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Role of Teacher's Sensitization Program for the Mental Well-Being of Students: A Study of Government School Teachers in India

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Abstract: The mental well-being of individuals is as important as their physical health, contributing to their overall quality of life. It is, however, often neglected due to associated stigma, with people silently suffering from mental health challenges. In India, a large population is struggling with mental health concerns, especially teenagers and adolescents. With a population of around 1.4 billion, India faces an immense shortage of adequate mental health services, realizing the need for alternate strategies to fill the treatment gap. As teachers spend much time with students in school, they can contribute to their mental well-being if provided with capacity-building opportunities. This study aims to measure the impact of a teacher sensitization program in Indian government schools on mental health-related knowledge, beliefs, and the behaviours demonstrated by them in the classroom while interacting with children, creating a ripple effect towards students' mental well-being. A total of 136 teachers who were teaching at government high schools in the district of Varanasi, Uttar Pradesh, India, were included in the study. The study used a pre- and post-design to investigate the impact of a teacher sensitization program on their understanding related to mental health. The results indicated notable improvements in teachers' attitudes and beliefs toward mental well-being, with significant improvements observed in areas such as behaviour, teachers' body language, relationships with students, and the use of effective teaching strategies. The findings highlight the importance of professional development initiatives to equip teachers with the skills to effectively support student well-being.

Keywords: *Mental health challenges, mental health stigma, shortage of mental health professionals.*

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Introduction

The World Health Organization (WHO) defines mental well-being or mental health as "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community." Mental health often remains a neglected topic even though around 970 million people around the world are experiencing some form of mental health concerns (WHO, 2022) and there has been around 26% increase in mental health issues since the 2020 pandemic started.

India is the most populous country in the world, going through a crisis with the escalating prevalence of mental health issues among its people. Research suggests that around 15% of the population in India is dealing with mental health challenges (Meghrajani et al., 2023). Additionally, most mental health conditions are perpetuated before 25 years of age, generally between 11 and 18 years (Patton et al., 2016, as cited in Mehra et al., 2022). The findings of a United Nations Children's Fund (UNICEF) survey conducted in 21 countries (UNICEF, 2021a) suggest that in India, one in seven youngsters between the ages of 15 to 24 experiences mental health issues, and only 41% among them recognize the need

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to seek support—which is the lowest among the countries surveyed (UNICEF, 2021b). A similar survey conducted by the Indian Council of Medical Research (ICMR) in 2021 shows that 12-13% of students suffer from psychological, emotional, and behavioural concerns.

There are various factors that may contribute to the mental health challenges of adolescents, including domestic violence, mistreatment, bullying, peer pressure, and substance consumption (Das et al., 2016 as cited in Mehra et al., 2022). Additionally, the quality of life at their home and harsh parenting can be the risk factors for mental health and behavioural issues in adolescents (WHO, 2022).

The mental well-being of an individual is considered to be influenced by the social, environmental, and economic surroundings in which they are born and brought up, work, and grow (Shim et al., 2014, as cited in Knifton & Inglis, 2020). This is supported by a study conducted by Hosokawa and Katsura (2018) in Japanese elementary schools, which examined the impact of the socio-economic situations of children's families during their early childhood on the children's social adaptation. They found out that lower family income consistently predicts all domains of behavioural problems. Statistical data shows that in 2022, more than 13 million children in India aged from 10 to 14 years were living in extreme poverty (Statista, 2023), making them even more vulnerable to mental health and behavioural issues.

In recent years, the impact of extensive usage of social media on people's mental well-being has been researched widely. Previous research has shown a connection between increased usage of social media and a rise in mental health issues. A recent study by Maurya et al. (2024) further establishes this relationship, suggesting a considerable correlation between social media use and depression among teenagers, compared to those who abstain from such online activities. Also, Kaur and Bashir (2015, as cited in Bashir & Bhat, 2017) found that the negative aspects of social media usage among youngsters include depression, online harassment, cyberbullying, fatigue, stress, suppression of emotions due to lack of social interaction and decline of intellectual ability.

While the prevalence of mental health concerns continues to rise in India, accessing appropriate support and care remains a challenge for many individuals. These challenges include a shortage of mental health services and professionals, a lack of knowledge and awareness about mental health, as well as surrounding myths, misconceptions, and stigma.

The treatment gap for people with mental health concerns in India is estimated to be approximately 95% and only 1 in 20 receive any treatment (Sagar et al., 2017). According to a WHO report of 2011, for every million people in India, there are only three psychiatrists and even fewer psychologists which is almost 18 times less than the commonwealth norm of 5.6 psychiatrists per 100,000 people (Joseph et al., 2021).

In urban areas, the demand for mental health services has increased with the fast-paced, sedentary lifestyle. It is estimated that India's urban population will increase up to 40.76% by 2030. With the increased urban population comes various mental health-related challenges like economic and social vulnerabilities (Bhattacharya, 2023).

While urban areas may offer some access to mental health facilities, the situation remains dire in rural communities, where resources are often scarce or non-existent. According to a report of the Ministry of Health and Family Welfare of India, only 10-12% of people in need of mental healthcare in rural areas in India may have access to appropriate services (Gogoi & Baghel, 2023).

