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The Role of Teacher in Primary School Students' Mental Health Promotion

Eleni Nikolaou [α] & Georgios Markogiannakis [σ]

Abstract- The present study focuses on teachers' role in promoting mental health of students with emotional difficulties in primary schools. The role of teachers' in promoting mental health is related to early detection of children at risk for mental health problems. School-based counselling interventions can contribute to mental health promotion. Teaching socio-emotional skills, such as emotion management, conflict management, problem solving skills can strengthen students' socio-emotional competence and enhance their psychological resilience. In addition, positive interpersonal relationships in school context, the quality of teacher-student relationships, and teacher-parent relationships are associated with teachers' role in promoting mental health. Constructive interpersonal relationships can contribute in preventing behaviour problems and enhancing students psychosocial development and adaptation. Finally, the present study asserts that the role of teachers' as mental health promoters can empower the identity of students with emotional difficulties.

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I. Introduction

The prevalence of mental health disorders has been increasing over the last decades. In Greece, the 10% to 20% of children exhibit difficulties in psychosocial adjustment (Hatzihristou, Lambropoulou, & Lykitsakou, 2004). Research data support that 10% of children that display mental health problems meet the criteria for a mental disorder. Simultaneously, teachers often feel that they are not properly equipped with the knowledge and skills for coping with the reality of modern classroom (Koller & Bertel, 2006). The increase in mental health problems of children highlights the need for prevention. Schools are invited to promote the mental health of students and to contribute to the development of their psychological resilience by providing them with the resources for being able to face stressors in adverse conditions (Gross, 2008).

The mentally healthy children have the following characteristics: they grow emotionally and mentally, they are able to initiate and maintain interpersonal relationships, to express empathy to others, to play and learn, to develop a sense of right and wrong, to face problems and obstacles (Rothi, Leavey, & Best, 2008). Signs of emotional and behavioural difficulties are related to behaviour that is not socially accepted and interferes with learning. Symptoms of emotional distress are also withdrawal from social situations as well as difficulties in building and maintaining positive relationships (for example, isolation from the peer group and aggression).

Mental health problems are regarded major obstacles to learning and academic attainment (Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004). According to Fazel, Hoagwood, Stephan, & Ford (2014), mental health difficulties impact cognitive and social development of children.

Mental health disorders are categorized into two broad categories, externalizing and internalizing disorders (Egger & Angold, 2006). The externalizing disorders include aggressive and disruptive behaviour, whereas internalizing disorders are associated with anxiety disorders and depression. Externalizing behaviours are directed outward whereas the distress of internalizing disorders is turned inward (Achenbach & Edelbrock, 1981). In several cases, it is observed comorbidity between externalizing and internalizing disorders (Lilienfeld, 2003).

The internalizing disorders emanate from difficulties of regulating negative emotions and manifest themselves as shy behaviour, social withdrawal, frequent worries and low self-esteem (Graber, 2004).The temperament of a child and particularly inhibition (which is characterized by irritability in infancy, fear and shyness in school age) is linked to vulnerability to the development of anxiety disorder (Biederman, Rosenbaum, Boldu-Murphy, Faraone, Chaloff, Hirshfeld, & Kagan, 1993). The risk factors for the development of anxiety and depression in later life often include inhibition behaviour in preschool and school age (Bernstein, Borchardt & Perwien, 1996).

Teachers and parents often misinterpret the signs of depression and anxiety disorders, as the children who exhibit these symptoms have a behavioural profile which does not disturb the class, while complying with the suggestions of the teachers (Holmes, Slaughter, & Kasham, 2001). Psychiatric problems in children and adolescents are often not recognized and the adults minimize the problems faced by children (Clauss-Ehlers & Levi, 2002).

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For the aforementioned reasons, it is important to analyze the significance of teachers' role as mental health promoters, as the mental health problems of children have increased in schools, and teachers are not trained to detect them. Moreover, there is an urgent need for mental health promotion in schools.

II. Teacher' s Role in Promoting Mental Health of Students

The recognition of the role of mental health in academic attainment and child development has led to the design and implementation of mental health interventions. In addition, school is regarded as the ideal context of promoting children's mental health for several reasons, such as the fact that it provides the opportunity for access to the whole population of children, and simultaneously, children spend most of their time at school.

Mental health promotion includes every action that aims to maximize the social and emotional well-being of individuals (Graham, Phelps, Maddison, & Fitzgerald, 2011). School has a significant role in detecting the mental health problems of children, in providing mental health services and in shaping an environment that will support emotional well-being (Atkinson & Hornby, 2002).

