role of government is similar to findings from other studies, such as a study conducted in Vietnam, which found that there was a need for greater government investment in mental health services for children (Nguyen et al., 2019).

Despite the similarities, it is important to note that every study is unique and will have its own set of findings. For example, my study focused specifically on the perceptions of primary school teachers in Rawalpindi, Pakistan, whereas other studies may have focused on different age groups or different regions. Additionally, my study used a mixed-methods approach, which combines both qualitative and quantitative data, whereas other studies may have used only qualitative or only.

There are cultural and societal differences between Pakistan and other Asian countries that could impact how teachers perceive and address the mental health of primary school children. For example, a study conducted in Japan found that teachers tended to prioritize academic achievement over mental health, and were more likely to intervene if a student's academic performance was affected by mental health issues (Suzuki et al., 2019). This highlights the importance of considering cultural and societal factors when interpreting research findings.My study used a mixed-methods approach, which combined qualitative and quantitative data collection and analysis methods. Other studies in Asia may have used different research methods, such as purely qualitative or quantitative methods, which could impact the types of findings and conclusions drawn.The level of teacher training and support for addressing mental health issues is varied across different Asian countries, which could impact how teachers perceive and address these issues. For example, a study conducted in Malaysia found that teachers felt they lacked the necessary training and support to address mental health issues in students (Choo et al., 2018). This highlights the importance of providing adequate training and support for teachers to effectively address legislation: There may be differences in the policies and legislation related to mental health

and education across different Asian countries, which could impact how teachers perceive and address the mental health of primary school children. For example, a study conducted in India found that teachers were often reluctant to discuss mental health issues with students due to a lack of clear policies and guidelines (Rani & Singh, 2020). Understanding the policy context is important for interpreting research findings and identifying potential areas for policy intervention and reform.

These differences may be related to cultural and societal factors, research methodology, sample teacher training and support. By taking these factors into consideration, future research can build upon the findings of my study and contribute to a better understanding of how teachers perceive and address the mental health of primary school children in Asia. The importance of the teacher-student relationship in promoting the mental health of primary school children has been studied in many Asian countries, including China, Japan, and Pakistan. In a study conducted in China by Liu et al. (2020), it was found that a positive teacher-student relationship is associated with better mental health outcomes among primary school children. Similarly, in a study conducted in Pakistan by Ahmed et al. (2019), it was found that a positive teacher-student relationship plays an important role in promoting.

5.3: Strengths:

1. My study addresses an important and relevant issue related to the mental health of primary school children, which is a topic of growing concern in many parts of the world.
2. The mixed-methods approach used in my study allowed for a more comprehensive understanding of the perceptions of teachers towards the mental health of primary school children.

3. The themes that emerged from my research provide valuable insights into the factors that influence the mental health of primary school children, and can be used to inform interventions and policies aimed at improving mental health outcomes.

4. My study addresses an important and relevant issue related to the mental health of primary school children, which is a topic of growing concern in many parts of the world.

5.4: Limitations:

1. The sample size of my study might be relatively small, which may limit the generalizability of your findings to other contexts and populations.

2. The study was conducted in a specific geographic area (Rawalpindi), which may limit the applicability of the findings to other regions or countries.

3. There may be potential biases in the perceptions of teachers towards the mental health of primary school children, which could impact the validity of the findings.

4. The study focused on the perceptions of teachers, and did not include the perspectives of other key stakeholders such as parents, students, or mental health professionals.

Chapter VI: Conclusion

In conclusion, the findings of this study suggest that primary school teachers in Rawalpindi face various challenges related to the mental health of their students. The qualitative analysis identified themes related to teachers' perceptions of mental health issues, their knowledge and training in this area, and the support they receive from parents and school administration. The quantitative results revealed associations between demographic variables such as age, teaching experience, and type of teaching with teachers' perceptions of mental health issues among primary school children. Overall, these results highlight the need for greater support and resources for primary school teachers to effectively address the mental health needs of their students. By recognizing and addressing these challenges, educators and policymakers can work towards improving the mental health and well-being of young students in the region.

