Master of Science in Public Health

Teacher's knowledge regarding mental health issues of school-going children in tehsil Bhimber AJK

By

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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 offences 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 I also understand that any quotation from the published or unpublished works of other persons, including other candidates, must be clearly identified as such by being placed inside quotation marks and a full reference to their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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ABSTRACT

Research Background: Children in the age range of 3-17 years face higher emotional, mental, and behavioral issues. The prevalence of mental health problems in children in Pakistan is much higher (35%) in children and adolescents compared to 10% to 20% around the globe. This invites to research this area in depth.

Research Objectives: This research has been carried out to investigate the teachers' knowledge about mental health issues of school going children in tehsil Bhimber, AJK. The aim of the study was to investigate the association between the demographics of teachers and their knowledge about the mental health issues of school going children.

Research Methodology: This study has been a quantitative cross-sectional study carried out in high schools of Bhimber district of AJK. The study has selected stratified random sampling technique to collect data from 384 respondents using a structured questionnaire consisting of two parts where part A asks for demographic questions while part B consists of questions on mental health awareness of teachers. The analysis of collected data has been performed in SPSS 21 using demographic analysis, frequency distribution of responses, t test and one way ANOVA tests.

Research Results: The results of study have provided significant difference in mental health awareness of teachers in both public and private schools where $p = 0.05$. on the other hand, no significant difference for mental health awareness of teachers has been found in terms of age ($p = 0.389 > 0.05$),experience($p=0.234>0.05$), gender ($p = 0.83 > 0.05$), education level ($p = 0.172 > 0.05$) and previous workshop experience ($p = 0.801 > 0.05$).

Conclusion: This study concludes that the type of school makes a difference for mental health knowledge and awareness of teachers in Bhimber, AJK while age,experience, gender, education level, and prior workshop experience on the topic do not influence the level of mental health awareness of teachers. Thus, it is recommended that the schools should focus more on providing training to their teachers from within the staff to enhance their mental health knowledge.

Key words: high school teachers, mental health awareness, public and private schools

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List of Abbreviations

ADHD, Attention deficit hyperactivity disorder

AJK, Azad Jammu and Kashmir

ANOVA, Analysis of variance

ASER, Annual Status of Education Report

CIHR, Canadian Institute of Health Research

DSM, Diagnostic and Statistical Manual of Mental Disorder

IRB, Internal Review Board

SPSS, Statistical Package for Social Sciences

TOC, Theory OF Change

UK, United Kingdom

CHAPTER I: INTRODUCTION

Schools are considered strategic sites that plays important role in the development of emotional and social competencies in children (Reinke et al., 2011). Fazel et al., (2014) argued that schools are expected to improve and promote the mental health and well-being of students. Johnson and Taliaferro (2012) schools become the center of life and hope for children. They allow the students to go through psychological problems. Schools tried to deliver evidence-based mental health interventions with the help of teachers that can handle and identified the students which are at risk (Atkins et al., 2010; Lendrum et al., 2013). Stress, anxiety, depression, and suicidal rate are high among Pakistani students (Rehmani et al., 2018). Teachers are more concerned with educating students about mental health issues. Moon et al., (2017) suggested that 85 % of teachers are concerned about the requirement of teachers for further mental health training while 93 % of teachers felt concerned about the mental health of students. Teachers play a crucial role in the identification of mental health problems in schools.

The Data Resource Center has revealed that 22.1% of all children in the age range of 3-17 years have emotional, mental, and behavioral issues. The most commonly diagnosed issues among children include anxiety, hyperactivity disorder, and depression. Moreover, 46% of all children have experienced at least once any adverse experience in childhood. Those who face community violence and come from a lower economic backgrounds, face a higher risk of depression and anxiety. Despite rising mental health concerns of children, children have lower access of mental health services. Students, especially in

urban schools particularly need mental health services. Investigating the link between the mental health of students and their academic performance is important and has been emphasized by researchers over the years (Rehmani et al, 2017).

Schools are taking different initiatives to deal with the growing need of mental health support services for students. Different strategies to deal with mental health issues of students may include community-based and school based services provided by clinicians. Additionally, the curriculum which include social and emotional learning, counseling in small groups, strong communication between students and teachers, and making referrals to outside agencies. Thus, teachers are considered the frontline personnel to support the efforts of schools to address the mental health issues of students. It is because teachers are expectedly to perform an active role in interdisciplinary school teams, social and emotional learning. Thus, teachers play an important role in dealing with the mental health issues of students (Koller and Bertal, 2006).

Despite the role played by teachers in managing mental health issues of students, there is lack of training program. However, the trainings vary in terms of content delivery method and focus. Previous researchers have provided that teachers need further training to support mental health of students. Teachers are more concerned about their knowledge, mental health of students and self-efficacy. Teachers who are more aware of mental health of students, still feel uncomfortable to talk to students about mental health issues. it is because, the training did not involve education on how to communicate with students about their mental health issues. Therefore, the purpose of the current study is to

understand the teacher's knowledge about mental health issues of school-going children in Tehsil Bhimber AJK.

The early definition of mental health was defined as the absence of mental illness. Mental health was redefined by the World Health Organization (2009) as "a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively, and can make a contribution to his other community" (p. 2). Santor, Short, and Ferguson, (2009) stated that mental health is not always obvious, it is a continuous process in which people tried to improve their overall health. Mental health is all about the fulfillment of relationships, adaptive behaviors, thinking coping strategies, and high self-esteem.

According to Canadian Psychiatric Association (2012), mental health illness is "significant patterns of behavioral or emotional functioning that are associated with some level of distress, suffering (pain, death), or impairment in one or more areas of functioning (such as school, work, or social and family interaction)" . Santor et al., (2009) Mental health illness is a wide concept that is diagnosed under the classification of DSM IV while mental health problem areas are usually non diagnosable issues that are difficult to handle and navigate. Koller and Bertal (2006) stated that sometimes children experience sub-threshold levels of symptoms related to mental health issues. These symptoms usually do not meet the intensity and duration of requirements that are required for a specific psychological disorder under the heading of(Diagnostic and Statiscal Manual of Mental Health) DSM IV (Sentor et al., 2009). Repie (2005) argued that the alarming prevalence of mental health illness in youth which was limited to meet

the diagnosis requirements while there was a huge number of school-going children with severe functional difficulties is unknown. DSM IV highlighted the problems of teenagers on the base of a representative sample of teenagers/ it was suggested that anxiety disorder (32 %) is the most common disorder in teenagers. The onset of anxiety disorder is also very early. It started at age of six years while 19 % sample has a diagnosable behavior disorder. Behavioral disorder started at the age of 11 years. 14 % of the representative sample were diagnosed with a mood disorder, substance abuse disorder, and comorbid behavior as well. Children with mood disorder exhibit depression and bipolar behaviors occasionally. The onset of substance abuse disorder is between 13 to 15 years of age. Great Britain. Department for Education (2006) reported that some school-related factors also affected school-going children's mental health. A UK survey indicated that 46 % of school-going children were bullied by other fellows (Meltzer et al., 2011). The suicidal attempts and suicidal ideation were higher in children that reported peer victimization (Van Geel, et al., 2014). Researchers also argued that bullying has a long-lasting effect which leads to the increased prevalence of self-harm, depression, and anxiety in children and their adulthood (Meltzer et al., 2011; Van Geel et al., 2014).

School is the primary source of socialization. Teachers and other staff are supposed to maintain a healthy psychological environment for children. Teachers' warmth, support, respect, and concern directly influence the emotional and academic well-being of students (Bowen et al., 1998). Early research indicated that teachers are supposed to deliver mental health services, mental health intervention, and mental health promotion to meet the needs of students (Fy & Keon, 2006 as citied in Whitley, et al., 2013). Teachers

have a powerful impact on social, emotional, and behavioral issues. Teachers also can manage the classroom effectively (Han & Weiss, 2005). The consistent presence of the teacher in the classroom an also develop and generalize positive and effective mental health abilities in children. The authors have further explained three major factors that may become barriers to mental health services in children and adolescents. These factors include 1) structural barriers which are related to a lack of awareness about mental health issues in the community, 2) people's perceptions about mental health problems (they believe certain psychological issues are not serious and controlled without professional help) 3) perceptions regarding mental health services (like fear of stigma and lack of confidence on professional services). The Canadian Institute for Health Research (CIHR) (2010) gave the concept of a model of barriers in mental health care which include community barriers, individual barriers, and structural barriers. Community barriers are related to the geographical location of the child, gender, social location, and socioeconomic status. Individual barriers are related to fear of stigma, potential involvement, help-seeking behavior, and attitude towards mental health services while structural barriers include workforce concerns, fragmentation of mental health services, funding and wait time (as citied in Tamblyn et al., 2016). Davidson and Manion, (1996) argued that 63 % of students may feel embarrassed due to their abnormal behaviors and thoughts. They are also reluctant to disclose their personal experiences due to peer pressure and fear of stigma. Research also indicated that boys express more perception of disapproval from fear of mental health stigma and parents than females (Chandra & Minkovitz, 2006).