III. The Role of Teacher in Detecting and Early Screening of Mental Health Problems

According to research findings, a high percentage of mental health problems is not detected and as a result of that, children do not gain access to appropriate treatment (Kataoka, Zhang, & Wells, 2002). These data indicate the need of early detection of mental health problem in children and adolescents in school context, by implementing whole school approaches of early screening of mental health disorders that target all students (Levitt, Saka, Hunter-Romanelli & Hoagwood, 2007). The early detection and intervention is crucial to schools that do not have easy access to mental health services.

Epidemiological studies (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003) report that 20% of children and adolescents in USA display symptoms that meet the criteria of a mental disorder. However, only a small percentage of children that ranges from 0,6% to 16% is identified by teachers or the pediatricians. Furthermore, half of those children that are detected, is expected to receive mental health services.

Children with mental health problems can be detected within school environment by educators who often first notice deviant behaviors. In addition, children have more opportunities to be referred to mental health services, particularly when these services are within school context, as they are more easily accessible (Farmer, Burns, Phillips, Angold, & Costello, 2003). Children and their families often avoid seeking help because of the stigma associated with mental health problems. Providing services in a familiar context, such as school, makes therapy more acceptable (Weist, 1999).

Moreover, parents consult with teachers on their concerns for the behaviour and development of their children. The referral to mental health services is directly linked to the extent that parents and teachers recognize that their children have significant difficulties. Help-seeking is often initiated by teachers and it is associated to the extent that they can recognize children's mental health problems (Burke, Koot, de Wilde, Begeer, 2016).

Thus, training teachers in early detection of mental disorders is of fundamental importance. Moreover, prevention and early addressing of mental health problems is linked to the implementation of counselling preventive interventions in school context.

IV. The Role of Teacher in Implementing Prevention Interventions of Mental Disorders

School can also play an important role in providing mental health services for students. There is an elevated percentage of students with mental health problems and simultaneously there are long waiting lists in mental health services. For the aforementioned reasons, it is essential the provision of mental health counselling services within school environment.

There are three levels of preventive interventions in the field of mental health: the universal, selective and indicated interventions (Nastasi, Moore, Varjas, 2004) Universal preventive interventions are targeted to the general population. Universal interventions often focus on social and emotional skills, as well as in problem solving. They are easily integrated into curriculum and they have greater opportunities of being implemented in school context. Selective interventions target to population groups which are at increased risk of displaying a mental disorder. For example, selective interventions are the support groups of children aiming at managing loss. Indicated interventions target children who manifest subclinical symptoms or signs associated with mental disorders and they do not meet diagnostic criteria. For example, social skills training for children who exhibit behaviour problems.

According to Weare & Nind (2011), the interventions for the prevention of mental health problems in school context include the following: teaching skills, multi-level intervention which is targeted at the whole school community, improvement of school climate, training of teachers, cooperation with parents, parent education and collaboration with the community-based mental health services. There are research data

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which suggest that the universal interventions that are implemented for a longer period of time of one year and are aimed at the prevention of mental health are effective (Wells, Barlow, & Stewart-Brown, 2003).

The prevention is directly linked to strengthening protective factors. Protective factors reduce the possibilities of adverse effects on child development. The first category of protective factors include cognitive skills, socio-cognitive and social skills as well as temperament traits (Luthar & Zigler, 1992).The second category refers to the quality of children's interactions with the environment. The third category refers to the relationship between school and family and the quality of the school environment. Prevention is associated with enhancing protective factors and modification of risk factors. Factors associated with the contexts in which children are embedded include family, neighborhood, school and its influences in child development (Severson, Walker, Hope-Doolittle, Kratochwill, & Gresham, 2007).

Moreover, prevention is directly linked to the development of psychological resilience, which is associated with children's capacity of adaptation to their environment despite the adverse conditions (Luthar, Cichetti, & Becker, 2000). The development of psychological resilience is a gradual process. Individual factors, such as adaptation skills and external factors, such as the supportive environment, can be cultivated particularly during the first years of life, with the aim of minimizing the impact of negative events in life (Friedman, & Chase-Lansdale, 2002).

The protective factors associated with the development of psychological resilience are the following: the formation of an emotionally safe and supportive relationship with family and peers, the development of the sense of belonging, good communication skills, problem-solving skills, social skills, and the ability of self-regulation of behavior and emotion. Environmental factors include positive school climate, warmth, security, stability (consistent limits), and the opportunities for participation in school, family and community activities.