Chapter VII: Recommendations

7.1: Policy Level:

1. Develop and implement comprehensive policies that prioritize mental health education and support for primary school children. These policies should encompass not only the identification and treatment of mental health issues but also the promotion of mental health as a holistic approach that includes social, emotional, and cognitive development.
2. Increase funding and resources for mental health services for primary school children, including training and support for teachers and other school staff.

7.2:School Administration Level:

1. Provide training and support for teachers and school staff to identify and address mental health issues in primary school children. This training should emphasize the importance of a holistic approach to mental health and the role of teachers in promoting mental health.
2. Create a safe and supportive school environment that promotes positive mental health and well-being for primary school children. This could include initiatives such as anti-bullying campaigns, stress reduction programs, and mental health awareness campaigns.

7.3: Students and Parents Level

1. Encourage parents to be actively involved in their child's education and to support their child's mental health and well-being. This could include initiatives such as parent-teacher

conferences, parent education programs, and mental health awareness campaigns targeted at parents.

2. Foster a school culture that promotes open communication and dialogue between students, parents, and teachers about mental health issues. This could involve creating opportunities for students to discuss mental health issues with their peers and teachers, and providing resources for parents to learn more about mental health and how to support their child.

Overall, these recommendations emphasize the importance of taking a multi-dimensional approach to promoting mental health in primary school children, and the need for collaboration between policy makers, school administrators, students, and parents to create a supportive and inclusive environment for all children. By prioritizing mental health education and support, and fostering a culture of openness and support, we can help ensure that all primary school children have the tools they need to achieve optimal mental health and well-being.

7.4: Way forward:

1. Conduct further research to deepen our understanding of the complex factors that cont7.4ribute to mental health in primary school children.
2. Develop and implement evidence-based programs and interventions that promote mental health in primary school children.
3. Expand access to mental health services for primary school children.

4. Foster collaboration and partnership between policy makers, school administrators, students, parents, and mental health professionals to promote mental health in primary school children.

5. Raise awareness of mental health issues in primary school children and reduce stigma around seeking help for mental health concerns.

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ANEXURE-I

Proposed Timeline (Gantt chart)

Activities	November 2022	December 2022	January 2022	February 2022	March 2023
Literature search					
Synopsis writing and IRB approval					
Pilot testing					
Data collection					
Data analysis					
Writeup					
Thesis defense					