1.1 Study Rationale

According to World Bank report (2018)Pakistan, a low- and middle-income country in South Asia, has a population of 200 million. Hamdani et al. (2021) found that 35% of school-aged children in Pakistan have emotional and behavioral problems, higher than the global prevalence of 10-20%. Farooq and Kai (2016) attributed this to national development and a weak education system. Azad Jammu & Kashmir (AJK), an underdeveloped state administered by Pakistan, allocates 28% of its budget to education but faces challenges. In AJK, 43% of children are out of school, 35% drop out at the primary level, and 12% of teachers are frequently absent (Shabbir et al., 2014). Teachers can identify and report mental health issue timely, so, this study focuses on teachers' knowledge of mental health issues in school-going children in Bhimber Tehsil, AJK.

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1.2 Research objectives:

- To assess the teacher's knowledge about mental health issues of school going children in tehsil Bhimber AJK.
- To compare teacher's knowledge about mental health issues of school going children in public and private schools.
- To identify association between determinants and teachers knowledge about mental health issues of school going children.

CHAPTER II: LITERATURE REVIEW

Teachers play a major in the delivery and maintenance of mental health in school-going children (Lynn et al., 2003). Reinke et al., (2011) teachers are frontline professionals that have the biggest impact on the mental health of children. teachers have daily contact with children therefore, it is expected they enhance children's confidence, motivation, and self-esteem. Whitely et al., (2016) documented a positive association between teachers' relationship with children and children's mental health abilities. Teachers' characteristics also have a strong impact on child outcomes, academic performance, and educational engagement (Atkins et al., 1998). Lynn et al., (2003) confirmed that children who have strong support from their teachers are more confident, motivated, and eager to attain their goals. These children are more prosocial and have a low level of psychological distress.

Pervious researches also explained that time constraint is another barrier in providing the help to the students. In this regard, the research of Ekornes, (2016) conducted on 771 teachers of K 12 has revealed that there exist significant difference between male and female students for perception of mental health issues of students with $t\ [746] = -8.60$, $p < 0.01$, and $d = .12$. Training plays greater role in improving the mental health awareness. For instance a conducted by Frankline et al., (2012) have provided a systematic review of studies where teachers were evaluated based upon their participation in mental health training programs for students. The results of study have provided that 40.8% teachers are involved in such intervention programs. Soares et al., (2014) have investigated the general and mental health perception of teachers about students. The

study was conducted on 31 schools in Brazil. The results of study have provided that 80.9% teachers have positive attitude to acquire knowledge and training about mental health of their students. moreover, 61.3% of teachers believed that television is the best source to acquire such information.

Parker et al., (2021) have investigated the mental health and the wellbeing of secondary school teachers using Adolescent Mental health program. The results of study have provided that in a 3 months follow up program, significant improvements in teachers knowledge were observed. The study has also provided that web-based programs for training of teachers are quite useful to enhance their mental health awareness of teachers.

Weston et al., (2008) believed that teachers' experiences also influence the teacher-child relationship in school. Significant teacher-child relationship differences were found between teachers who have experience and knowledge and teachers who just begin their teaching careers.Kutcher et al., (2016) have investigated the impact of teachers' training workshop on mental health literacy of teachers on a sample of 37 Tanzanian teachers. The results of paired sample t test have provided that the workshop has significantly improved teachers' knowledge ($p< 0.01$, $d = 1.14$). In this regard, the improvements in both curriculum centered knowledge ($p< 0.01$, $d = 0.63$) and mental health knowledge ($p< 0.01$, $d = 1.14$) have been observed to be significant. Additionally, the results have provided that the workshop experience has significant reduced mental illness stigma of teachers with $p< 0.01$ and $d = 0.61$.

Elliot and Stemler (2008) argued that expert teachers have effective knowledge about the use of anticipatory and preventative measures in their classroom discipline and management. Whereas novice teachers spend more time on how to manage their classrooms (as citied in Lai, et al., 2015). Therefore, novice teachers are more reactive toward students' behavior while experienced teachers take more preventable actions (Emmer & Stough, 2003). MasLach and Goldberg (1998) found that teachers put more effort and time into classroom discipline, management, and safety for children who need emotional and behavioral support. But unfortunately, they have fewer opportunities for learning and training in handling these children. Merrett and Wheldall (1993) suggested that teachers reported that they have fewer opportunities and professional training in class management. They also believed professional training can improve their skills in handling children with emotional and behavioral challenges. In another study, Poznanski et al., (2021) have investigated the awareness and knowledge of teachers about the 'attention-deficit/hyperactivity disorder (ADHD)'. The study has selected a sample size of 107 respondents representing 97.2% females. The results of study have provided that only 38.7% teachers have knowledge accuracy of ADHD. Moreover, the results of study have also provided that teachers have lack of knowledge regarding the treatment and symptoms of ADHD.

Friedman (1995) believed that teacher-student interaction can influence the management of disruptive students behavior, low motivation, low confidence, and discipline problems. This can cause stress in teachers as well. Perfect and Morris(2011) claimed that these problematic behaviors are directly linked to the mental health of school children. It is

expected teachers educate students and handle their problems effectively (Maslach & Goldberg, 1998). The research of Miller et al., (2019) have used 'The adolescent depression awareness program to investigate the stigma and literacy depression of 66 teachers and 6,679 students. the results of a multilevel model fit conducted in Mplus have provided that teachers and students depression literacy are significantly related with each-others as b= 0.199, $p < 0.05$, and SE = 0.095. However, no significant association was found between teachers and students' stigma.

Han and Weiss, (2005) claimed that teachers' consistent presence in the classroom influence positively in the development and generalization of mental health skills in school children. Blom-Hoffman et al., (2004) suggested that teachers' actions and presence can promote and maintain behavioral changes as an intervention in the classroom. Whereas, Marlow et al., (2013) argued teachers' poor relationships with children are a strong predictor of the onset of mental health issues and low academic performance. Empirical evidence also revealed that difficulties in behavioral management (stress and burnout) negatively affected the relationship between teacher and student. Behavioral management difficulties also damaged the mental health of teachers and students as well as the classroom environment. A supportive and positive relationship between child and teacher promotes resilience and mental health in children within the school (Dumont, & Provost,1999). Most qualified teachers lack sufficient training in the management of emotional and behavioral problems of children in schools. Lack of sufficient training in the management of mental health issues could become the cause of burnout and stress both in children and teachers (Kokkinos, 2007). Although many

teachers are aware of about the importance of the teacher-child relationship that can be challenging sometimes. Researchers found that the teacher-child relationship has a potentially adverse impact on the mental health and well-being of children, peers, and their teachers (Marlow et al., 2013). According to the teacher's assessment related to the conflict and closeness with children strongly associated with the children acquiring academic and social skills. The positive relationship between teacher and child is also associated with children's characteristics and classroom engagement. A healthy relationship between teacher and child also mediates between academic performance and children's characteristics (Hughes & Kwok, 2007; Rudasill et al., 2010). Teacher-child healthy relationships also moderate in temperament, disruptive play, and risky behaviors (Rudasill et al., 2010). Developmental vulnerabilities of children are also associated with better educational performance when children get healthy emotional, social, and instructional support in the classroom from the teacher.

Cadima, et al., (2010) suggested that a negative teacher-child relationship in kindergarten may predict academic and behavioral problems in eight grade children. similar results were reported in older children (Murray,& Murray, 2004). Thijs, Koomen, and Van der Leij, (2008) reported that teachers were also more concerned about providing a high level of support to the children who perceived they have a poor relationship. Teachers reported that they need support and behavioral regulation for the development of a healthy relationships with children. Koepke, and Harkins, (2008) have discussed that there have been several factors that are associated with the teacher-child quality of relationships like learning difficulties and children's challenging behavior. Moreover, the

study provided significant differences between male and female students for their relationship with their teachers at $t(50) = 2.53$, and $p = .014$ which affect their mental health problems.

Empirical evidence claimed that female students have a less conflictual relationship with teachers while boys show more negative and problematic relationships(Cadima et al., 2010; Koepke, & Harkins, 2008; Murray, & Murray, 2004). Ethnic differences are also predicted difficulties between a teacher-child relationship (Hughes, & Kwok, 2007; Murray,& Murray, 2004). Murray and Murray, (2004) children who are shy reported less closeness with their teachers. Children with intellectual disabilities also have a low quality of relationship with teachers as compared to the control group (typical cognitive development). This was caused by differences in social skills and behavioral issues.

Solberg, and Olweus, (2003) In extreme cases, teacher-child problematic relationships can tend to be bullying. Delfabbro et al., (2006) a South Australian study revealed that school children reported they have been ‘picked on by teachers. Khoury-Kassabri, (2009) did cross-sectional research on Israeli school-going students. Over a quarter of students' assessment reports explained that they were emotionally mistreated by the staff of the school while there were 12 to 15 % and 7 to 8 % of students reported physical maltreatment and sexual maltreatment respectively. empirical evidence supported that perceived psychological abuse is another factor by teachers which leads to school-related stress in children. This evidence is supported by Whitted and Dupper, (2008) retrospective survey research found that two third of college-going students experienced their worst days in school due to their teachers. Delfabbro et al., (2006) suggested

children who feel victimized during their school-going time by teachers and other staff become more aggressive, alienated, or misbehaved. they have less intention to attend their school regularly and complete it on time. This can also lead to high-risk behaviors like high consumption of alcohol, use of drugs and gambling, etc.