Despite the availability of mental health services, people often hesitate to seek support, with many cases going unreported and untreated. Stigma and discrimination against people with mental health concerns are common and create barriers to accessing mental health services which further creates a treatment gap. In India, most people hesitate to openly discuss or seek treatment for mental health problems due to social stigma. This is a serious concern as the mental health issues experienced by children and adolescents at a young age may go beyond adulthood by limiting their development (Haller et al., 2016, as cited in Schlack et al., 2021). In response to the glaring disparity between the escalating mental health needs and the limited availability of professional services, a growing recognition has emerged regarding the pivotal role that other community members can play in filling this crucial gap.

According to the Annual Status Education Report (ASER) (rural) survey conducted in 2021, 70.3% of children in India are enrolled in government schools. The government schools being the primary provider of education for a significant portion of the population of the country, especially vulnerable communities, could be an ideal setting for introducing intervention strategies. A 'Whole school approach,' i.e., working collaboratively with different parts of the school community, including families, teachers, and students, can be beneficial for promoting positive mental health (Graetz, 2008, as cited in O'Reilly et al., 2018). Central to this approach is the recognition of teachers as key influencers in students' lives and mental well-being.

We know that students are in close proximity to teachers in a school setting. Due to their relationship with students, they are more likely to observe their behaviour, understand their challenges, and identify mental health concerns. If provided with training and support, they can be efficient in making classrooms conducive to mental well-being.

Empirical evidence suggests that well-aware teachers have a desirable attitude towards their students' mental health concerns (Kamal & Haridi, 2020, as cited in Kaur et al., 2023). A training workshop on positive mental health was

organized for the heads of the schools at the Central Institute of Psychiatry, Jharkhand, by Kumar et al. (2009). The follow-up assessment demonstrated that the teachers who received the training felt more confident in identifying and dealing with children and adolescents with mental health-related concerns.

In a similar study, the importance of a teacher sensitization program regarding mental health was highlighted. The results indicated that such a program is beneficial in increasing educators' understanding of prevalent mental health issues among students. Moreover, the program contributed to raising educators' awareness of maintaining good mental health. Educators gained insight into the importance of early detection of mental health issues and offering the necessary support for students requiring mental health interventions. (Shah & Kumar, 2012, as cited in Manjari & Srivastava, 2020)

The well-being of teachers too, is largely linked to the mental health of students. While much emphasis has been placed on students' well-being, the importance of addressing teachers' well-being often takes a backseat. The level of mental health of a teacher can be influenced by a variety of personal as well as professional demands (Gorsy et al., 2015). Teachers with low mental health are more likely to experience burnout (Srivastav & Khan, 2008, as cited in Gorsy et al., 2015) and may create difficulties for the students (Kumar, 1992, as cited in Gorsy et al., 2015). This emphasizes the importance of prioritizing teachers' well-being, as their mental health directly influences the learning environment. Furthermore, Indian teachers have expressed mixed to negative attitudes towards children with behavioural challenges and their inclusion in the classroom (Sharma et al., 2017), aggravating their issues. Hence, there is a need for professional development opportunities for teachers to better understand and support their as well as students' mental well-being.

Despite growing global awareness of the importance of mental health in educational settings, there remains a significant gap in research and implementation of mental health education and literacy programs tailored to teachers in low- and middle-income countries, particularly in the Indian context. While mental health literacy programs have been developed and evaluated in various parts of the world (Kutcher et al., 2016), much of the existing literature focuses on Western settings. Limited attention is paid to how these programs can be adapted to fit the unique socio-cultural, economic, and institutional landscapes of countries like India (Rathod et al., 2017).

This lack of context-specific research creates a pressing need for studies that not only develop but also evaluate the impact of mental health education programs in educational settings (Jorm, 2012). Additionally, previous research has largely focused on student outcomes, with less emphasis placed on teacher-focused interventions (Reinke et al., 2011). Given that teachers are often the first point of contact for students experiencing mental health challenges, equipping teachers with the knowledge and skills to identify and address these issues is critical (Gunawardena et al., 2024). However, there is a dearth of empirical research examining how teacher training programs focused on mental health literacy can impact classroom practices and student well-being in government schools, particularly within India's complex education system.

To address this demand, KHUSHII (Kinship for Humanitarian Social and Holistic Intervention in India) has developed a teacher sensitization program with an objective to sensitize and psycho-educate teachers of government schools. The six-hour module is delivered by trained psychologists and covers the following topics shown in Table 1.

Table 1. Overview of Topics Covered in a Manobal -Teacher Sensitization Program

Sessions	Topics covered
Session 1	-Introduction to mental health concepts. -Understanding the importance of mental well-being. -Overview of common mental health issues.
Session 2	-Understanding the developmental needs of students -Recognizing signs of mental health issues in students -Exploring the impact of classroom environment on student mental health
Session 3	-Creating a supportive classroom environment -Developing positive relationships with students -Implementing strategies to address student mental health concerns

This study is grounded in the Theory of Planned Behaviour (TPB), developed by Ajzen (1991). It posits that an individual's behaviour is directly influenced by their intention to perform that behaviour, which in turn is shaped by three key factors: attitudes, subjective norms, and perceived behavioural control. In the context of this study, the TPB provides a comprehensive theoretical foundation for this study by highlighting how changes in teachers' attitudes, perceived social pressures, and self-efficacy contribute to their adoption of mental health practices in the classroom.