The recognition of the factors that have an effect on mental health is taken into account in designing early intervention which reduces the adverse effects of the disorders. Teachers collaborate with their students, their family, and mental health professionals in the design and implementation of interventions for targeted groups of children and provide ongoing support to their students and families. Furthermore, they can detect the children who are exposed to risk factors and enhance protective factors for all children with the aim of cultivating psychological resilience and well-being. The empowerment of skills associated with psychological resilience can reduce the risk of developing a mental disorder. One important dimension of the resilience of children is the implementation of socio-emotional learning interventions in school context (Kay-Lambkin, Kemp, Stafford, & Hazell, 2007).

V. Teacher's Role in Implementing Social-Emotional Learning Interventions

The school is called upon to respond to the holistic development of students in the cognitive, emotional and psychomotor domain, through the implementation of social and emotional learning programs with the aim of promoting social and emotional development.

The socio-emotional learning is the process of skills acquisition, recognition and management of emotions, goal setting and achievement of positive goals. It also includes the ability of taking the perspectives of others, the ability to maintain and establish positive relationships, make responsible decisions, as well as the constructive management of interpersonal situations (Elias, Zins, Weissberg, Frey, Greenberg, Haynes, Kessler, Schwab-Stone, & Shiver, 1997). The aim of socio-emotional learning is the development of five interrelated cognitive, emotional and behavioural skills: self-awareness, self-management, social awareness, skills for initiating relationships and responsible decision-making. These skills are associated with better adjustment and academic performance, which may lead to fewer behaviour problems and less stress (Greenberg, Weissberg, O' Brien, Zins, Fredericks, & Resnik, 2003).

Socio-emotional learning programs promote the socio-emotional development of children, as they shape an emotionally safe learning environment, which cares for students and contributes to a better management of the class (Hawkins, Smith, & Catalano, 2004).

Teaching of social and emotional skills, and behavioral control contribute to the development of relationships, as they provide the opportunity for students to discuss difficult feelings and situations in a safe and supportive environment. Programs of socio-emotional education affect the quality of school climate and the relationships that are developed in the context of the class, as they equip students with a broader vocabulary of emotions. Simultaneously, students learn to understand the signs of emotions and have more confidence in their ability to manage their emotions (Greenberg, Kusche, Cook, & Quamma, 1995). All these factors are important components in the development of positive relationships between students and teachers.

In the last decade in Greece, the program "Social and Emotional education at school: a Program for the promotion of mental health and learning in school community" (Hatzihristou, 2011a,b,c) was implemented by the Centre for Research and Applications of School Psychology at the University of Athens. This intervention includes skills such as recognition, expression and

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management of emotions, communication skills, dealing with stressful situations, dimensions of self-concept and support in crisis situations. It fosters the socio-emotional competence of students and it has significant effects.

The aim of this program is the empowerment of teachers in their counselling role, the acquisition of skills for supporting students and strengthening their communication skills. Moreover, the purpose of the project is the development of a positive climate, as well as the promotion of mental health and psychological resilience of students in the context of the school environment. School climate and emotional bonds in school context as well as the emotional connection with the school community contribute to the empowerment of students' psychological resilience (Hatzihristou, Dimitropoulou, Lykitsakou & Lampropoulou, 2009). The quality of communication and emotional relationship with students could enhance the desire of students to get involved in school life, and experience acceptance and security in the school environment.

The emphasis on the development of supportive relationships between teachers and students contributes to the creation of a school community who cares and takes care of students (Battistich, Solomon, Watson, & Schaps, 1997. Hatzihristou, 2015) and is an important area of the counselling role of teachers.

VI. The Role of Teacher in the Formation of Supportive Relationships in School Context

The formation of supportive relationships within the school community is of fundamental importance for the healthy development of all students (Pianta, 1999). The relationship of teachers with students provides the basis for their adaptation to the school environment. Children who shape close relationships with teachers enjoy school more and have positive interpersonal relationships with the peer group. Positive relationships with teachers are also a secure base for young children.

In addition, positive relationships with teachers help children at risk for displaying behavior problems, develop adaptive behavior (Hamre & Pianta, 2001). The supportive relationship between children and teachers is associated with reduction of aggressive behavior (Meehan, Hughes, & Cavell, 2003). Negative relationships with teachers constitute a predictive factor of the onset of psychiatric disorders and school failure (Cadima, Leal, & Burchinal, 2010). Support from teachers is particularly important for children who have low levels of support from their parents (Harter, 1996).