Social psychology research has witnessed that mental health promotion is better than the sole treatment of mental health issues (Huebner, et al., 2009). Hussein (2006) identified the socioeconomic factors that trigger the mental health issues of primary school children in Pakistan. He collected a sample was taken from the community, private, and government schools in Pakistan. He analyzed that the male gender, poor physical health, academic performance, poor school attendance, urban neighborhood, school type that was community, private, and government, low teacher's education, and fewer teaching experiences were the possible risk factors of children's poor mental health condition.

Hamdani et al., (2021) did research on scaling up school mental health services. they adopted the theory of change (TOC) approach to develop a scale-up model that was school-based and promoted mental health services in public sector schools in Pakistan. They did three workshops with 90 stakeholders in public schools in Pakistan. They further analyzed that implementation of ToC change improves the children's social and emotional well-being. The goal of the workshop was to develop a common goal related to mental health issues and their interventions. School teachers and parents were involved in this workshop. The training workshop was given to teachers regarding managing children's problems, increasing their motivation, to improve their academic performance as well as working conditions.

Syed et al., (2007) studied 5 to 11 years old school children in Pakistan. The sample consisted of 1488 students with a response rate of 45.5%. Emotional and behavioral problems were screened out in these children. Results indicated that the prevalence of mental health problems in school-going children was higher than reported in other countries since only 47% children were found to report normal results while 34% were observed to be normal and 19% had borderline results. Research further argued that male children had more risk to develop emotional and behavioral problems than girls which was reportedly 1.5 times higher in female students.

Reinke et al., (2011) studied teachers' perceptions related to needs, roles, and barriers that support the children's mental health problems in school. The sample size of research consisted of 292 teachers. Results obtained through t-test provided that teacher's perceive implementation of the classroom-based behavioral intervention was their primary responsibility with $p < 0.01$, $d = 1.77$. Teachers also believed that school psychologists have the primary responsibility to teach school children social and emotional lessons with $p < 0.01$ and $d = 0.23$. Teachers also reported a lack of training and expertise to deal with school children's mental health needs as the main problem they face with $p < 0.01$ and d 0.84.

Buyse et al., (2009) did longitudinal research to study the psychosocial adjustment of children in the context of a teacher-child relationship. They followed a sample of 3,784 students from 1st, 3,666 from 2nd and 3,582 students from 3rd grade students. They found children's psychosocial adjustment had a positive association with children's relationship with their teachers. Children's psychosocial adjustment is also associated with teacher-

child conflict and closeness as well as with average classroom levels while the average variance was between 7% to 9% and 7% to 11% in students across different adjustments.

In conclusion, empirical evidence suggested how important is to understand the teacher-child relationship and how this relationship influenced the mental health of school-going children. There are very limited researches that explained teachers' knowledge regarding mental health. Teachers are not enough trained to handle children with mental health issues. It is the time to understand the intensity and urgency of mental health issues in students and call for teachers to play an effective role in maintaining and promoting behavioral changes in students. Although limited research highlights the effective role of teachers in the provision of mental health issues. But effective training and knowledge of teachers can improve the mental health of students. Therefore, the current study is designed to assess the teacher's knowledge about mental health issues in school-Going children in Tehsil Bhimber AJK.

2.1 Conceptual Framework

The conceptual framework off study has been drawn as under:

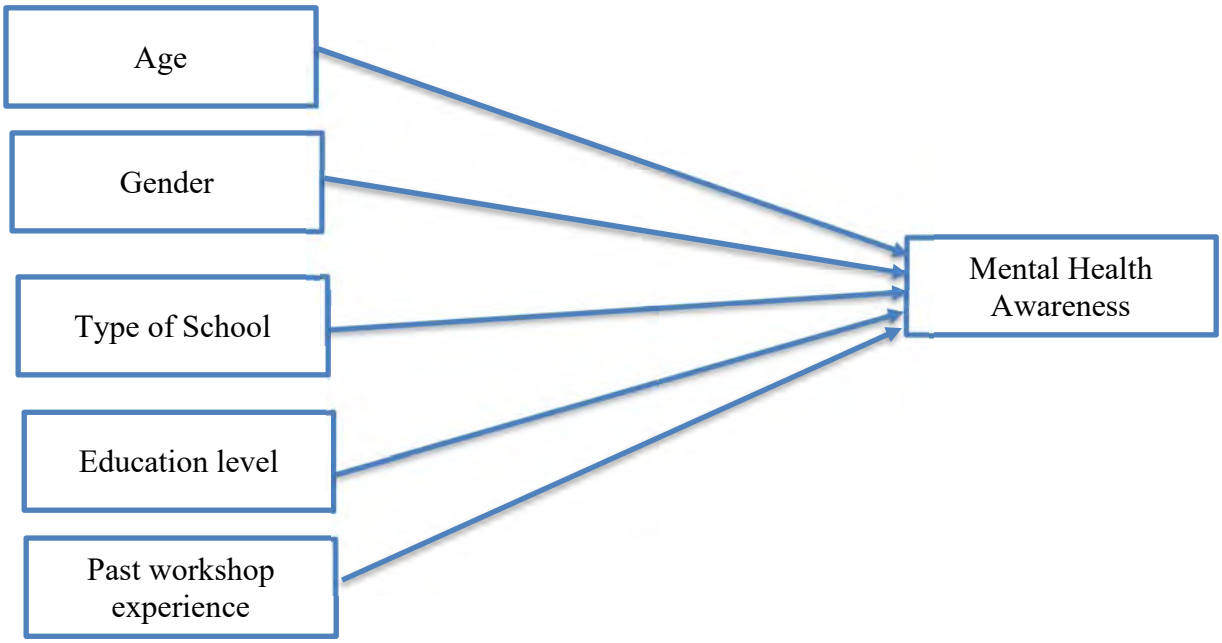


Figure 1: Conceptual Framework of Study

2.2 Operational definitions

- **Mental health**: Mental health is a condition of well-being in which a person recognizes his or her own potential, is able to cope with everyday stressors, works productively, and contributes to his or her community. In this study, we take the mental health as students mental health.
- **Adolescent**: Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundation of good health. In this study adolescent mean school going children 10-16

- **Student:** A person formally engaged in learning, especially one enrolled in a school or college. In this study students means school going children
- **Knowledge**: The fact or knowing something with familiarity gained through experience or association. Here, Knowledge mean mental health knowledge of teachers
- **Demographic**: related to the structure of a population. In this study it means age, sex, education, Job type and experience.

CHAPTER III: METHODOLOGY

3.1 Study Design

A quantitative cross sectional Study design is used in this study.

3.2 Study Duration

Time Duration of this study is six months.

3.3 Study Setting

This study is conducted in high schools of tehsil Bhimber AJK. Both public and private sector.

3.4 Research Participant

All high school teachers of both public and private sector of tehsil Bhimber AJK.

3.4.1 Inclusion Criteria

1. High School Teachers

2. Duration of service six months or more

3. Willing to Participate

3.4.2 Exclusion Criteria

1. Visiting teachers

2.Absent at day of data collection

3.5 Sample size calculation

The sample size 384 is calculated by using 50% previous population and 5% margin of error.

Formula

N =(Z)2 *pq/ e2

3.6 Sampling Technique

The sampling technique uses in this study is stratified random sampling technique. Public and private sector teachers are divided into two strata, and then sample is randomly collected from them.