First, the "attitudes" component of the theory suggests that teachers who have positive beliefs about supporting students' mental health, such as improved academic outcomes and well-being are more likely to engage in behaviours that promote mental health in the classroom. This aligns with the core objectives of mental health literacy programs, which seek to enhance teachers' understanding and attitudes toward mental health.

'Subjective norms' refer to the perceived social pressures or expectations from others. In the school setting, this may include the expectations of administrators, other teachers, or even parents regarding how teachers must address mental health issues. By participating in professional development programs, teachers may feel a greater sense of encouragement from their peers and supervisors to prioritize mental health education in their teaching practices.

Finally, "perceived behavioural control" reflects teachers' confidence in their ability to successfully implement mental health strategies in their classrooms. This aspect of TPB is particularly relevant for teacher training programs, as they aim to equip teachers with the skills and tools needed to feel competent in addressing mental health challenges. When teachers believe they have the necessary knowledge and resources, they are more likely to engage in mental health-supportive behaviours with their students.

Methodology

Objectives

The present study addresses important gaps in the existing literature around the mental well-being of Indian students. The objectives of the present study are:

1. To study the impact of the teachers' sensitization program on their knowledge related to mental well-being.
2. To study the impact of the sensitization program on teachers' attitudes, beliefs and perceptions towards mental health
3. To study the effects of the sensitization program on behaviour that teachers exhibit in the classroom.

Hypothesis

Based on the objectives, the following hypotheses are formulated

1. There will be an improvement in teachers' knowledge related to mental health.
2.
 - a) There will be a change in the attitudes of teachers towards mental health.
 - b) There will be a change in teachers' beliefs towards mental health.
 - c) There will be a change in the perception of teachers towards mental health.
3. There will be a change in classroom behaviour related to mental health awareness among teachers.

Research Design

The study employed a pre- and post-design to investigate the impact of a 6-hour sensitization and psychoeducation workshop on mental health topics pertaining to teachers' and students' mental health. Before the commencement of the training, a comprehensive pre-assessment was conducted to measure the baseline data.

Sample and Data Collection

For the present study, the purposive sampling method was utilised to recruit the sample. Participants who successfully completed KHUSHII's sensitization program were invited to participate in a study to understand the program's impact. A total of 136 teachers who were teaching at Rajkiya (state government-run) high schools in the district of Varanasi, Uttar Pradesh were included in the study.

Data Collection Tools

The following tools were used for the study,

Tool for mental well-being-related knowledge: A mixed response tool consisting of 11 items was constructed for the study. The variety of response options, including multiple-choice questions (MCQs), rating scales, and Yes or No responses, ensures a multifaceted exploration of participants' understanding and opinions. To validate the efficacy of the instrument, a pilot administration was conducted involving participants from various professional backgrounds, beyond the scope of teaching. Following the pilot assessments, valuable feedback was collected and analysed. The insights gathered from this initial administration facilitated a comprehensive revision of the tool, with particular emphasis on refining ambiguous or culturally specific elements. The initial version of the tool was formulated in English, ensuring clarity, coherence, and cultural sensitivity in its construction. Mental health experts were invited to review the content and structure of the tool and a finalized version then underwent a translation process to Hindi, which is the native language spoken in the district of Varanasi, to enhance its applicability in diverse linguistic and cultural contexts. The responses were scored in the range of 0-5. A higher score indicates a greater understanding of mental well-being.

Teachers' Beliefs about Mental Health Issues Survey: The tool was developed (Shannon R. Kelleher, 2014) to study teachers' attitudes, beliefs and perceptions about mental health. It is based on the theory of planned behaviour given by Ajzen in 1991, which states that individual behaviour results from intentions, and in turn are influenced by attitudes, perceived norms, and perceived behavioural control. It is an 18-item structured survey assessing responses on a 5-point Likert scale ranging from "strongly agree" to "strongly disagree" on the below-mentioned domains.

- Past behaviour
- Beliefs and attitudes
- Perceived norms
- Perceived behavioural control
- Intention

Scoring: For items 1,2,3,4,6,7,9,10,11,12,13,14,16, and 17, responses were coded as "strongly agree," having a value of five, and "strongly disagree," having a value of one. Whereas, for items 5, 8,15 "strongly agree" indicates a score of one, and "strongly disagree" indicates a score of five.

Teacher's Observation Checklist: For the study, a checklist was created listing behaviours that are important for teachers to create classroom environments conducive to mental health. To maintain consistency in the observations, the same research assistant (RA) was assigned to participants for the pre, post, and follow-up assessments. RAs received in-depth training with ample examples of what to observe and how to conduct the observations. The checklist consists of 33 items with the below-mentioned subscales.

- Teachers' body language and behaviour
- Relationship with students
- Questions and class discussions
- Handling student behaviour
- Teaching strategy
- Diversity in classroom

The responses were recorded on a five-point Likert scale - "exceeds expectations", "meets expectations", "needs improvement", "unacceptable" and "not observed". Also, there were two items that were reverse scored based on their wording.

Procedure

The sample of 136 teachers was divided into three groups to introduce multiple methods of quantitative assessment, thereby facilitating the triangulation of data. 69 teachers were assessed using the self-constructed tool on mental well-being knowledge, 27 teachers were assessed on teachers' beliefs about mental health issues Survey and 40 teachers were assessed on classroom behaviour using the teachers' observation checklist, as shown in "Table 2".