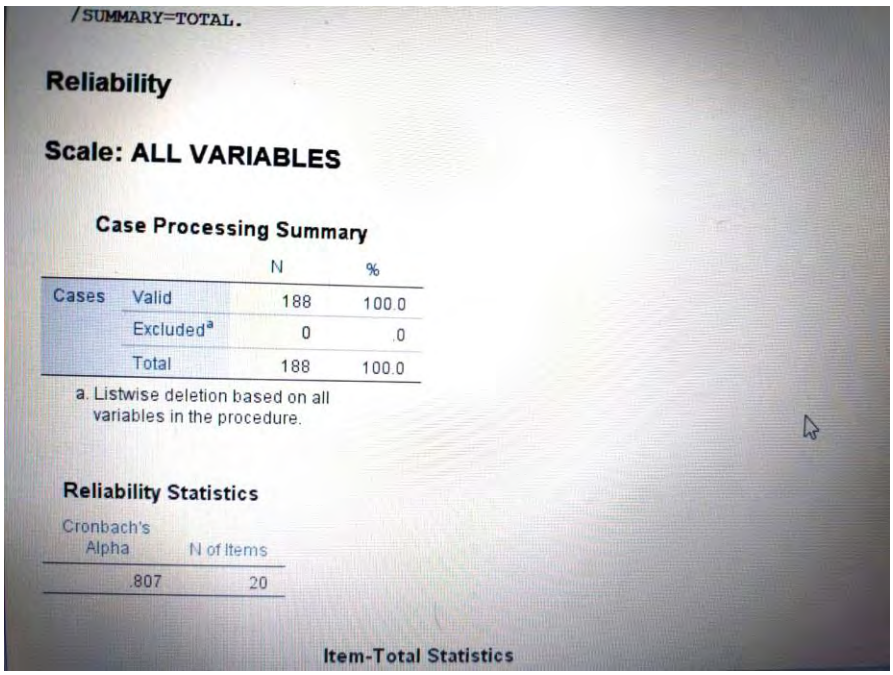
ANEXURE-II

Purposed Budget

Budget item	Transport	Stationery and internet	Printing	Publishing
Pilot testing	5000 Rs/-	10,000Rs/-	15,000Rs/-	-
Data collection	10,000Rs/-	10,000Rs/-	-	-
Thesis writeup	5,000Rs/-	10,000Rs/-	8,000Rs/-	20,000Rs/-
Total expenditure	16,000Rs/-	17,000Rs/-	13,000Rs/-	8,000Rs/-
Grand total	147,000 Rs/-			

Annexure III

Reliability Of strength and difficulty scale (SDQ)



/SUMMARY=TOTAL.

Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	188	100.0
	Excluded[a]	0	.0
	Total	188	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.807	20

Item-Total Statistics

Annexure IV

Data Collection Tool

Teacher's Perception about the of mental health of Primary School Children of Rural Rawalpindi

SECTION A: 1. Teacher's Socio-demographic information

Name of school: .....

1. Gender	a. Male	1
	b. Female	2
	c. Other	3

2. Age in years	a. 17-23	1
	b. 24-30	2
	c. 31 - 36	3
	d. 37 - 43	4
	e. 44 – 50	5
	f. 51- 56	6
	g. 57+	7

3. Marital status	a. Single	1
	b. Married	2
	c. Living as married	3
	d. Separated	4
	e. Divorced	5
	f. Widowed	6

4. Years of Teaching	a. 0-5	1
	b. 6-10	2
	c. 11-15	3
	d. 16-20	4
	e. 21 years and over	5
5. Grade of Teaching	a. Play Group	1
	b. Preparatory	2
	c. Grade One	3
	d. Grade Two	4
	e. Grade Three	5
	f. Grade Four	6
	g. Grade Five	7
6. Teaching Type	a. Subject teacher	1
	b. Class teacher	2
7. Teachers additional certifications	a. Montessori	1
	b. PTC	2
	c. other	3
	d.	
8. Education Level	a. Matriculation	1

	b. Intermediate	2
	c. Graduation	3
	d. Master	4
9.Professional Teaching Education	a. B.Ed	1
	b. M.Ed	2

2.Teacher's Health Profile

1.Body Mass Index	a. Underweight	1
	b. Normal	2
	c. Overweight	3
	d. Obese	4

SECTION B Mental Health Predictors of students

This research is conducting to gain knowledge of fundamental component of personality of student like, Managerially, Morally, Psychologically and Emotionally and each question often interact more than one component of personality.)

1: Administrative:

1.What is the strength of your class?	a.15-20	1
	b.21-26	2
	c.27-32	3
	d.33-38	4
	e.39-45	5
	f.others ……..	6
2.How many students can do independent work?	a.All Students	1
	b.Most of them	2
	c.some of them	3
	d.No One	4
	e.others	5

3.How many children you have in your class who can't do independent work ?	a.1-5	1
	b.5-10	2
	c. 11-15	3
	d.others	4

By considering overall performance of dependent or problematic children kindly answer below questions:

2: Physical Health of Children:

