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Original Research Article

AWARENESS OF MENTAL HEALTH IN ADOLESCENT CHILDREN AMONG SCHOOL TEACHERS OF KANYAKUMARI DISTRICT: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Adolescents (10–19 years) are highly vulnerable to mental health conditions, Globally, 10–20% of adolescents experience mental health problems, manifesting as attention deficits, cognitive disturbances, poor motivation, and negative mood, all of which hinder scholastic achievement. Nearly half of all mental health disorders begin by the age 14 and remain largely undetected and untreated. As children spend most of their formative years in schools, teachers are uniquely positioned to identify early signs of psychological distress. Early identification and referral by teachers could bridge this gap, making their awareness crucial. This study assessed teachers' knowledge, attitude, and practice (KAP) toward child and adolescent mental health (CAMH).

Materials and Methods: A cross-sectional study was conducted among 3,330 randomly selected teachers from government, government-aided, and private schools handling high school and higher secondary classes. Inclusion required ≥1 year of teaching experience. Data were collected using a pre-tested questionnaire with six items each on knowledge, attitude, and practice, scored on a Likert scale. Statistical analysis employed chi-square, Fisher's exact, and Wilcoxon rank sum tests using SPSS v16.0. Ethical clearance and informed consent were obtained.

Results: Of the participants, 81.9% were female, mean age 45.99 years (SD 8.2). Composite awareness prevalence was 84.2% (95% CI: 82.9–85.4%). Significant differences in knowledge and attitude were observed by gender, age, and school type, with practice scores showing the greatest variability. Training attendance and favourable attitudes were significant predictors of higher knowledge scores ($\beta = 0.31$, $p < .001$; $\beta = 0.28$, $p < .001$). Internal consistency was acceptable (Cronbach's alpha = 0.76).

Conclusion: While teachers demonstrated reasonable knowledge and attitudes toward adolescent mental health, their practice in identifying and addressing these issues requires greater emphasis to strengthen early detection and intervention.

Keywords: Adolescent, School teachers, Mental health, Awareness, Attitude, Knowledge.

INTRODUCTION

Adolescence, spanning ages 10 to 19 years, represents a critical developmental phase marked by rapid physical, cognitive, emotional, and social transitions. While this period offers opportunities for growth and identity formation, it also carries heightened vulnerability to mental health challenges.

Globally, one in seven adolescents experiences a mental disorder, contributing to approximately 15% of the total burden of disease in this age group.[1] Depression, anxiety, and behavioural disorders are among the leading causes of illness and disability, while suicide tragically ranks as the third leading cause of death among individuals aged 15–29 years. These statistics underscore the urgent need for early identification and intervention in adolescent mental health.

Despite increasing recognition of mental health as a public health priority, adolescent mental health remains under-addressed worldwide. The World Health Organization (WHO) emphasizes that nearly half of all mental health disorders begin before the age of 14, yet most remain undetected and untreated.[2] In low- and middle-income countries, including India, the treatment gap is particularly wide due to limited resources, stigma, and inadequate integration of mental health into primary care and educational systems.3 India, with more than 30% of its population under 20 years of age, exemplifies the urgency of addressing adolescent mental health. While progress has been made in physical health indicators, mental health services for children and adolescents remain severely inadequate, often deprioritized in policy discussions. Untreated adolescent mental health conditions frequently extend into adulthood, impairing functioning, limiting opportunities, and perpetuating cycles of disadvantage.

Schools serve as a primary environment where adolescents spend nearly 70% of their formative years. Teachers, by virtue of their daily interactions, are uniquely positioned to observe subtle behavioural changes, emotional distress, and cognitive difficulties among students. Unlike parents or clinicians, teachers often act as neutral observers, capable of detecting early warning signs without the biases of familial or clinical contexts. Research highlights that teachers' awareness and literacy in mental health directly influence the creation of supportive, inclusive, and emotionally secure learning environments. Systematic reviews confirm that mental health literacy among secondary school teachers is generally low, yet targeted interventions significantly enhance their ability to identify, support, and refer students with mental health concerns. Thus, empowering teachers with knowledge, positive attitudes, and practical skills is a cost-effective and sustainable strategy to strengthen early detection and referral pathways.

In India, mental health literacy among teachers has been explored in select regions, but data remain sparse and fragmented. The Kanyakumari district, with its diverse mix of government, government-aided, and private schools, provides a representative setting to examine teachers' perceptions of adolescent mental health. Understanding their knowledge, attitudes, and practices (KAP) is essential for designing context-specific training programs and policy interventions. Given the cultural diversity, socioeconomic variations, and resource constraints in this region, assessing teachers' awareness offers valuable insights into both strengths and gaps in the current system. Moreover, such evidence can inform scalable models for integrating mental health promotion into school curricula and teacher training programs across India.