Table 2. Summary of Teachers and Assessment Tools Used

No. of Teachers Assessed (n)	Assessment tools used
69	Self - Constructed tool
27	Teachers' Belief about mental health issues survey
40	Teachers' observation checklist

The participants were from 21- 60 years of age with most of them falling in the age bracket of 31-40 years, with the average age being 38 years. The sample consisted of 10 male teachers and 59 female teachers, shown in Table 3.

Table 3. Age and Gender Distribution of Participants Assessed on Self-Constructed Tool

Age range	Number of teachers (n)	Percentage of teachers (%)	Gender distribution	
			M	F
21-30	2	2.90%	0	2
31-40	43	62.32%	9	34
41-50	22	31.88%	1	21
51-60	2	2.90%	0	2

Table 4. Gender Distribution of The Teachers Assessed on Beliefs About Mental Health Issues Survey

Gender	No. of teachers (n)	% of teachers
Female	20	74
Male	7	25.9

A total of 27 teachers were assessed on beliefs on mental health issues survey. Among them, 20 were females (74%) and 7 were males (25.9%). Before the beginning of the first session, informed consent was taken from the participants for their voluntary participation to complete a Google Form to understand their responses. The confidentiality of the responses was maintained. They were informed that their responses would contribute to mental health-related research, addressing existing gaps in the field. During the post-assessment, they were briefed that their responses would assist in evaluating the effectiveness of the training program and identifying areas for improvement in our workshop module, thereby ensuring the enhancement of the intervention.

The observation checklist was administered by research assistants in the classroom setting while the teachers took their usual classes. The research assistants spent 30 minutes in a naturalistic setting, took notes, and subsequently completed the observation checklist.

After completing the pre-assessments, the participants were engaged in the online 6-hour sensitization and psychoeducation workshop. The sessions were carefully curated to address teachers' mental health needs by helping them understand and manage emotions, introduce self-care practices in daily life, and build resilience. The program also aims to educate and upskill teachers on students' social-emotional learning to foster a positive and healthy classroom environment for their students along with early screening for mental health-related concerns and timely intervention, directly contributing to their mental well-being.

To ensure the fidelity of the sensitization session, the attendance of all the teachers was recorded, and only teachers who attended more than 80% of the training were included in the final sample. Following the completion of the workshop, a post-assessment was administered on the same measure as the pre-test to record changes in participants' classroom behaviour and understanding of mental health.

Data Analysis

Paired *t*-test analysis and Analysis of Variance (ANOVA) was calculated using SPSS software to study the effectiveness of the sensitization program on teachers' knowledge and attitudes related to mental well-being as well as their classroom behaviour. The results of the analysis of each of the assessment instruments are given below. The normality of the data was assessed using Kurtosis analysis. The results indicated that the measurements follow a normal distribution for mental well-being knowledge and belief about mental health issues.

Results

Mental Well-being Related Knowledge

To compare the mean scores of the knowledge of mental well-being before and after the sensitization program descriptive analysis was conducted. Table 5 below, displays the mean test score of the Knowledge Assessment for the pre-group 120.86, with a standard deviation of 17.40. The mean test score for the post-group 126.01, with a standard deviation of 18.94. The effect size for the difference between the pre- and post-group was calculated using Cohen's *d*, resulting in a value of 0.28, which is considered a small effect.

Table 5. Independent Sample *t*-test of Pre-post Total Scores of Mental Well-being Related Knowledge

	<i>n</i>	Mean	<i>SD</i>
Knowledge of mental well-being	69	120.86	17.40
Pre-test total score			
Post-test total score	69	126.01	18.94

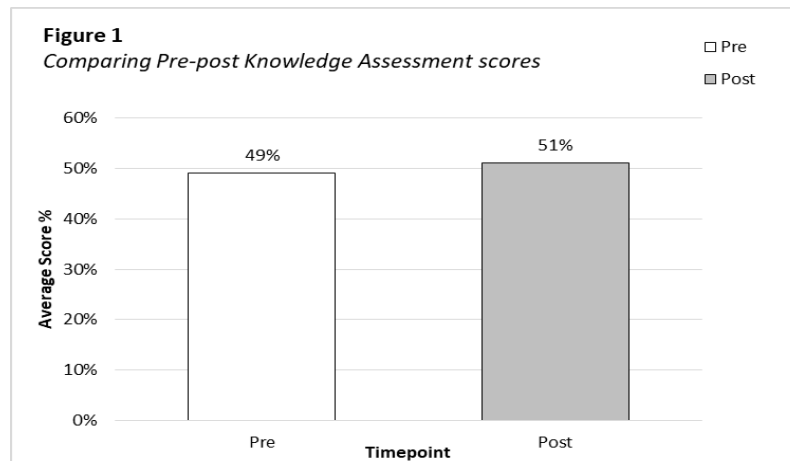


Figure 1. Comparing the Average Score Percentage of Pre- and Post- Assessment of Mental Well-being Related Knowledge

Knowledge related to mental well-being was compared before and after the sensitization program. The responses of 69 teachers to the self-constructed tool were analysed for the same using a paired t-test. This is shown in "Table 6" below.