1. Do you think these kids take good care of their personal hygiene?	a. Agree	1
	b. Often	2
	c. Not Agree	3

2. Do they take healthy lunch at their break?	a. Agree	1
	b. Often	2
	c. Not Agree	3

3. Do these kids come to school regularly?	a. Agree	1
	b. Often	2
	c. Not Agree	3

3: Personality Aspects:

1. Do you believe these children are responsible?	d. Agree	1
	e. Often	2
	f. Not Agree	3

2. Do these students play with other classmates?	g. Agree	1
	h. Often	2

	i. Not Agree	3

4. Are these students good in studies?	a. Agree	1
	b. Often	2
	c. Not Agree	3

5. Do they can Read/Write properly according to their grade?	a. Agree	1
	b. Often	2
	c. Not Agree	3

6. Do they delivers properly in class?	a. Agree	1
	b. Often	2
	c. Not Agree	3

7. Do these children looks worried or unhappy?	a. Agree	1
	b. Often	2
	c. Not Agree	3

8. Do they take credit of other's work?	a. Agree	1
	b. Often	2
	c. Not Agree	3

9. Do they blame others for their mistakes?	a. Agree	1
	b. Often	2
	c. Not Agree	3

10. DO they usually make excuses for not doing homework?	a. Agree	1
	b. Often	2
	c. Not Agree	3

11. Do they tease teacher or peers?	a. Agree	1
	b. Often	2
	c. Not Agree	3

12. Do they help other classmates willingly?	a. Agree	1
	b. Often	2
	c. Not Agree	3

13. Do they ask questions in class?	a. Agree	1
	b. Often	2
	c. Not Agree	3

14. Do you think they have good attention span to seek task till the end of lesson ?	a. Agree	1
	b. Often	2
	c. Not Agree	3

15. Are they confident to participate in class?	a. Agree	1
	b. Often	2
	c. Not Agree	3

16. Do these kids usually write about something special in their CW/HW?	a. Agree	1
	b. Often	2
	c. Not Agree	3

17. DO they seem worried about being separated from friends?	a. Agree	1
	b. Often	2
	c. Not Agree	3

18. Do they have difficulty following direction or instruction?	a. Agree	1
	b. Often	2
	c. Not Agree	3

19. Overall, do you think that these children have deficiencies in one or more of the following areas: Psychological, Moral, Managerial emotionally, concentration, behavior or being able to get on with other people?	a. Agree	1
	b. Often	2
	c. Not Agree	3

If you have answered "Yes", please answer the following questions about these difficulties:

• From how long have these difficulties been present?	a. Less than a month	1
	b. 1-5 months	2
	c. More than 5 months	3

• Do these difficulties put a burden on you or the class or on environment?	a. Agree	1
	b. Often	2
	c. Not Agree	3

• Do these difficulties interfere/ upset child's everyday life?	a. Agree	1
	b. Often	2
	c. Not Agree	3

Interview guide

Introduction:

I am Shehzeen Khaliq, doing Masters of Public Health at Al-Shifa School of Public Health Rawalpindi. I am conducting a research on "**Teachers perception about mental health status of primary school children of Rural Rawalpindi**". This study will be conducting after approval from IRB committee of Al-Shifa School of Public Health Rawalpindi.

Purpose statement:

The purpose of this Phenomenological study will be to understand and describe the lived experiences of teachers and their perception about mental health status of primary school children of Rural Rawalpindi.

Interview guide

Central Question:

What are the lived experiences of teachers about the mental health of primary school children?

Sub question/Issue questions:

1. What do you know about the term "Mental Health"?
2. Do you have anyone else in the family who also suffers from mental health issues?
3. What are the mental health problems of children in rural areas?
4. What are the reasons for mental health issues in primary school children?
5. What are your views about slow learners?
6. What are the issues/problems of slow learners?
7. If a child is mentally disturbed, what'd you think how it will affect their later life?
8. What is the role of the teacher in a mentally suffering child's life?
9. How can we help a mentally suffering child at community level ?
10. What is the role of government ?