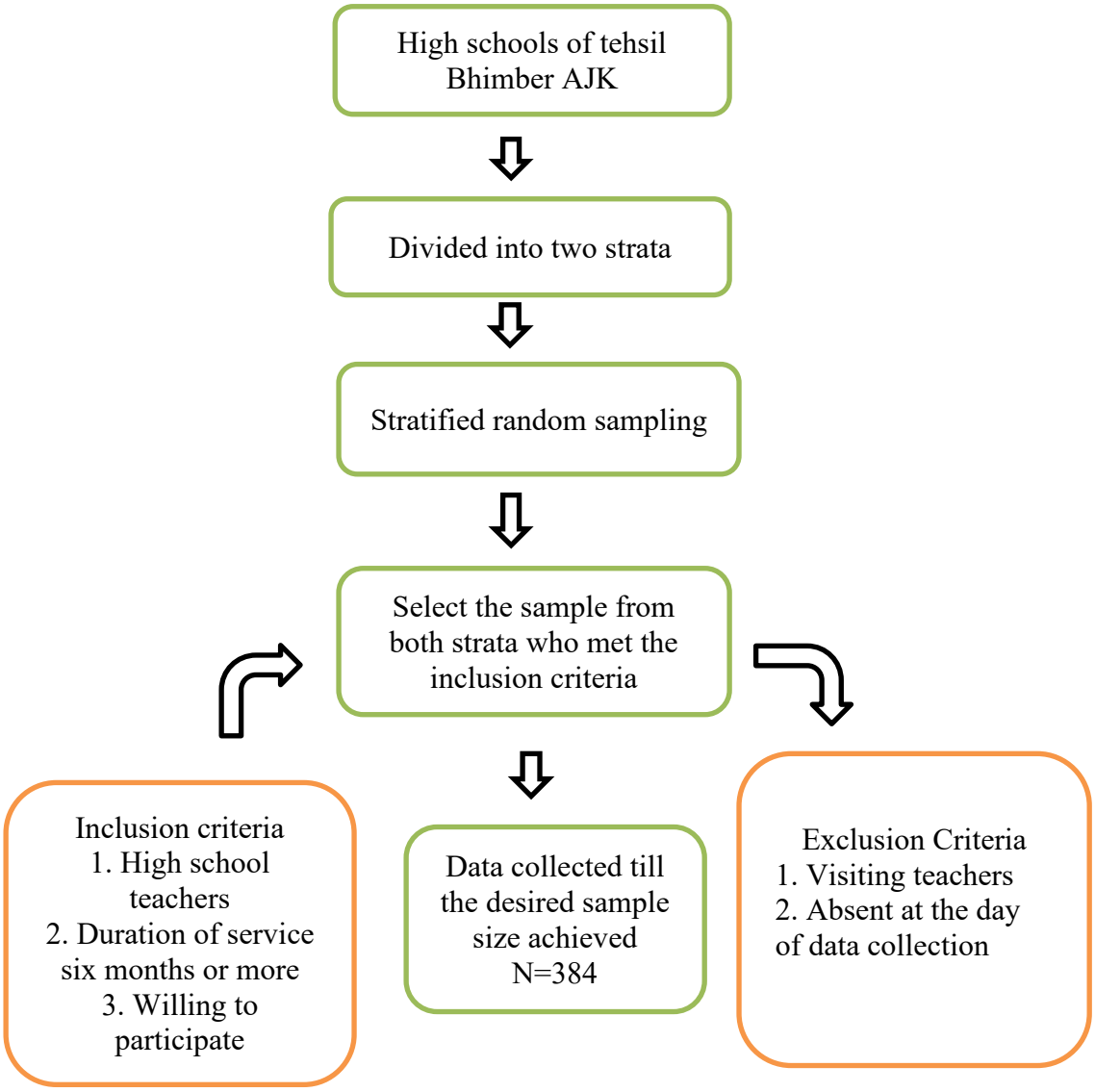


Fig 2: Stratified random sampling technique

3.7 Data collection Instrument

The survey tool is adapted from the WHO school mental health evaluation manual. The questionnaire has two sections.

1. Part one. It consists of demographic questions.
2. Part two: The Second section of the questionnaire has 30 multiple-choice questionnaires. Each question has a 'yes', 'no', and 'I don't know the format. Participants are told to choose only one option per question and were encouraged to mark 'I don't know rather than guessing if unsure. Every correct answer has 1 mark.

3.8 Data Collection procedure:

3.8.1 Pilot Study:

A pilot study is done by using 10% of sample size so that applicability of questionnaire in study setting can be validated.

3.8.2 Data Collection:

After determining validity, the participant are approached through head of institution and questionnaire is distributed to participants after getting informed consent both orally and written.

3.8.3 Data Analysis

The analysis of data has been carried out in SPSS 21 with various test statistics. In this regard, the main techniques included demographic analysis of sample respondents, descriptive statistics of study variables, correlation, and regression analysis. Moreover, the reliability and validity of sample data have also been maintained.

3.9 Ethical Consideration

Ethics of research are quite important for any study. They must be complied with for all research. Thus, for current research, special attention has been paid to meeting the ethical requirements. in this regard, before commencing research, IRB approval has been obtained. After that, written permission from District education officers both for boys and girls schools has been obtained. Then, this letter must be presented to the head of the institute to get his permission. Informed consent both orally and written has been taken, before dispersing of questionnaire to obtain data. Moreover, the anonymity of respondents has been kept to ensure their privacy.

CHAPTER IV: RESULTS

4.1 Demographics Analysis

First of all, the demographic analysis of study respondents has been performed which has provided following frequencies as summarized in table 1.

Table 1: Frequency Distribution of Demographics of Study

Demographic	Categories	F	%
Gender			
	Male	105	27.30%
	Female	279	72.70%
Age			
	20-25 Years	03	0.80%
	26-30 Years	114	29.70%
	31-35 Years	180	46.87%
	36-45 Years	27	7.03%
	Above 45 Years	60	15.60%
Education			
	Bachelors	97	25.30%
	Masters	287	74.70%
School Type			
	Primary	31	8.10%

	Secondary	353	91.90%
School Sector			
	Public	219	57%
	Private	165	43%
Experience			
	6 Months	00	0%
	1 Year	46	12%
	2-3 years	55	14.30%
	More than 3 Years	283	73.70%
Workshop Experience			
	Yes	234	60.90%
	No	150	39.10%

Table 1 summarizes results for demographics of study. In this regard, following results have been obtained:

4.1.1Gender

The gender distribution shows that there are higher number of females than males. The number of females in a sample size of 384 respondents, 279 are females making it 72.7% while males make up 27.3% of respondents which make up 105 respondents. Thus, female teachers dominate the sample size.

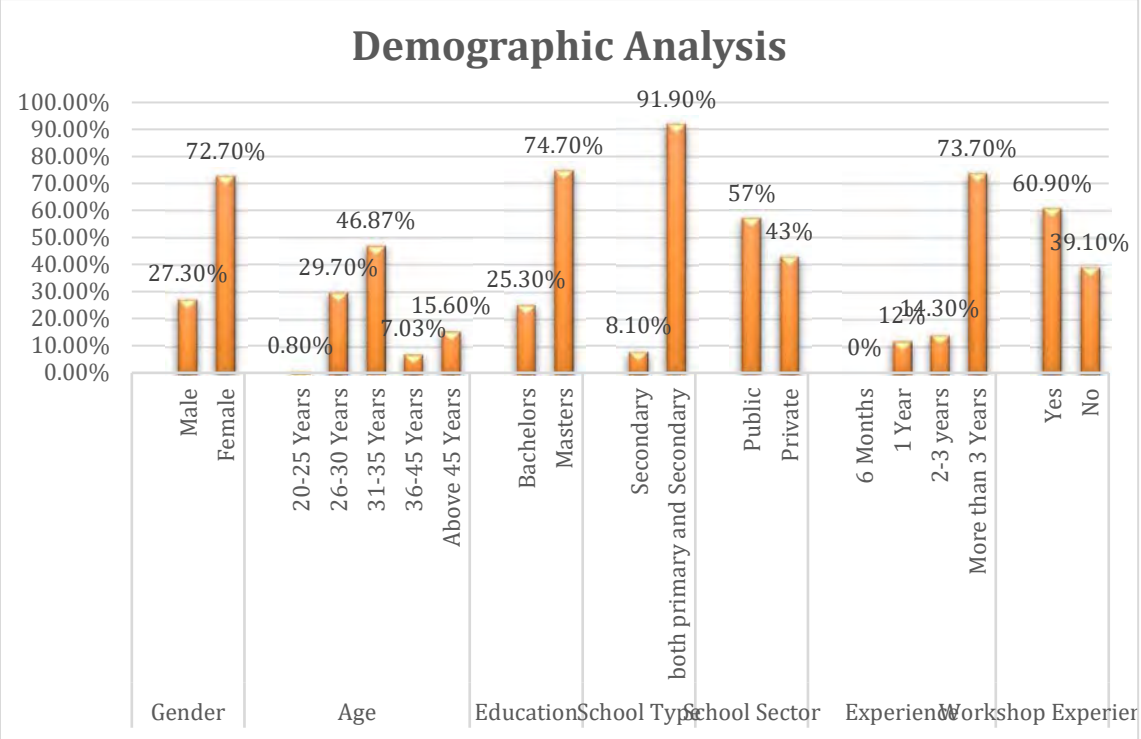
4.1.2 Age:

In terms of age, the sample contained 5 categories making up respondents who belong to 20-25 years, 26-30 years, 31-35 years, 36-45 years and above 45 years of age. The results of study have provided that majority of the respondents belong to age bracket of 31-35 years i.e. 46.87% followed by 21-25 years. It also highlights that the sample size consists of mainly young teachers.

4.1.3 Education:

In terms of education, four categories were presented to respondents including: matriculation, intermediate, bachelors and masters. The results have provided that the sample respondents either possess bachelors or masters degree. In this regard, 287 respondents i.e. 74.7% have masters degree while only 97 respondents which make up 25.3% have bachelors degree. From this sample, it has been determined that the teachers sampled for this study have largely masters qualification.

Figure 3: Demographic analysis



4.1.4 School Type*:*

For type of school, there were mainly three categories presented to respondents including: primary, secondary and both. In this regard, the researcher has merged them into 2 including secondary and both since both category include not only secondary but also both primary and secondary types of schools. Table 2 has provided that 91.9% schools were both primary and secondary while only 8.1% were secondary only schools. Thus, the sample consisted of mainly secondary schools where both primary and secondary classes exist.

4.1.5 School Sector*:*

The schools which were sampled for study were both of public and private sectors. The sample of study was selected in a way that 219 respondents belonged to public sector schools while 165 means 43% were of private sector. Thus, the sample respondents are largely of public sector schools.

4.1.6 Experience:

The next category is of teaching experience of respondents. For this purpose, 4 categories were presented to respondents including: 6 months, 1 year, 2-3 years and more than 3 years. The results of study in table 2 have indicated that there is not a single teacher with 6 months of experience while 12% have 1 year of experience and 14.3% have 2-3 years of experience and 73.7% have more than 3 years of experience.

4.1.7 Workshop Experience*:*

The final category asks for whether the respondents have previous workshop experience on the topic or not. For which 60.9% respondents provided with 'yes' while only 39.1% answered with 'No'. It indicates that majority of respondents have some form of workshop experience to deal with mental health issues of children.