Table 6. Paired Sample t-Test of Pre-post Total Scores of Knowledges

	Mean	SD	t	Sig (2-tailed)
Knowledge of mental well-being (pre-test-post-test)	-5.16	14.71	-2.91**	0.005

Table 7. Question Wise Paired Sample t-Test of Pre-post of Mental Well-being Related Knowledge

Areas	Mean	SD	t	Sig
PretestQ1-Post-testQ1	-0.13	0.59	-1.83	0.072
PretestQ2-Post-testQ2	-0.28	1.29	-1.78	0.079
PretestQ3-Post-testQ3	0.13	1.58	0.69	0.495
PretestQ4-Post-testQ4	-0.26	1.13	-1.94	0.057
PretestQ5-Post-testQ5	0	0.62	0	1
PretestQ6-Post-testQ6	0	0.98	0	1
PretestQ7-Post-testQ7	-1.19	5.95	-1.66	0.102
PretestQ8-Post-testQ8	-1.14	4.39	-2.17**	0.034
PretestQ9-Post-testQ9	-0.75	3.88	-1.61	0.111
PretestQ10-Post-testQ10	-1.25	5.04	-2.06*	0.044
PretestQ11-Post-testQ11	-0.61	1.69	-2.99**	0.004

Table 7, shown above, indicates a statistically significant change in the overall pretest-total and post-test total scores [$t(69) = -2.91, p > .005$] among teachers, suggesting a significant enhancement in their understanding of mental health after attending the Manobal program. The item-wise assessment shows that in question 8 assessing teachers' ability to manage disruptive behaviour in the class, "Suman has 100% attendance and is the topper of the class. However, for the past 2 weeks, she has not been paying attention in class and keeps shouting at other students. You found her sleeping during your class. What would you do in this situation?" A statistically significant change between pre-test and post-test scores [$t(69) = -2.17, p < 0.05$] has been found, which means that after attending the Manobal program, teachers are better able to handle the mental health concerns of their students with an effective plan of action.

A statistically significant change was observed in question 10 assessing strategies used by teachers to psycho-educate students, "If you want to educate students about social-emotional learning, how would you do it?". Between pre-test and post-test scores [$t(69) = -2.06, p < 0.05$]. This suggests that after attending Manobal training, teachers feel more prepared to teach students about social-emotional learning using effective teaching strategies.

Similarly, a statistically significant change was also observed in question 11 which assesses the general awareness of teachers on mental health between pre-test and post-test scores [$t(69) = -2.99, p < 0.005$]. This implies that after attending Manobal training, teachers' general awareness of mental health has increased.

Beliefs About Mental Health Issues

Table 8. Independent Sample t-Test Analysis of Pre -Post-Scores of Attitude & Beliefs About Mental Health Issues

	n	Mean	SD
Attitude and beliefs pre-test total score	27	58.26	14.87
Post-test total score	27	63.59	11.88

Table 8, as seen above indicates the mean test score for the pre-group 58.26, with a standard deviation of 14.87. The mean test score for the post-group 63.59, with a standard deviation of 11.88. The effect size for the difference between the pre- and post-group was calculated using Cohen's d, resulting in a value of 0.39, which is considered a small effect.

Table 9. Paired Sample t-test Analysis of Pre- Post-Scores for Subscales of Beliefs About Mental Health Issues

Areas	Mean	SD	t	Sig (2-tailed)
Pre-test-Post-test for past behaviour	-2.7	3.83	-3.66**	0.001
Pre-test-Post-test for beliefs and attitude	-1.29	2.82	-2.38**	0.025
Pre-test-Post-test for perceived Norms	-0.519	2.45	-1.09	0.283
Pre-test-Post-test for behavioural control	-0.407	3.42	-0.619	0.542
Pre-test-Post-test for Intention	-0.407	2.18	-0.967	0.342
Pre-test-Post-test for the total score	-5.33	8.06	-3.435**	0.002

Table 9, as seen above, shows the paired t-test analysis of pre- and post-test scores across the subscales of the instrument-teachers' beliefs about mental health issues survey.

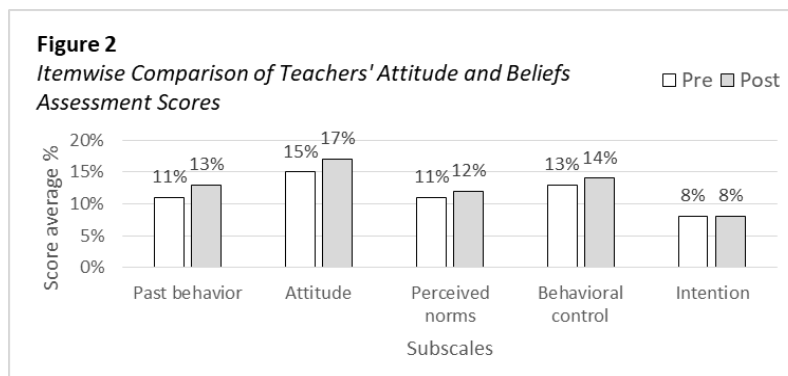


Figure 2. Subscale Comparison of pre- and Post-Scores in Teachers' Attitudes and Beliefs

The assessment involved 27 teachers from 9 schools, with 20 (74%) being female and 7 (25.9%) males (see Table 3). A paired sample t-test analysis revealed a significant difference between pre-test and post-test scores among the teachers ($n = 27, p < .005$). Specifically, there were statistically significant changes in two areas: Past behaviour ($n = 27, p < .001$) and Beliefs and attitudes ($n = 27, p < .005$). These findings indicate a significant shift in teachers' beliefs about mental health issues after participating in the Manobal program.