Procedural Questions:

1. Do I construct the title for the perception and experiences of teachers about the mental health status of primary school children?
2. Is the phenomenological study design suitable for my study?
3. What statements describe these experiences?
4. Do I formulate the objectives for this research accurately?
5. Do I comprehensively make the interview guide? Is it covers all the aspects I needed or not?

6. What themes emerge from these experiences?
7. What are the contexts of and thoughts about the experiences?
8. Do I interpret the themes comprehensively?
9. What is the overall essence of the 'lived experiences‟?
10. Is my finding going with my research title?

ANEXURE-VI

Informed Consent Form

Title of study

"Teacher's perceptions about the mental health status of primary school children in Rural Rawalpindi: A phenomenological study.

Researcher:
Shehzeen Khaliq MSPH student, Al-Shifa School of Public Health Rawalpindi.

Purpose:
Primary school age is an age of development of child's personality. Children at this age are sharp and keen observers as well as naughty. But many factors like stress, parental conflicts , broken families ,peer problem, grades pressure and competition can affect their academics ,their relationships with teachers and peers leading till family and ultimately society may suffers.
So, this study will help to describe the experiences of teachers of primary school having students with mental issues and problems faced by them at school as well as during teaching/lecture.

Procedure:

In-depth interviews will be conducted for this study. School data will also be used.

Audio recording along with field notes will be done to record data.

Time required:

It is anticipated that it will take approximately 45 to 60 minutes of your time to complete the interview.

Voluntary participation:

Participation in this study is voluntary. You have the right to not open or complete the anonymous survey.

Confidentiality:
Data from the surveys will be completely anonymous and reported in aggregate form. Your name will not be collected at any time. After data collection, the interview and

demographic responses will be password-protected. Once submitted the researcher will not be able to withdraw responses due to anonymity and de-identified data.

Risks:

This study will pose not harmful risk to the participants.

Benefits:

There are no direct benefits associated with participation in this study. The potential benefit from this research is to assess the issues and needs of students and teachers of primary school and advocacy for this group of teachers and students. It will help in the development of special guidelines and referral protocols for these Kids and Teachers.

Payment:

You will receive no payment for participating in the study.

Right to withdraw from the study:

You have the right to withdraw from the study at any time without penalty.

If you have questions about the study, contact the following individual:

Shehzeen Khaliq

Shehzeenkhaliq786@gmail.com

Contact # 03168333083

Consent:

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Name of Participant_____

Signature of Participant _____

Date _____ (DD/MM/YY)

مطالعہ کا عنوان

دیہی راولپنڈی میں پرائمری اسکول کے بچوں کی ذہنی صحت کی حالت کے پیش گو کے بارے میں اساتذہ کے تاثرات:

مرکزی تحقیق کار:

شہزین خالق۔ ایم ایس پی ایچ کی طالبہ، الشفاء سکول آف پبلک ہیلتھ راولپنڈی۔

مقصد:

پرائمری اسکول کی عمر بچے کی شخصیت کی نشوونما کی عمر ہے۔ اس عمر میں بچے تیز اور گہری مبصر ہونے کے ساتھ ساتھ شرارتی بھی ہوتے ہیں۔ لیکن بہت سے عوامل جیسے تناؤ، والدین کے تنازعات، ٹوٹے ہوئے خاندان، ساتھیوں کا مسئلہ، درجات کا دباؤ اور مسابقت ان کے مابرین تعلیم کو متاثر کر سکتی ہے، اساتذہ اور ساتھیوں کے ساتھ ان کے تعلقات خاندان تک اور آخر کار معاشرے کو نقصان پہنچ سکتا ہے۔

لہذا، یہ مطالعہ پرائمری اسکول کے اساتذہ کے تجربات کو بیان کرنے میں مدد کرے گا جن کے طلباء کو ذہنی مسائل اور اسکول میں ساتھ ساتھ تدریس/لیکچر کے دوران درپیش مسائل کا سامنا ہے۔