Although global literature emphasizes the importance of teacher involvement in adolescent mental health, few studies have systematically assessed their composite awareness, attitudes, and practices in the Indian context. Existing studies often focus narrowly on knowledge or attitudes, neglecting the practical dimension of how teachers respond to observed mental health concerns. Furthermore, determinants such as age, gender, school type, and prior training remain underexplored. Addressing these gaps is crucial for developing evidence-based interventions that are both culturally sensitive and operationally feasible.

Objectives

The primary objective of this study was to assess the knowledge, attitude, and practice of high school and higher secondary school teachers toward adolescent mental health.

The secondary objective was to identify the determinants influencing it, including demographic factors, school type, and prior training exposure.

MATERIALS AND METHODS

This was a cross-sectional, questionnaire-based study conducted among schoolteachers in Kanyakumari District. The study was carried out during the COVID-19 pandemic and data collection was facilitated through a Google Form to ensure safety and compliance with public health restrictions. A formal approval for the study was obtained from the Chief Education Officer of Kanyakumari District and the Institutional Ethics Committee (IEC) before the commencement of the study. Written informed consent was embedded within the Google Form, and participation was voluntary. Anonymity and confidentiality of responses were strictly maintained.

All teachers teaching high school (classes 9 and 10) and higher secondary (classes 11 and 12) in government, government-aided and private schools of Kanyakumari District were included in the study. Teachers with at least one year of teaching experience was prerogative to include in the study. Teachers unwilling to participate and those submitting incomplete data were excluded from the study. A total of 3,330 teachers were recruited using cluster sampling, which ensured representation across different school types and geographic regions within the district.

Study tool- A pretested, validated questionnaire was used to collect data comprising of sociodemographic details such as Age, gender, marital status, years of teaching experience, type of school, and average number of students per class. It had 18 test items

consisting of Knowledge items (6 questions), their responses were recorded as Yes/No, or Don't know with Scoring given as Yes = 2, No/Don't know = 0. It had Attitude items (6 questions) with their responses recorded as Agree, Neutral, or Disagree with a scoring of Agree = 2, Neutral = 1, Disagree = 0. Finally, it had Practice items (6 questions) and their Responses were recorded as Always, Sometimes, or Never and scoring of Always = 2, Sometimes = 1, Never = 0. The scoring system ensured that the highest score reflected the most positive or desirable response, while the lowest score indicated negative or undesirable responses. Awareness is measured by a composite score of 27 or more among the total 36 scores. Internal consistency was assessed using Cronbach's alpha. The overall scale yielded $\alpha = 0.76$ (standardized $\alpha = 0.77$), indicating acceptable reliability. A composite score of greater than 75% of the total is considered as aware about adolescent mental health.

The data were analysed using SPSS version 16.0. Frequencies, percentages and mean were used to categorize sociodemographic variables and summarize knowledge, attitude, and practice scores Mann-Whitney U test was employed to compare differences in knowledge, attitude, and practice scores across gender and other binary categorical variables. Kruskal-Wallis test was used to assess differences across multiple categories such as school type and age groups. Spearman's rank correlation was applied to examine associations between continuous variables (e.g., age, years of experience) and KAP scores. All analyses were performed at a 95% confidence level, with $p < 0.05$ considered statistically significant.

RESULTS

Out of 3,369 eligible teachers in study area, 3,330 responded, yielding a response rate of 98.8%. The participants had a mean age of 45.9 ± 8.2 years, with 81.9% female and 18.1% male. The age distribution revealed that 2,028 participants (60.9%) were aged ≥45 years considered old, while 1,302 participants (39.1%) were aged <45 years considered young in this study. Majority (96.2%) of them were married. The average number of students per class managed by the teacher was around 30 [Table 1].

Based on the composite score cut off ≥27, the prevalence of awareness among participants was 84.2% (95% CI: 82.9–85.4%). High mean scores were observed for items assessing knowledge is for risk factor awareness (Mean = 1.98, SD = 0.18), and awareness of training programs (Mean = 1.96, SD = 0.28). These results indicate that teachers possess near-maximum factual knowledge. Moderate scores were observed for perceptions of poor performance linked to mental health (Mean = 1.80, SD = 0.49) (causal attribution). The lowest score was for perceiving mental health as stigma (Mean = 1.06, SD = 0.99). Teachers reported relatively high engagement in accepting students with mental health concerns (Inclusivity) (Mean = 1.85, SD = 0.40), recognition of problems with confidence (Mean = 1.83, SD = 0.40), and encouraging students to talk (Mean = 1.82, SD = 0.41). Practices such as discussing concerns with parents (Mean = 1.74, SD = 0.47) and identifying students with issues (Mean = 1.63, SD = 0.52) were moderate. The lowest practice score was attendance at training programs (Mean = 1.21, SD = 0.67). The study participants demonstrated strong knowledge (Mean = 10.54) and positively favourable attitudes (Mean = 10.63), yet their practices were weaker (Mean = 9.54) [Table 2].