The need for positive relationships with teachers does not diminish as children progress in age. Support in the context of the relationship with teacher is of fundamental significance during transitional periods, such as the transition from elementary to high school. Teachers who develop emotional warmth, acceptance, and availability for communication contribute to the formation of a supportive relationship with students. The supportive relationships have an effect on the students' interest in academic goals, academic performance and positive relationships with the peer group. Simultaneously, the formation of supportive relationships with students may lead to children's active participation in the classroom (Birch & Ladd, 1998).

Teachers and students are part of a wider school community which may support or hinder the development of positive relationships. The formation of positive relationships is directly linked to the school climate (Crosnoe, Johnson, & Elder, 2004). Positive emotional climate in the classroom depends on the non-verbal behaviour of educators. Prevention programs which focus on the improvement of the school climate and the quality of interaction between students and teachers can assist in this direction. In addition, teachers assume a counselling role in the domain of discipline, contribute to solving the problems of students and to enhancing their self-confidence. Simultaneously, they provide psychological support to students and strengthen their mental health. However, it is important that the evaluation of concerns and distress of children should not be based on the values and attitudes of adults. Moreover, children, particularly in early ages have not yet developed the capacity for self-exploration (Malikiossi-Loizou, 2011). The achievement of the above objectives is associated with the communicative ability of teachers. Communication should correspond to the stage of development and maturity of children, as well as their particularities and psychological mood (Kodakos & Stamatis, 2002).

Literature highlights the need for training teachers in communication and counselling skills (Malikiossi-Loizou, 2011). Research data suggest that children who have had kindergarten teachers with positive verbal and non-verbal behavior have improved their communication skills (Malikiossi-Loizou & Sponta, 2004). Teachers can be trained in the skills of non-verbal communication. These skills contribute to effective communication and successful interpersonal relationships (Polemikos & Kodakos, 2002).

The personality of teachers, the cooperation with all members of school community, their training and way of working have an effect on the quality of communication in education. Teachers are models of imitation that promote the communicative ability of children. They should understand all forms of children's expression, either via verbal channels or via non-verbal (Stamatis, 2011).

Furthermore, it is essential the development of empathy on the part of educators, which is related to the understanding of the subjective world of students, (which refers to feelings, experiences, the personal meaning and behavior of students) and the communication of this understanding (Brouzos, 2004).

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Another dimension of the role of educators' is related to the communication and cooperation with parents. Cooperation with parents could ensure a supportive and stable environment that cares for students. Research data indicate that it is valued by teachers (Stamatis & Nikolaou, 2016; Nikolaou, Moustakas, & Markogiannakis, 2017). The focus on children's strengths rather than on weaknesses and deficits, will create an environment, which is conducive to learning and simultaneously will support and contribute to the development of resilience and well-being in later life (Alvord & Grados, 2005).

In addition, the cooperation between teachers, parents and directors in designing interventions for children with behavioural problems is necessary. The school system is important to give emphasis on the reinforcement of positive behaviour rather than the punishment of dysfunctional behaviour.

Training in effective classroom management reduces behavior problems of children and contributes to prevention of serious emotional and behavioral difficulties. Teachers are requested to help students develop the ability of self-regulation and problem-solving, with the aim of achieving academic and social objectives (McCaslin & Good, 1998).

VII. Conclusions

Early detection and identification of children with emotional difficulties, as well as the design of preventive interventions and early intervention are important elements of the provision of mental health services to students in the context of school community.

In addition, it is important to expand the implementation of social and emotional learning programs in schools, which need to provide children with the skills for success in school, home, and life in general. The integration of socio-emotional learning in the curriculum has a significant impact on the mental health of students and their academic success (Merrell & Gueldner, 2010). Moreover, it is necessary the inclusion of the course "Social and Emotional Learning" in the curriculum of Education Departments and the organization of seminars for teachers in order to broaden their knowledge in this subject and have the opportunity for practice of skills (Babalis, Tsoli, Artikis, Mylonakou-Keke, & Xanthakou, 2013).

Therefore, as noted above, it is essential to train teachers in the detection of children with emotional difficulties, and generally in the promotion of mental health of primary school students. The early identification of mental health problems and the implementation of counselling interventions for prevention in school context are dimensions of the role of educators as mental health promoters.

Furthermore, teachers need to be trained in communication skills, with the aim of consolidating positive interpersonal relationships with students, parents and colleagues. All the above constitute areas of mental health promotion, which can assist in the psychosocial adjustment of children with mental health problems. In conclusion, enhancing role of educators can act as a factor of empowerment of children with mental health difficulties.

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