موضوع کی شرکت

آپ کو اس مطالعہ میں حصہ لینے کے لیے مدعو کیا جا رہا ہے کیونکہ پرائمری اسکول کے بچوں کی ذہنی صحت کی تشخیص کے دوران استاد کے طور پر آپ کا تجربہ محقق کی سمجھ اور علم میں بہت زیادہ حصہ ڈالے گا۔

طریقہ کار:

اعداد و شمار کو ایک سوالنامہ کا استعمال کرتے ہوئے جمع کیا جائے گا تاکہ آبادیاتی معلومات اور بچوں کی ذہنی صحت کی صورتحال کو جمع کیا جا سکے اور طلباء کو مستقبل کے خطرے کا اندازہ لگایا جا سکے۔ اسکول کے ریکارڈ اور ایک سوالنامہ کے ذریعے ڈیٹا اکٹھا کیا جائے گا جسے اساتذہ مکمل کریں گے۔

وقت درکار:

یہ متوقع ہے کہ سوالناموں کو مکمل کرنے میں تقریباً 20 منٹ لگیں گے۔

رضاکارانہ شرکت:

اس مطالعہ میں آپ کی شرکت رضاکارانہ ہے۔ اس مطالعہ میں حصہ لینے یا نہ لینے کا فیصلہ کرنا آپ پر منحصر ہے۔ اگر آپ اس مطالعہ میں حصہ لینے کا فیصلہ کرتے ہیں، تو آپ سے رضامندی کے فارم پر دستخط کرنے کو کہا جائے گا۔ رضامندی کے فارم پر دستخط کرنے کے بعد، آپ کسی بھی وقت اور وجہ بتائے بغیر دستبردار ہونے کے لیے آزاد ہیں۔ اس مطالعہ سے دستبردار ہونے سے آپ کے تعلق پر اثر نہیں پڑے گا،

رازداری:

ڈیٹا مکمل طور پر گمنام ہوگا اور مجموعی شکل میں رپورٹ کیا جائے گا۔ آپ کا نام کسی بھی وقت جمع نہیں کیا جائے گا۔ ڈیٹا اکٹھا کرنے کے بعد، سوالنامے پاس ورڈ سے محفوظ ہوں گے۔ ایک بار جمع کرائے جانے کے بعد محقق گمنامی اور غیر شناخت شدہ ڈیٹا کی وجہ سے جوابات واپس نہیں لے سکے گا۔

خطرات:

جواب بھرنے کے دوران، آپ سے کچھ ذاتی معلومات پوچھی جائیں گی جن کے بارے میں آپ کو آرام محسوس نہیں ہوگا۔ آپ کو طریقہ کار کی رازداری پر شک ہو سکتا ہے۔ لیکن اگر آپ آرام دہ محسوس نہیں کرتے ہیں، تو آپ اس سروے میں حصہ لینے سے انکار کر سکتے ہیں اور یہ بھی ٹھیک رہے گا۔

بصورت دیگر، مطالعہ سے وابستہ کوئی سنگین خطرہ نہیں ہوگا۔

فوائد:

اس مطالعہ میں حصہ لینے سے کوئی براہ راست کوئی فائدہ نہیں ہے لیکن آپ کی شرکت سے محقق کو ذہنی صحت کے بارے میں جاننے میں مدد ملے گی اور طلباء کی کامیابیوں کے ساتھ سماجی اور علمی طور پر اس کا تعلق معلوم ہوگا۔ اس سے دوسرے محققین کو اہم مسائل کو اجاگر کرنے کے لیے اس موضوع پر مزید کام کرنے میں مدد ملے گی۔ مزید یہ کہ اس سے اعلیٰ حکام کو اس صورتحال کو بہتر بنانے کے لیے مستقبل کے تخمینے وضع کرنے میں مدد ملے گی۔