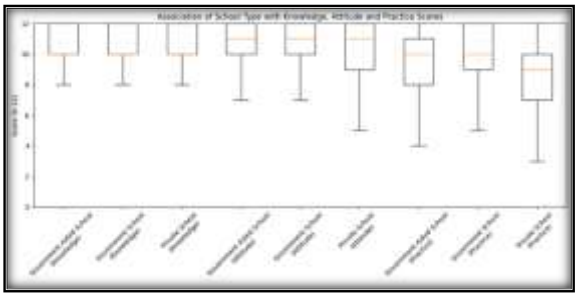

Figure 1: Association of school type with Knowledge, Attitude and Practice

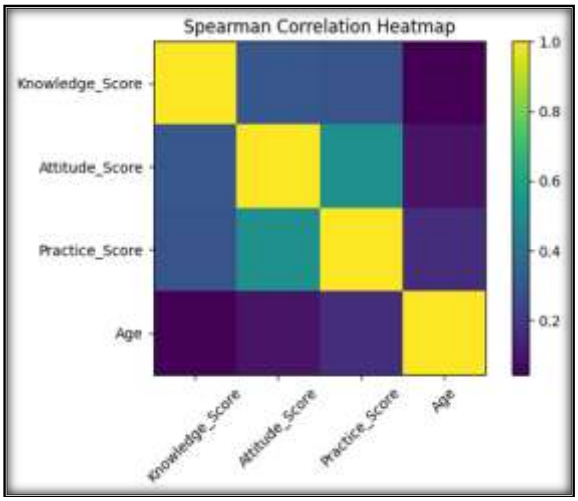

Figure 2: Spearman correlation Heatmap

The association between demographic variables and Knowledge, Attitude, and Practice (KAP) scores was assessed using non-parametric tests. Male teachers had significantly higher Knowledge scores (Median = 12, IQR = 2) compared to females (Median = 10, IQR = 2) (Mann–Whitney U, $p = 0.0014$), and a significant difference was also observed in Attitude scores ($p = 0.0314$), though no difference was seen in Practice ($p = 0.4589$). Marital status was not significantly associated with Knowledge ($p = 0.8100$) or Attitude ($p = 0.2466$) and showed borderline association with Practice ($p = 0.0503$). Age was significantly associated with Attitude and Practice scores, with teachers aged ≥45 years demonstrating higher median Attitude (11 [2]) and Practice (10 [4]) scores compared to those <45 years ($p < 0.001$), while Knowledge did not differ significantly ($p = 0.1574$).

Teachers handling Higher Secondary classes had significantly higher Knowledge scores (12 [2]) compared to High School teachers (10 [2]) ($p < 0.001$), whereas Practice scores were higher among High School teachers (10 [3]) ($p < 0.001$), with no difference in Attitude ($p = 0.7516$). School type was significantly associated with all three domains (Knowledge $p = 0.0018$; Attitude $p < 0.001$; Practice $p < 0.001$), with Government and Government-aided schoolteachers showing relatively better Practice scores than Private school teachers. No significant association was observed between number of students per class and any of the KAP domains ($p > 0.05$).

Binary logistic regression analysis was performed to identify independent predictors of good practice (score ≥9). Age ≥45 years and school type were significantly associated with good practice after adjusting for gender and classes taken. Teachers aged ≥45 years had higher odds of demonstrating good practice compared to those <45 years. Teachers working in government and government-aided schools had higher odds of good practice compared to private school teachers.

Spearman's rank correlation showed a moderate positive association between attitude and practice scores ($\rho = 0.52$, $p < 0.001$) and a weak positive association between knowledge and practice scores ($\rho = 0.292$, $p < 0.001$) [Figure 1].

Table 1: Sociodemographic Details of the Participants (N=3330)

Variable	Category	Frequency (%)
Age group	< 45yrs	1302 (39.1)
	>= 45 yrs	2028 (60.9)
Sex	Male	604 (18.1)
	Female	2726 (81.9)
Marital status	Married	3205 (96.2)
	single	125 (3.8)
Working place	Govt school	1527 (45.9)
	Govt aided	1075 (32.3)
	Private school	728 (21.9)
Classes taken	High school (9 & 10th std)	2387 (71.7)
	Higher secondary (11 & 12th std)	943 (28.3)

Table 2: Item-wise Mean and Standard Deviation of Knowledge, Attitude and Practice Domains (N = 3330)