These results have explained all details about the sample respondents which are helpful to better evaluate the results of study which are provided in following section:

4.2: Frequency Distribution

Mental Health Evaluation/Knowledge of Respondents

In order to determine mental health of teachers at sample schools, they were presented with 30 items scale containing multiple choice answers of 'yes', 'no', and 'don't know'. The sample responses were compared against the benchmark answers which helped to determine the mental health evaluation of teachers. The results of such survey have been summarized in table 2 as under:

Table 2: Mental Health Evaluation Items Score

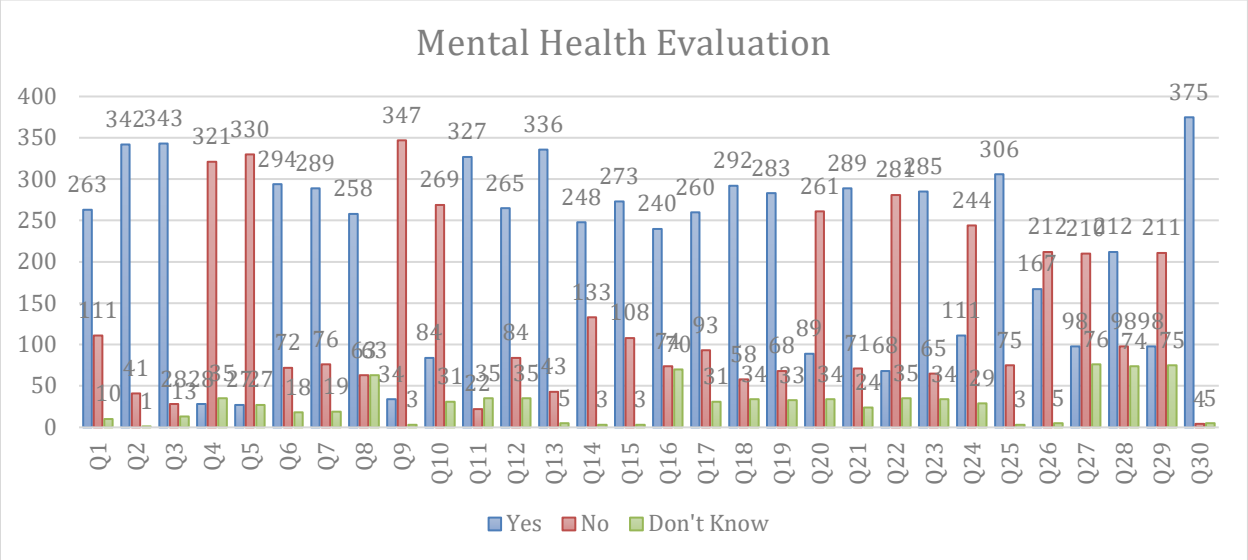
Questions	Yes	No	Don't Know
Q1	263	111	10
Q2	342	41	1
Q3	343	28	13
Q4	28	321	35
Q5	27	330	27
Q6	294	72	18
Q7	289	76	19
Q8	258	63	63
Q9	34	347	3
Q10	84	269	31

Q11	327	22	35
Q12	265	84	35
Q13	336	43	5
Q14	248	133	3
Q15	273	108	3
Q16	240	74	70
Q17	260	93	31
Q18	292	58	34
Q19	283	68	33
Q20	89	261	34
Q21	289	71	24
Q22	68	281	35
Q23	285	65	34
Q24	111	244	29
Q25	306	75	3
Q26	167	212	5
Q27	98	210	76
Q28	212	98	74
Q29	98	211	75
Q30	375	4	5

Table 2 contains responses of teachers against 30 items for measuring their mental health understanding of children. For all 30 questions, there are 10 questions which have

standard ‘No’ answer (as highlighted in bold in table) while rest of all 20 items have standard ’yes’ answer. Items with ‘no’ answer consist of item 5, 6, 9,10, 20, 22, 24,26, 27 and 29. A frequency distribution of responses of all respondents have provided that for the said items, the respondents have largely responded with ‘no’ answer except for item 26.

Figure 4: Mental Health Evaluation Responses



Similar results have been indicated in figure 4. Respondents have been observed to have better understanding of mental health issues of respondents since majority of them have responded as per benchmark answers.

4.3 Inferential Analysis

4.3.1 Reliability statistics

Table 3: Cronbach's Alpha

Cronbach's Alpha	N of Items
0.827	30

Table 3 contains values of Cronbach's alpha which is calculated to determine the reliability of scale/questionnaire used. In this regard, the benchmark value is 0.7. The table provides a value of 0.827 for all 30 items of questionnaire which is greater than 0.7, thus, the reliability of scale has been determined.

4.3.2 Comparisons of group Means

The comparisons of group means tests including independent sample t test has been performed for demographics with two categories and one way ANOVA test has been carried out for those demographics containing more than three categories. These tests have been carried out to investigate whether there is significance different in opinion of respondents based upon different classifications. The results for such comparisons have been summarized in the following tables:

Table 4: Comparison of Mental Health Evaluation based upon Gender

Gender	Mean	t	DF	Sig.
Female	1.515	1.663	382	0.823
Male	1.472	1.587	171.436	

Table 4 summarizes results of independent sample t-test run on mental health evaluation score based upon gender. The results have indicated that there is mean difference for responses of males and females respondents as mean response of males for all questions is 1.472 while for female respondents it is 1.515. however, the significance is 0.823 > 0.05 which indicates that there is no significant difference between males and females when it comes to their mental health evaluation.

Table 5: Comparison of Mental Health Evaluation based upon School Sector: Public vs private

Sector	Mean	t	DF	Sig.
Public	1.539	3.577	382	0.05
Private	1.456	3.641	372.614	

Table 5 summarizes results of independent sample t test for mental health evaluation based upon school sector i.e. either public or private. In this regard, it has been observed that there is mean difference between respondents of public and private schools with mean values of 1.539 and 1.456 while the significance value is 0.05, which indicates statistical difference between responses of public and private schools with slightly lower mean value of private school respondents indicate better mental health evaluation in public sector.

Table 6: Comparison of Mental Health Evaluation based upon Age

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.156	3	0.052	1.008	0.389
Within Groups	19.581	380	0.052		
Total	19.737	383			

Table 6 contains results of one way ANOVA run between mental health evaluation score and age of sample respondents. In this regard, the results have provided that there exists no statistical difference respondents of different age groups for mental health knowledge since significance is 0.389 > 0.05.

Table 7: Comparison of Mental Health Evaluation upon Teaching Experience

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.150	2	0.075	1.459	0.234
Within Groups	19.587	381	0.051		
Total	19.737	383			

Table 7 contains result for one way ANOVA run between mental health evaluation score and experience of sample respondents. In this regard, the results have provided that there

exists no statistical difference respondent of different experience groups for mental health knowledge since significance is 0.234>0.05

Table 8: Comparison of Mental Health Evaluation based upon Education Level

Category	Mean	T	DF	Sig.
Bachelors	1.527	1.193	382	0.172
Masters	1.495	1.106	146.582	

Table 8 provides results for independent sample t-test for different education levels of respondents including bachelors and masters. The significance level is 0.172 > 0.05 which provide that there is no difference in mental health knowledge of respondents and their education level whether the respondents have bachelors degree or masters.

Table 9: Comparison of Mental Health Evaluation based upon previous workshop experience

Category	Mean	T	DF	Sig.
Yes	1.51	0.756	382	0.801
No	1.492	0.746	303.641	

Table 9 contains results of independent sample t-test for mental health evaluation of respondents and their previous workshop experience. The results have provided that there is no significant difference between those respondents who have attended any workshop on the topic and those who do not have since significance is 0.801 > 0.05.

CHAPTER V DISCUSSION

The purpose of this research was to investigate the teachers' knowledge about mental health of students in Bhimber district AJK. Using stratified random sampling, the data was collected from teachers and evaluated in SPSS. The sampling techniques included demographic analysis of respondents of study, the frequency distribution of responses of study, t test and ANOVA. The results of study have revealed that there exists no significant difference in mental health awareness score of teachers for both genders as $p = 0.83 > 0.01$. However, a significant difference has been found between teachers of both public and private schools for mental health awareness since $p = 0.05$. These results suggest that the mental health awareness is different for public and private school teachers may be due to qualification or training differences. The literature has also provided evidences for difference in teachers' knowledge about mental health of students in different types of schools (Frankline et al, 2012). However, the results regarding the lack of contradicting awareness of males and females teachers for mental health of students is not much supported from literature (Miller et al., 2018). These findings suggest that it is not about the gender rather about the school settings, the type of training provided to teachers which differentiate the teachers' mental health awareness of students and their coping mechanism (Ojio et al., 2015).

Furthermore, the study has revealed that there exists no difference in mental health awareness of teachers based upon age as $p = 0.389 > 0.05$, education level with $p = 0.172 > 0.05$, and previous workshop experience since $p = 0.801 > 0.05$. These results suggest that teachers in studied schools are mainly concerned with the curriculum and syllabus

and they are not improve their understanding of students mental health issues despite of greater worker experiences. Moreover, the authenticity of workshops conducted on the topic is also not proved since they do not create any difference to improve mental health knowledge of studied teachers. This is in line with study of Ojio et al., (2015) who have highlighted that workshops conducted by persons from outside schools are not effective than those conducted by teachers from schools. Thus, such workshops have not created any significant differences for teachers to enhance their knowledge about mental health of students. These findings can also be inferred from Cynthia et al., (2012) who have reported that the schools are needed to implement comprehensive training workshops to raise the mental health awareness of teachers. These capabilities are needed to be developed among teachers.