Classroom Behaviour

Analysis of Variance (ANOVA) was calculated using SPSS software to study the effectiveness of the sensitization program on teachers' classroom behaviour. Dependent variable in ANOVA is classroom behaviour of the teachers.

Table 10. Descriptive Analysis of Pre-post & Follow-up Scores of Teachers Observation Checklist

	n	Mean	SD
Classroom Behaviour pre-test total score	15	68.13	8.91
Post-test total score	15	84.53	6.46
Follow up total score	15	93.53	7.80

Table 10, as seen above shows the mean test score for the pre-group 68.13, with a standard deviation of 8.91. The mean test score for the post-group 84.53, with a standard deviation of 6.46. The mean test score for the follow up group 93.53, with a standard deviation of 7.80. The effect size for the differences between the pre, post, and follow-up groups was

calculated using Cohen's d , resulting in values of 2.11 for the pre vs. post comparison, 3.03 for the pre vs. follow-up comparison, and 1.26 for the post vs. follow-up comparison. These values indicate a large effect.

Levene's test for equality of variances was also conducted and indicated the variances were homogeneous $f(2,42) = 0.69$ $p = .507$

Table 11. ANOVA (f -ratio) Across Subscales of Teacher's Observation Checklist

Subscales for classroom behaviour checklist	f	p
Teaching Behaviour and Body Language	30.1**	0
Relationship with Students	22.52**	0
Questions and discussions	32.39**	0
Handling student behaviour	3.13	0.054
Teaching strategy	18.74**	0
Diversity in classroom	3.23*	0.05

Table 8 above indicates the f -ratio across subscales of the teacher's observation checklist. Overall total scores depict statistically significant [$f(2,42) = 41.02, p < .00$] change in pre-to-post and post-to-follow-up classroom observations of participants after attending Manobal program.

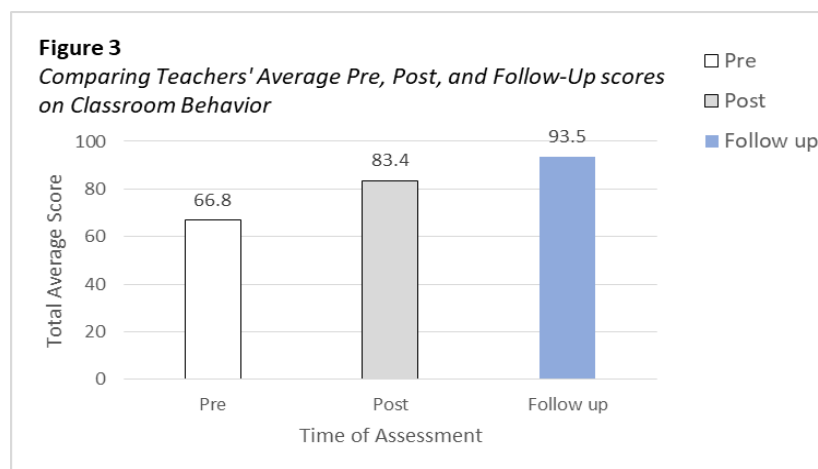


Figure 3. Displaying Improvement in Assessment Results of Teachers' Classroom Behaviour at Pre, Post, and Follow-Up Stages

The results also reveal a statistically significant change across all areas. The findings indicate a significant change in teachers' body language and behaviour [$f(2,42) = 30.10, p < .001$], their relationship with students [$f(2,42) = 22.52, p < .001$], their ability to engage the class through questions and discussions [$f(2,42) = 32.39, p < .001$], and their teaching strategies [$f(2,42) = 18.75, p < .001$]. Additionally, there is a significant change concerning demonstrating awareness of diversity in classroom settings [$f(2,42) = 3.23, p < 0.05$].

In the area of teachers' body language and behaviour, statistically significant changes are evident in the results between pre-test and post-test scores ($p < .001$), as well as between pre-test scores and follow-up scores, ($p < .001$). Additionally, a significant difference emerges ($p < 0.05$) when comparing post-test scores to follow-up scores of teachers after the Manobal program.

In the area, assessing teachers' relationship with students, a significant change can be seen in the results between pre-test and post-test scores, as well as between pre-test scores and follow-up scores ($p < .001$). In the area assessing the efficiency of engaging the class in questions and discussions, significant change can be seen in the results between pre-test and post-test scores, as well as between pre-test scores and follow-up scores ($p < .001$).

In the area assessing teachers' ability to handle students' behaviour in the classroom, no significant difference has been observed among the pre-test scores, post-test scores, and follow-up scores after attending Manobal program. Potential reasons for the absence of significant changes in teachers' way of managing student behaviour in the classroom, despite attending training, could stem from a lack of sufficient data or a limited sample size as the data shows that on average there were only 28 students present in the classes during observation. Hence, fewer students in the class might result in fewer instances of inappropriate behaviour, thereby reducing opportunities for observation.