ادائیگی:

مطالعہ میں حصہ لینے کے لیے آپ کو کوئی ادائیگی نہیں ملے گی۔

مطالعہ سے دستبردار ہونے کا حق:

آپ کو بغیر کسی جرمانے کے کسی بھی وقت مطالعہ سے دستبردار ہونے کا حق ہے۔

رابطے کی معلومات:

اگر آپ کے مطالعہ کے بارے میں سوالات ہیں، تو براہ کرم درج ذیل فرد سے رابطہ کریں:

شہزین خالق

Shehzeenkhaliq786@gmail.com

رابطہ نمبر 8333083-0316

رضامندی

میں نے پڑھی ہے اور میں فراہم کردہ معلومات کو سمجھتا ہوں اور مجھے سوالات کرنے کا موقع ملا ہے۔ میں سمجھتا ہوں کہ میری شرکت رضاکارانہ ہے اور یہ کہ میں کسی بھی وقت بغیر وجہ بتائے اور بغیر کسی قیمت کے دستبردار ہونے کے لیے آزاد ہوں۔ مجھے اس رضامندی کے فارم کی ایک کاپی دی جائے گی۔ میں رضاکارانہ طور پر اس مطالعہ میں حصہ لینے پر رضامند ہوں۔

شریک کا نام _____ **حصہ لینے والے کے دستخط** _____

تاریخ_____ (DD/MM/YY)

رضامندی لینے والے محقق/شخص کا بیان

میں نے ممکنہ شرکت کنندہ کو معلوماتی پرچہ درست طریقے سے پڑھا ہے، اور اپنی بہترین صلاحیت کے مطابق اس بات کو یقینی بنایا ہے کہ شریک اس کو سمجھتا ہے۔

میں تصدیق کرتا ہوں کہ حصہ لینے والے کو مطالعہ کے بارے میں سوالات پوچھنے کا موقع دیا گیا تھا، اور شرکاء کی طرف سے پوچھے گئے تمام سوالات کا صحیح اور میری بہترین صلاحیت کے مطابق جواب دیا گیا ہے۔ میں تصدیق کرتا ہوں کہ فرد کو رضامندی دینے پر مجبور نہیں کیا گیا ہے، اور رضامندی آزادانہ اور رضاکارانہ طور پر دی گئی ہے۔