All these results and discussion have provided that the respondents of study have no significance difference when it comes to their mental health awareness. However, there exists difference in mental health knowledge of teachers for both private and public sector schools teachers. The hypothesis of study is partially accepted since there is association between teachers' knowledge of mental health and public and private sector school teachers while there is no association of teachers' knowledge of mental health and other characteristics of study.

CHAPTER VI CONCLUSION

6.1Strengths

This study has successfully evaluated the knowledge of teachers regarding mental health of students. The results of study are quite helpful to make both theoretical as well as practical contributions. Theoretically, the study has added to literature by investigating the teachers' knowledge of AJK district for mental health of students. This study has been among the pioneer studies which have been conducted on the subject of study in AJK district.

Practically, the findings of study are very helpful to understand the mental health of students in AJK district which can be used to devise policies for these students. Secondly, the evaluation of teachers' knowledge can also be made and based upon such knowledge the training policies for teachers can be framed accordingly.

6.2 Limitations

Despite various strengths, the study is needed to be investigated in the light of certain limitations discussed as under:

The study has been focused only on students of some selected schools and does not cover all schools of the district while they are also mainly representative for this region since the geographical characteristics lead to differentiate the mental health of students of AJK from other areas;

Secondly, the research has selected the respondents based upon convenience sampling technique, thus, the respondents selected may not be representative for the whole region;

The study has also collected data by way of structured questionnaire which, though, have provided measurable results but in-depth investigation of teachers' knowledge could have been investigated using interviews, but interviews could not be conducted due to time and cost restrictions while the research design for this study has also been quantitative instead of qualitative.

6.3 Conclusion

Schools are taking different initiatives to deal with growing needs of mental health support services for students. This study has been carried out to investigate the teachers' knowledge about mental health issues of students. For this purpose, sample size of 384 teachers has been selected belonging to both private and public sector schools. The data for study was collected using a structured questionnaire under quantitative research methods using stratified random sampling technique. The results obtained by performing analysis in SPSS using different statistical techniques including demographics analysis of respondents of study, frequency distribution of different items asked from respondents, independent sample t test and one way ANOVA tests. The results of these tests have provided that majority of sample respondents were females, belonging to age bracket of 31 – 35 years of age, having largely public sector association while they also belonged mainly to secondary schools. The frequency distribution of responses of teachers for their knowledge about mental health issues has shown that majority of the respondents possess relevant knowledge. The final section of study contains different results independent sample t-test and one-way ANOVA. These results have provided that there exists

significant difference in knowledge of both public and private sector teachers about mental health issues of children.

From these results, it is held that teachers in tehsil Bhimber AJK are largely knowledgeable about the mental health issues of school students. This is good and helpful for better education of students since their mental health problems can be dealt in a better way. In the light of these results following recommendations have been made:

6.4 Recommendations/Way Forward:

- The results of study have provided that there exists difference in responses of public and private sector teachers about mental health issues of students with public sector teachers have a bit better understanding in this regard. These are quite valuable results which provide good important recommendations to policymakers that the private sector schools should also adopt an academic culture like public sector schools so that their teachers should also learn on similar patterns.
- Another important finding of study is that the sample respondents have similar knowledge about mental health issues of children when it comes to gender, age, qualification, workshop experience and teaching experience. It confirms that all types of teachers have similar understanding of mental health of students. Thus, the training programs to be conducted in future should be organized in a similar way for all types of teachers.

- The results of study have also provided that the previous workshop experience of teachers did not create any significant difference for teachers about their knowledge on mental health issues. this may also point towards lack of effectiveness to create a clear difference. Thus, the future training programs should be designed in a way which may prove effective.

REFERENCES

Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and policy in mental health and mental health services research*, *37*(1), 40-47.

Atkins, M. S., McKay, M. M., Arvanitis, P., London, L., Madison, S., Costigan, C., ... & Bennett, D. (1998). An ecological model for school-based mental health services for urban low-income aggressive children. *The Journal of Behavioral Health Services & Research*, *25*(1), 64-75.

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological review*, *84*(2), 191.

Blom-Hoffman, J., Kelleher, C., Power, T. J., & Leff, S. S. (2004). Promoting healthy food consumption among young children: Evaluation of a multi-component nutrition education program. *Journal of School Psychology*, *42*(1), 45-60.

Bowen, G. L., Richman, J. M., Brewster, A., & Bowen, N. (1998). Sense of school coherence, perceptions of danger at school, and teacher support among youth at risk of school failure. *Child and adolescent social work journal*, *15*(4), 273-286.

Bryman, A. and Bell, E., (2015) Business research methods. Oxford University Press, USA

Buyse, E., Verschueren, K., Verachtert, P., & Damme, J. V. (2009). Predicting school adjustment in early elementary school: Impact of teacher-child relationship quality and relational classroom climate. *The Elementary School Journal*, *110*(2), 119-141.

Cadima, J., Leal, T., & Burchinal, M. (2010). The quality of teacher–student interactions: Associations with first graders' academic and behavioral outcomes. *Journal of school psychology*, *48*(6), 457-482.

Chandra, A., & Minkovitz, C. S. (2006). Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of adolescent health*, *38*(6), 754-e1.

Creswell, J. W. (2013). Research design: Qualitative, quantitative, and mixed methods approach. Sage publications.

Creswell, J. W., & Poth, C. N. (2017). Qualitative inquiry and research design: Choosing among five approaches. Sage publications.

Creswell, J.W., (2011), 'Controversies in mixed methods research, *The Sage handbook of qualitative research*, *4*, 269-284.

Cynthia G.S. Franklin; Johnny S. Kim; Tiffany N. Ryan; Michael S. Kelly; Katherine L. Montgomery (2012). *Teacher involvement in school mental health interventions: A systematic review. , 34(5), 973–982.*

Daniszewski, T. D. (2013). Teachers' mental health literacy and capacity towards student mental health. Retrieved from https://ir.lib.uwo.ca/etd/1165/

Davidson, S., & Manion, I. G. (1996). Facing the challenge: Mental health and illness in Canadian youth. *Psychology, Health & Medicine*, *1*(1), 41-56.

Delfabbro, P., Winefield, T., Trainor, S., Dollard, M., Anderson, S., Metzer, J., & Hammarstrom, A. (2006). Peer and teacher bullying/victimization of South Australian secondary school students: Prevalence and psychosocial profiles. *British Journal of Educational Psychology*, *76*(1), 71-90.

Dumont, M., & Provost, M. A. (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of youth and adolescence*, *28*(3), 343-363.

Ekornes, S. (2016). Teacher stress related to student mental health promotion: The match between perceived demands and competence to help students with mental health problems. *Scandinavian journal of educational research*, *61*(3), 333-353.

Emmer, E. T., & Stough, L. M. (2003). Classroom management: A critical part of educational psychology, with implications for teacher education. In *Educational psychologist* (pp. 103-112). Routledge.

Evers, W. J., Tomic, W., & Brouwers, A. (2004). Burnout among teachers: Students' and teachers' perceptions compared. *School Psychology International*, *25*(2), 131-148.

Farooq, M. S., & Kai, Y. T. (2016). A critical study of primary education situation in AJK state. *International online journal of primary education*, *5*(1), 40-50.

Farooq, M. S., & Kai, Y. T. (2017). A Review of Pakistan School System. *Journal of Education and Practice*, *8*(4), 97-101.

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, *1*(5), 377-387.

Franklin, C. G. S., Kim, J. S., Ryan, T. N., Kelly, M. S., & Montgomery, K. L. (2012). Teacher involvement in school mental health interventions: A systematic review. *Children and Youth Services Review*, *34*(5), 973-982.

Friedman, I. A. (1995). Measuring school principal-experienced burnout. *Educational and psychological measurement*, *55*(4), 641-651.

Gater, R., Saeed, K., & Rahman, A. (2015). From plan to framework: the process for developing the regional framework to scale up action on mental health in the Eastern Mediterranean Region. *EMHJ-Eastern Mediterranean Health Journal*, *21*(7), 464-466.

Great Britain. Department for Education. (2006). *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*. The Stationery Office.

Hamdani, S. U., Huma, Z. E., Suleman, N., Warraitch, A., Muzzafar, N., Farzeen, M., ... & Wissow, L. S. (2021). Scaling-up school mental health services in low resource public schools of rural Pakistan: the Theory of Change (ToC) approach. *International journal of mental health systems*, *15*(1), 1-10.

Hamre, B. K., Pianta, R. C., Downer, J. T., & Mashburn, A. J. (2008). Teachers' perceptions of conflict with young students: Looking beyond problem behaviors. *Social Development*, *17*(1), 115-136.

Han, S. S., & Weiss, B. (2005). Sustainability of teacher implementation of school-based mental health programs. *Journal of abnormal child psychology*, *33*(6), 665-679.

Han, S. S., & Weiss, B. (2005). Sustainability of teacher implementation of school-based mental health programs. *Journal of abnormal child psychology*, *33*(6), 665-679.

Huebner, E. S., Gilman, R., Reschly, A. L., & Hall, R. (2009). Positive schools. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology* (pp. 561–568). Oxford University Press.