In assessing the use of effective teaching strategies in the classroom notable shifts are evident in the results between pre-test and post-test scores, as well as between pre-test scores and follow-up scores, at a significance level of .01. In the area of demonstrating awareness and catering diversity in the classroom, no significant change is evident in the results between pre-test and post-test scores. Possible reasons for no significant change in the results between pre-test and post-

test scores in the area of demonstrating awareness and catering diversity in the classroom can be a smaller number of data, the limited observation time of 30 minutes by the research assistants, during which certain areas may not have been observed, and specific behaviours may not have occurred due to a smaller number of children in the class. Another possibility is that the teacher may have been teaching a topic that did not necessitate the use of any particular strategies, or all students may have been responsive and engaged without the teacher needing to employ additional strategies to involve everyone.

In the overall data, it is noteworthy that no significant changes between post and follow-up scores were detected in three key areas: effectively engaging the class in questions and class discussion, employing effective teaching strategies, and demonstrating awareness and catering to diversity in the classroom. Possible explanations in the respect of areas effectively engaging the class in questions and class discussion, and employing effective teaching strategies, may include that teachers were already proficiently engaging the class in questions and discussions, as well as employing effective teaching strategies at an optimal level and this can be supported by the results showing significant changes in pre-test and post-test scores at the 0.01 level. Other reasons can be limited data availability or variations in class sizes. Regarding the third area, demonstrating awareness and catering to diversity in the classroom, no significant change was observed between pre-test scores and post-test scores. However, a significant change was noted between pre-test scores and follow-up scores. One potential explanation for this could be the variation in the number of students. Anecdotally, individuals may require some time to internalize the learnings and skills acquired during training before manifesting them in their classroom behaviour. Thus, the significant change observed only during the follow-up observation session could be attributed to this process of internalization and implementation of newly acquired skills over time.

In all areas except for handling student behaviour, significant changes are observed between pre-test scores and post-test/follow-up scores. This suggests the effectiveness of the Manobal program. It can be concluded that after attending the Manobal program, teachers' body language and behaviour in the classroom have improved, their relationships with students have strengthened, they are more adept at engaging the class in questions and discussions, employing effective strategies, and demonstrating heightened awareness of and responsiveness to diversity in the classroom.

Discussion

The present study places importance on the pivotal role teachers play in students' lives and the potential impact of sensitizing teachers on mental health, fostering a school environment conducive to mental health. The study involved a sample of 136 government school teachers in the Indian district of Varanasi, who were assessed using three separate tools before and after the teachers' sensitization workshop to study the improvement in their mental health-related literacy and consequent behaviour.

Findings from the study indicate significant improvements in teachers' knowledge, attitudes, and classroom behaviour related to mental health following their participation in the sensitization program. Specifically, teachers demonstrated an enhanced understanding of mental health concepts, as evident by significant changes in pre-test and post-test scores. These findings are largely supported by previous research in the field that teachers who receive mental health-related training demonstrate a notable improvement in mental health literacy (Imran et al., 2022).

Consistent with these findings, Bichoualne et al. (2023) found that mental health literacy programs for teachers significantly improved their knowledge, attitudes, and self-efficacy regarding mental health. These programs helped educators better recognize and manage mental health issues in students, reduce stigma, and increase understanding of help-seeking strategies. This was particularly effective in various countries, including Malawi, where teachers' knowledge and attitudes towards mental health improved considerably following the training programs.

Also, a systematic review by Anderson et al. (2018) on mental health training programs for secondary school teachers found that these programs improved teachers' mental health literacy, confidence, and skills in supporting students with mental health issues. The review concluded that such programs are an effective intervention for promoting mental health awareness and support within educational settings.

Moreover, there were notable shifts in teachers' attitudes and beliefs toward mental well-being, with significant improvements observed in areas such as past behaviour and overall attitudes. Additionally, the study identified significant changes in classroom behaviour, including improvements in teachers' body language, relationships with students, and the use of effective teaching strategies. These findings suggest that the sensitization program effectively enhanced teachers' capacity to support student mental health within educational settings, highlighting the importance of such interventions in promoting positive mental well-being among teachers and students.

Hence, the results largely confirm the research hypotheses proposed in the study suggesting the effectiveness of the intervention in addressing the identified gaps in teachers' mental health knowledge, attitudes, and behaviour.

However, it was noted in the study that there was a lack of significant change in teachers' ability to manage student behaviour in the classroom despite attending the sensitization program. This finding suggests that the training may not have adequately addressed this aspect of teachers' behaviour. The reason for this could be insufficient data or a limited

sample size as with fewer students in the class; there could be fewer occurrences of inappropriate behaviour, leading to fewer opportunities for observation.

Other factors beyond the scope of the intervention may have influenced teachers' ability to manage student behaviour. Contextual variability, for example, across schools including differing levels of administrative support and school climate, may have affected the implementation and impact of the Manobal program. Teachers in more supportive environments may have been more engaged and able to integrate new strategies into their classrooms effectively, whereas those in less supportive settings may have encountered barriers to applying what they learned.

The hierarchical nature of Indian schools and society may also have impacted the implementation of mental health practices. Teachers, especially in government schools, often operate under rigid administrative structures, where adherence to traditional educational priorities can limit the flexibility to implement new practices.

Additionally, teacher attitudes toward mental health, shaped by cultural norms and personal experiences, could have influenced their receptivity to the training. For instance, teachers who already had positive attitudes toward mental health support may have shown greater improvements in practice. Another significant barrier could be teachers' hesitation to refer to children who need mental health assistance, which may stem from a lack of motivation or inadequate knowledge to identify or refer to children with possible mental health concerns. (Raman & Thomas, 2023).