اس باخبر رضامندی فارم (ICF) کی ایک کاپی شرکاء کو فراہم کی گئی ہے۔

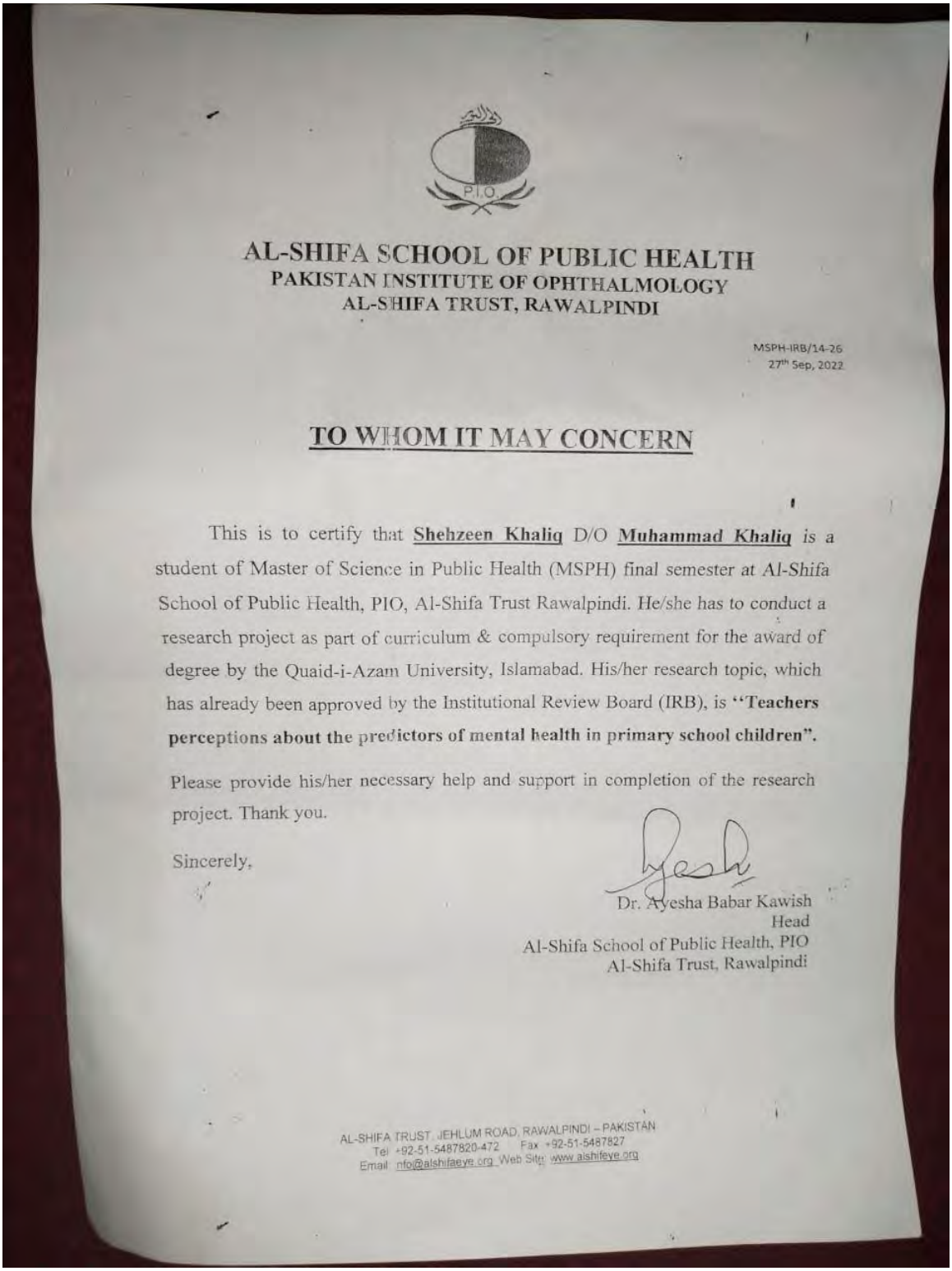
رضامندی لینے والے شخص کا نام_____ **رضامندی لینے والے محقق کے دستخط** ----------

تاریخ_____DD/MM/YY)

ANEXURE-VII

IRB Letter

IRB letter was approved after synopsis approval by Institutional Review Committee of Al-Shifa School of Public Health Rawalpindi.



AL-SHIFA SCHOOL OF PUBLIC HEALTH
PAKISTAN INSTITUTE OF OPHTHALMOLOGY
AL-SHIFA TRUST, RAWALPINDI

MSPH-IRB/14-26
27th Sep, 2022

TO WHOM IT MAY CONCERN

This is to certify that **Shehzeen Khaliq** D/O **Muhammad Khaliq** is a student of Master of Science in Public Health (MSPH) final semester at Al-Shifa School of Public Health, PIO, Al-Shifa Trust Rawalpindi. He/she has to conduct a research project as part of curriculum & compulsory requirement for the award of degree by the Quaid-i-Azam University, Islamabad. His/her research topic, which has already been approved by the Institutional Review Board (IRB), is **"Teachers perceptions about the predictors of mental health in primary school children".**

Please provide his/her necessary help and support in completion of the research project. Thank you.

Sincerely,

Dr. Ayesha Babar Kawish
Head
Al-Shifa School of Public Health, PIO
Al-Shifa Trust, Rawalpindi

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