Hughes, J., & Kwok, O. M. (2007). Influence of student-teacher and parent-teacher relationships on lower achieving readers' engagement and achievement in the primary grades. *Journal of educational psychology*, *99*(1), 39.

Hughes, J., & Kwok, O. M. (2007). Influence of student-teacher and parent-teacher relationships on lower achieving readers' engagement and achievement in the primary grades. *Journal of educational psychology*, *99*(1), 39.

Johnson, K. E., & Taliaferro, L. A. (2012). Health behaviors and mental health of students attending alternative high schools: A review of the research literature. *Journal for Specialists in Pediatric Nursing*, *17*(2), 79-97.

Khoury-Kassabri, M. (2009). The relationship between staff maltreatment of students and bully-victim group membership. *Child Abuse & Neglect*, *33*(12), 914-923.

Koepke, M. F., & Harkins, D. A. (2008). Conflict in the classroom: Gender differences in the teacher–child relationship. *Early Education and Development*, *19*(6), 843-864.

Kokkinos, C. M. (2007). Job stressors, personality and burnout in primary school teachers. *British journal of educational psychology*, *77*(1), 229-243.

Kutcher, S., Wei, Y., Gilberds, H., Ubuguyu, O., Njau, T., Brown, A., Sabuni, N., Magimba, A., & Perkins, K. (2016). A school mental health literacy curriculum resource training approach: effects on Tanzanian teachers' mental health knowledge, stigma and help-seeking efficacy. *International Journal of Mental Health Systems*, *10*(1), 50.

Lai, C., Gu, M., & Hu, J. (2015). Understanding legitimate teacher authority in a cross-cultural teaching context: pre-service Chinese language teachers undertaking teaching practicum in international schools in Hong Kong. *Journal of education for teaching*, *41*(4), 417-434.

Lendrum, A., Humphrey, N., & Wigelsworth, M. (2013). Social and emotional aspects of learning (SEAL) for secondary schools: implementation difficulties and their implications for school-based mental health promotion. *Child and Adolescent Mental Health*, *18*(3), 158-164.

Lynn, C. J., McKay, M. M., & Atkins, M. S. (2003). School social work: Meeting the mental health needs of students through collaboration with teachers. *Children & Schools*, *25*(4), 197-209.

Marlow, R., Goodman, R., Meltzer, H., & Ford, T. (2013). Influence of problematic child-teacher relationships on future psychiatric disorder: population survey with 3-year follow-up. *The British Journal of Psychiatry*, *202*(5), 336-341.

Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and preventive psychology*, *7*(1), 63-74.

Meltzer, H., Vostanis, P., Ford, T., Bebbington, P., & Dennis, M. S. (2011). Victims of bullying in childhood and suicide attempts in adulthood. *European psychiatry*, *26*(8), 498-503

Merrett, F., & Wheldall, K. (1993). How do teachers learn to manage classroom behaviour? A study of teachers' opinions about their initial training with special reference to classroom behaviour management. *Educational Studies*, *19*(1), 91-106.

Miller, L., Musci, R., D'Agati, D., Alfes, C., Beaudry, M. B., Swartz, K., & Wilcox, H. (2019). Teacher Mental Health Literacy is Associated with Student Literacy in the Adolescent Depression Awareness Program. *School Mental Health*, *11*(2), 357-363.

Miller, Leslie; Musci, Rashelle; D'Agati, Douglas; Alfes, Clarissa; Beaudry, Mary Beth; Swartz, Karen; Wilcox, Holly (2018). *Teacher Mental Health Literacy is Associated with*

Student Literacy in the Adolescent Depression Awareness Program. School Mental Health, 11(2), 357-363

Murphy, M. C. (2020). Bronfenbrenner's bio-ecological model: a theoretical framework to explore the forest school approach?. *Journal of Outdoor and Environmental Education*, *23*(2), 191-205.

Murray, C., & Murray, K. M. (2004). Child level correlates of teacher–student relationships: An examination of demographic characteristics, academic orientations, and behavioral orientations. *Psychology in the Schools*, *41*(7), 751-762.

Nastasi, B. K., Moore, R. B., & Varjas, K. M. (2004). *School-based mental health services: Creating comprehensive and culturally specific programs.* American Psychological Association. https://doi.org/10.1037/10724-000

Ojio Y, Yonehara H, Taneichi S, Yamasaki S, Ando S, Togo F, et al. (2015). Effects of school-based mental health literacy education for secondary school students to be delivered by school teachers: A preliminary study. *Psychiatry and Clinical Neurosciences*, 69(9), 572–579.

Parker, B. L., Anderson, M., Batterham, P. J., Gayed, A., Subotic-Kerry, M., Achilles, M. R., Chakouch, C., Werner-Seidler, A., Whitton, A. E., & O'Dea, B. (2021). Examining the Preliminary Effectiveness and Acceptability of a Web-Based Training Program for Australian Secondary School Teachers: Pilot Study of the BEAM (Building Educators' Skills in Adolescent Mental Health) Program. *JMIR Ment Health*, *8*(10), e29989.

Poznanski, B., Hart, K. C., & Graziano, P. A. (2021). What Do Preschool Teachers Know About Attention-Deficit/Hyperactivity Disorder (ADHD) and Does It Impact Ratings of Child Impairment? *School Mental Health*, *13*(1), 114-128.

Rehmani, N., Khan, Q. A., & Fatima, S. S. (2018). Stress, Anxiety and Depression in students of a private medical school in Karachi, Pakistan. *Pakistan journal of medical sciences*, *34*(3), 696.

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1), 1.

Robinson, R.B., (2016) Validity and Reliability. *The Encyclopedia of Crime and Punishment*.

Rudasill, K. M., Reio Jr, T. G., Stipanovic, N., & Taylor, J. E. (2010). A longitudinal study of student–teacher relationship quality, difficult temperament, and risky behavior from childhood to early adolescence. *Journal of school psychology*, *48*(5), 389-412.

Santor, D. A. (2009). Taking mental health to school. Retrieved from https://policycommons.net/artifacts/1200519/taking-mental-health-to-school/1753638/

Santor, D., Psych, C., Short, K., & Ferguson, B. (2009). Taking mental health to school: A policy-oriented paper on school-based mental.

Schwab, D.P., (2013). Research methods for organizational studies. Psychology Press.

Shabbir, M., Wei, S., Fu, Y. G., Chong, R., Marwat, M. A., Nabi, G., & Ahmed, B. (2014). A comparative study of public versus private primary schools, an evidence from Azad Kashmir (Pakistan Administrative Kashmir). *Journal of Education and Practice*, *5*(9), 154-168.

Skaalvik, E. M., & Skaalvik, S. (2010). Teacher self-efficacy and teacher burnout: A study of relations. *Teaching and teacher education*, *26*(4), 1059-1069.

Smith, J. A. (ed.). (2015) *Qualitative psychology: A practical guide to research methods.* London: Sage

Soares, A. G., Estanislau, G., Brietzke, E., Lefevre, F., & Bressan, R. A. (2014). Public school teachers' perceptions about mental health. *Rev Saude Publica*, *48*(6), 940-948.

Solberg, M. E., & Olweus, D. (2003). Prevalence estimation of school bullying with the Olweus Bully/Victim Questionnaire. *Aggressive Behavior: Official Journal of the International Society for Research on Aggression*, *29*(3), 239-268.

Syed, E. U., Hussein, S. A., & Haidry, S. E. Z. (2009). Prevalence of emotional and behavioural problems among primary school children in Karachi, Pakistan—multi informant survey. *The Indian Journal of Pediatrics*, *76*(6), 623-627.

Syed, E. U., Hussein, S. A., & Mahmud, S. (2007). Screening for emotional and behavioural problems amongst 5–11-year-old school children in Karachi, Pakistan. *Social psychiatry and psychiatric epidemiology*, *42*(5), 421-427.

Tamblyn, R., McMahon, M., Girard, N., Drake, E., Nadigel, J., & Gaudreau, K. (2016). Health services and policy research in the first decade at the Canadian Institutes of Health Research. *Canadian Medical Association Open Access Journal*, *4*(2), E213-E221.

The World Bank. 2018 https://data.worldbank.org/country/pakistan.

Thijs, J. T., Koomen, H. M., & van der Leij, A. (2008). Teacher–child relationships and pedagogical practices: Considering the teacher's perspective. *School Psychology Review*, *37*(2), 244-260.

Van Geel, M., Vedder, P., & Tanilon, J. (2014). Relationship between peer victimization, cyberbullying, and suicide in children and adolescents: a meta-analysis. *JAMA pediatrics*, *168*(5), 435-442.

Weston, K. J., Anderson-Butcher, D., & Burke, R. W. (2008). Developing a comprehensive curriculum framework for teacher preparation in expanded school mental health. *Advances in School Mental Health Promotion*, *1*(4), 25-41.

Whitley, J., Smith, J. D., & Vaillancourt, T. (2013). Promoting mental health literacy among educators: Critical in school-based prevention and intervention. *Canadian Journal of School Psychology*, *28*(1), 56-70.

Whitted, K. S., & Dupper, D. R. (2008). Do teachers bully students? Findings from a survey of students in an alternative education setting. *Education and Urban society*, *40*(3), 329-341.