Richter et al. (2022) explored the role of cultural and contextual factors in the implementation of school-based mental health programs, emphasizing that cultural and contextual factors shape how mental health services are perceived and accepted in different settings.

Often, mental health issues are considered a sign of weakness in various cultures and communities in India due to the prevalent stigma around mental health. These beliefs can influence help-seeking behaviours, treatment seeking, and perceptions of mental health. At times, cultural beliefs may stigmatize mental illness, discourage open dialogue, and promote dangerous or ineffective practices (Meghrajani et al., 2033). This can hinder access to evidence-based care and perpetuate the cycle of mental health-related challenges.

The results of this study contribute to the broader context of mental health education in India and other low- and middle-income countries (LMICs), where addressing mental health in schools remains a significant challenge due to resource constraints, cultural stigma, and limited infrastructure. In India, mental health awareness and education have historically been underfunded and undervalued, particularly in government schools, where teachers often lack the necessary support and education to contribute to students' mental well-being. The findings of this study, which demonstrate improvements in teachers' mental health literacy following targeted psychoeducation, align with emerging evidence from LMICs that such interventions can be effective even in resource-limited settings.

For instance, similar programs in countries like Kenya and Nepal have shown that training educators in mental health not only improves their ability to recognize and address mental health issues but also leads to better academic and behavioural outcomes for students. A study by Puffer et al. (2016) in Kenya implemented a school-based mental health program where teachers were trained to deliver psychosocial support to students. The study found that, after the training, teachers demonstrated increased confidence and competence in identifying and managing student mental health issues, which translated to improved student well-being and classroom behaviour.

Similarly, in Nepal, Jordans et al. (2012) evaluated a teacher training program focused on mental health awareness and psychosocial support in rural schools. The study revealed that, after receiving training, teachers reported a significant increase in their ability to recognize mental health issues among students, as well as improved attitudes towards mental health. Also, the intervention contributed to reduced stigma around mental health in the school environment which is a critical step in promoting help-seeking behaviour among students.

This study also highlights the contextual challenges unique to LMICs, such as the need for ongoing support and cultural adaptation of mental health programs, to ensure their sustainability and effectiveness. By situating this research within the global discourse on mental health education in LMICs, the study emphasizes the importance of developing scalable and culturally sensitive interventions that address both the systemic barriers and the immediate needs of teachers and students in these settings

The study, hence, contributes new insights to literature by providing empirical evidence of the effectiveness of a teacher sensitization program on mental health awareness and classroom behaviour. The findings of this study hold several practical implications for educators, policymakers, and mental health practitioners. The findings highlight the importance of ongoing professional development programs focused on mental health awareness and support for educators. Implementing such programs can equip teachers with the knowledge and skills needed to identify and address mental health issues among students effectively. Policymakers can use the results to advocate for the integration of mental health education into teacher training curricula and school policies. Mental health practitioners can leverage the findings to collaborate with educational institutions in designing and implementing evidence-based interventions that promote positive mental health outcomes among students and teachers.

Conclusion

The study demonstrates the effectiveness of a teacher sensitization program in improving mental health awareness and classroom behaviour among government school teachers in Varanasi, India. Key findings include significant improvement in teachers' knowledge, attitudes, and behaviour related to mental health following the Manobal program. However, the study also revealed that the program did not lead to significant changes in teachers' ability to manage student behaviour. This limitation highlights the need for future training programs to address classroom management more comprehensively.

The implications of this research are substantial for the field of education and mental health. This study highlights the crucial role that teachers play in fostering a supportive and mentally healthy school environment by demonstrating the effectiveness of teacher sensitization programs in improving mental health awareness and classroom behaviour. The findings support the integration of mental health education into teacher training and professional development. This research provides a foundation for future initiatives aimed at equipping teachers with the necessary skills and knowledge to address mental health issues effectively, thereby contributing to the overall well-being of both students and teachers. As the demand for comprehensive mental health support in schools grows, the insights from this study can guide the development of more effective programs and policies, ultimately promoting a more supportive and resilient educational system.

Recommendations

As one of the first studies in India exploring the role teachers play in students' well-being, findings indicate a positive impact of teacher sensitization programs for an improved ecosystem of the school. Therefore, there is a need to create similar programs in low- and middle-income countries (LMIC) like India as there is a huge shortage of trained professionals. Future programs and studies may focus on the longitudinal impact of sensitization training on student and teachers' outcomes. Qualitative research can also provide deeper insights and can help identify factors that may lead to improved functioning and make school ecosystems more conducive to student well-being.

Limitations

The limitation of the study is the small sample size. Also, being one of the first few studies in India, standardized tools to assess the parameters of interest were not readily available and hence one was self-constructed. The psychometric properties of the same are yet to be established.

Data collection was done online using google forms and hence may have led to some socially desirable responses. Future studies may focus on a more in-depth understanding of the mental well-being of teachers and how sensitization programs can lead to the improved well-being of all students in the classroom.

Ethics Statements

The confidentiality and anonymity of all responses to the measures are ensured. Informed consent from the participants was taken before recording their responses and they were informed about their participation being voluntary and that they would not have any direct benefit from participating in the study.

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Authorship Contribution Statement

Siraj: Technical and material support, drafting manuscript. Bali: Material support and editing manuscript. Naval: Data analysis and editing manuscript. Taneja: Conceptualization, design, Supervision and editing manuscript.

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