Appendix A -

Questionnaire

Part 1(Demographics)

1. Information on respondent

a .Age: b. **Sex**: Male Female

2. Education:

a. Matric b. Intermediate c. Bachelor

d. Masters or Higher qualification

3. What type of school do you work in? (Select one)

a.Primary b. Secondary c. Both

4. Which sector do you work?

a. Public b. Private

5. Teaching experience (years):

a. 6 months b.1 year c. 2-3 years d. more than 3 years

6. Length of time working in current school (years):

Please give exact duration.

7. Have you ever taken a session/workshop before on this topic?

a. Yes b. No

If yes, where did you do this training/learning? (Please check all that apply)

1. in a professional development (in-service) workshop

2. in a continuing education/professional certification course

3. I have read and learned about this on my own

4. Other (please specify)

Part 2

Mental health evaluation questions

Each item in the table below describes an area of knowledge, skill, ability or attitude relevant to school mental health. Please indicate if you agree or disagree with the statement or don't know

Serial no	Statement	Yes	No	Don't know
1	A child not wanting to look directly into other people eyes and disliking being touched may be having sensory processing problems.			
2	Acquiring a set of values or ethics or an ideology as a guide to behavior is a developmental task of primary school age children.			

3	Frequently getting into fights, showing defiance or stealing may be a sign of mental illness.			
4	A 3–5 year old child can often distinguish between fantasy and reality.			
5	Having students with special educational needs in mainstream school has a negative impact on students.			
6	Family conflicts, poor self-esteem and school failure are risk factors for a student's well-being			
7	If a student starts to become disruptive, reprimand early to avoid escalation			
8	Frequently leaving the class due to pains and aches that do not appear on weekends or holidays may be a warning sign of mental illness.			
9	The parietal area of the brain is used in decision-making and ability to control behavior			
10	Providing one positive comment for every negative comment throughout the school			

	day helps in managing disruptive behavior in class.			
11	Students with anxiety problems may freeze or be unable to participate in activities.			
12	Cyber bullying is bullying that take place using technology			
13	Avoiding school and frequent absences may be a behavioural manifestation of a mental health problem			
14	Children with sensory processing problems may be accommodated by positioning their desks away from others or getting them to stand at the back of the line			
15	A multi-step plan for waiting helps in managing disruptive behaviour in the classroom			
16	Poor sleep or appetite and excessive sadness for long periods may be signs of mental illness.			
17	Several mental disorders can affect nutrition.			
18	Post-trauma problems may include acting			

	younger than age and inability to perform previously acquired skills.			
19	Having thoughts or beliefs that are unusual and not shared in the individual's culture may be due to psychosis.			
20	Limiting the time children consume different types of media (computers, smartphones) to 4–5 hours is recommended.			
21	Talking too loudly may result from hyperactivity and impulsivity problems.			
22	Nutritional deficiencies have little impact on cognitive and emotional development in children.			
23	An identifiable stressor may or may not be evident in mental disorders.			
24	Inattention problems may present with daydreaming and not listening when spoken to.			
25	An important suicide prevention strategy is restriction of access to means of suicide.			
26	Time out is not a good strategy for			

	behaviour problems in children.			
27	Students with conduct problems never engage in power struggles			
28	A student being irritable, angry and demonstrating marked changes in behaviour may be suffering from depression.			
29	A child appearing withdrawn, anxious and fearful in classroom is due to oppositional problems rather than sensory problems.			
30	Students blurting out answers before teacher finishes questions may be due to hyperactivity/impulsivity problems			

Conclusion. Thanks for participation

Appendix B – Consent Form

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INFORMED CONSENT

Introduction: I am Muhammad Ali doing Masters of Public Health at Al-Shifa School of Public Health Rawalpindi. I am conducting a research on "**Teacher's knowledge regarding mental health issues of school going children in tehsil Bhimber AJK"**. This study is conducting after approval from IRB committee of Al-Shifa School of Public Health Rawalpindi.

INFORMED CONSENT

1. TITLE OF STUDY: Teacher's knowledge regarding mental health issues of school going children in tehsil Bhimber AJK.

2. RESEARCHER: Muhammad Ali. MSPH Student, Al Shifa School of Public Health Rawalpindi.

3. PROCEDURE: The survey tool adapted from WHO school mental health evaluation manual. Questionnaire has two sections. First is about demographics. The Second section of the questionnaire has 30 multiple choice questionnaires. Each question has 'yes', 'no' and 'I don't know' format. Participants are told to choose only one option per question and were encouraged to mark 'I don't know' rather than guessing if unsure.

4. TIME REQUIRED: Expected time would be 15-20 minutes to complete interview.

5. VOLUNTARY PARTICIPATION: Participants are autonomous for participation and have right to leave the survey at any time.

6. CONFIDENTIALITY: Data collected from survey will be kept secret. Participant name and Personal data will be confidential. No leek of data is possible without prior permission of the participant.

7. Risk: There is no direct risk associated with the research.

8. Benefits: There is no direct benefit is associated with participation in the research. However the results of the research will be used for future planning by policy making authorities.

9. PAYMENT: You will receive no payment for participating in the study.

10. RIGHT TO WITHDRAW FROM STUDY: You have the independent to withdraw from the study at any time before submitting the survey without disadvantage. If you have questions about the study, contact the following individual:

Muhammad Ali

Muhammad8559@yahoo.com

Contact #03448830051

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

Appendix C - Time line And Proposed Budget

Proposed Timeline (Gantt chart) May 2022 -February 2023

Activities	May	June	July	August	September	October	November	December	January	February
Area/Topic										
Supervisor										
Title Selection										
Literature Review										
Objectives/Questions										
Hypothesis										
Operational Definition										
Study Design										
Material & Methods										
Data Collection										
Data Analysis Procedure										
Write-up/Proposal										
Date of Submission										
Thesis Defend/IRB										

Budget

Budget item	Transport	Stationery/Internet	Printing	Publishing
Pilot testing	500 Rs/-	6000 Rs/-	4000 Rs/-	-
Data collection	12,000 Rs/-	8,000 Rs/-	-	-
Thesis write-up	1,000 Rs/-	7,000 Rs/-	6,000 Rs/-	6,000 Rs/-
Total expenditure	13,500 Rs/-	19,000 Rs/-	10,000 Rs/-	6,000 Rs/-
Grand total	48,500 Rs/-			

Appendix C: IRB and District Education Officer Letters

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

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

TO WHOM IT MAY CONCERN

This is to certify that **Muhammad Ali** S/O **Riaz Akhtar** 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 **"Teacher's knowledge regarding mental health issues of school going children in Tehsil Bhimber AJK ".**

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

AL-SHIFA TRUST, JEHLUM ROAD, RAWALPINDI – PAKISTAN
Tel: +92-51-5487820-472 Fax: +92-51-5487827
Email: info@alshifaeye.org Web Site: www.alshifeye.org

ازدفتر ڈسٹرکٹ ایجوکیشن آفیسر سکولز (نسواں) ضلع بھمبر آزاد جموں وکشمیر

نمبر:	1924/2022	مورخہ:	03-11-2022
بخدمت:	سربراہان ہائیر سیکنڈری / ہائی / مڈل سکولز / انچارج معلمات پرائمری سکولز		
عنوان:	تعاون بسلسلہ ریسرچ بحق ڈاکٹر محمد علی صاحب سینئر میڈیکل آفیسر		
السلام علیکم!			

بحوالہ معاملہ عنوان الصدر تحریر ہے کہ ڈاکٹر محمد علی صاحب Teacher's knowledge regarding mental health issues of school going children in Tehsil Bhimber AJ&K کے موضوع پر ریسرچ کر رہے ہیں۔ ڈاکٹر محمد علی صاحب کی طرف سے فراہم سوال نامہ پر کے تعاون کریں۔

District Education Officer (F)
District Bhimber Azad Kashmir

ڈسٹرکٹ ایجوکیشن آفیسر سکولز (نسواں) بھمبر

نقل بالا بخدمت:

1۔ جناب ڈاکٹر محمد علی صاحب سینئر میڈیکل آفیسر

آزاد حکومت ریاست جموں وکشمیر

از دفتر ڈسٹرکٹ ایجوکیشن آفیسر ایلیمنٹری اینڈ سیکنڈری (مردانہ) بھمبر

نمبر اڈی ای او ای اینڈ ایس امردانہ بھمبر ا۔ 3916/22 امورخہ ا۔ 04/11/22

بخدمت:

پرنسپل صاحب / سینئر صدر معلمین / صدر معلمین ہائیر سیکنڈری / سیکینڈری انڈل مردانہ ادارہ جات تحصیل بھمبر

عنوان: تعاون بسلسلہ ریسرچ ڈاکٹر محمد علی صاحب سینئر میڈیکل آفیسر

معاملہ عنوان الصدر میں تحریر ہے کہ ڈاکٹر محمد علی صاحب (Teacher's Knowledge regarding mental health issues of school going chilldren in Tehsil Bhimber AJ&K) کے موضوع پر ریسرچ کر رہے ہیں۔ ڈاکٹر محمد علی صاحب کی طرف سے فراہم کردہ سوال نامہ پر تعاون کریں۔

4/11/22

(محمد شفیق اصغر)

ڈسٹرکٹ ایجوکیشن آفیسر

ایلیمنٹری اینڈ سیکنڈری مردانہ بھمبر

4/11/22