Domain	Variable (Construct Name)	Mean	SD
Knowledge	Risk Factors Awareness	1.98	0.18
	Program Awareness	1.96	0.28
	Prevalence Awareness	1.89	0.46
	Stigma Perception	1.06	1.00
	Symptom Awareness	1.89	0.47
	Academic Impact Perception	1.77	0.63
Attitude	Early-Intervention Attitude	1.97	0.16
	Training Adequacy Perception	1.52	0.62
	Professional Self-Efficacy	1.65	0.57
	Inclusivity	1.85	0.40
	Recognition Confidence	1.83	0.40
	Causal Attribution	1.80	0.49
Practice	Risk Identification	1.53	0.51
	Training Participation	1.21	0.67
	Student Engagement	1.82	0.41
	Anti-Stigma Advocacy	1.61	0.51
	Early Case Detection	1.63	0.52
	Parent Collaboration	1.74	0.47

Table 3: Association of Variables with Knowledge, Attitude and Practice Scores

Variable	Category	Knowledge Median (IQR)	p-value	Attitude Median (IQR)	p-value	Practice Median (IQR)	p-value
Gender	Female	10 (2)	0.0014 (Mann–Whitney U)	11 (2)	0.0314 (Mann–Whitney U)	10 (3)	0.4589 (Mann–Whitney U)
	Male	12 (2)		11 (3)		10 (4)	
Marital Status	Married	10 (2)	0.8100 (Mann–Whitney U)	11 (2)	0.2466 (Mann–Whitney U)	10 (3)	0.0503 (Mann–Whitney U)
	Single	10 (2)		11 (3)		9 (3)	
Age Group	<45 years	10 (2)	0.1574 (Mann–Whitney U)	11 (3)	<0.001 (Mann–Whitney U)	9 (4)	<0.001 (Mann–Whitney U)
	≥45 years	10 (2)		11 (2)		10 (4)	
Classes Taken	High School	10 (2)	<0.001 (Mann–Whitney U)	11 (2)	0.7516 (Mann–Whitney U))	10 (3)	<0.001 (Mann–Whitney U)
	Higher Secondary	12 (2)		11 (2)		9 (3)	
School Type	Private School	10 (2)		11 (3)		9 (3)	

	Govt Aided School	10 (2)	0.0018 (Kruskal–Wallis)	11 (2)	<0.001 (Kruskal–Wallis)	10 (3)	<0.001 (Kruskal–Wallis)
	Govt School	10 (2)		11 (2)		10 (3)	
Students per Class	<30 students	10 (2)	0.4750 (Mann–Whitney U)	11 (2)	0.9648 (Mann–Whitney U)	10 (3)	0.9181 (Mann–Whitney U)
	≥30 students	10 (2)		11 (2)		10 (3)	

DISCUSSION

In the present study, there was near maximum mean scores for knowledge domain close to 2, but moderate mean scores were observed towards academic impact perception (Mean ≈ 1.77) and practices related to discussing concerns with parents (Mean ≈ 1.74), indicating a gap between knowledge and its translation into supportive action. The findings were consistent with the study done by Tyagda et al. in Indian school teachers.[4] The findings were similar to a randomised controlled trial conducted among school teachers by Vidya Prabhu et al. that showed the participants had better knowledge score than attitude and practice score.[5] In our study, the lowest scores were observed for perceiving mental health as stigma (Mean ≈ 1.06) and attendance at training programs (Mean ≈ 1.21). These findings highlight persistent barriers in translating knowledge into practice, particularly in overcoming cultural stigma and ensuring teacher participation in structured training. The National Council of Educational Research and Training (NCERT, 2024) similarly reported that stigma remains a significant obstacle in school settings, with many teachers hesitant to openly discuss mental health issues due to fear of labelling and social consequences.[6] In the study done by Sahithya et al. among school teachers found that greater than 40% of teachers believed discussing mental health could lead to labelling as psychiatric patients. Only 18% had attended formal training programs.[7] The present study demonstrated a high prevalence of composite awareness among teachers. These findings are consistent with NCERT's national-level report (2024), which documented awareness levels above 80% among teachers engaged in pilot programs. Our study demonstrated significant differences in knowledge, attitude, and practice scores across school types, while class size did not influence awareness. These findings are consistent with the evaluation of the School Initiative for Mental Health Advocacy (SIMHA) conducted by Duggal, Kataria, and colleagues (2024).[8] The study done by Rojas Andrade et al. in Chile among 726 school teachers also showed significant association with school type but not with the class size.[9] In contrast, the study done by Levkovich and Cohen in 299 teachers in Israel found that larger class sizes of more than 35 associated with reduced teacher engagement with mental health practices.[10] The study found that knowledge scores did not differ significantly between age groups, while attitude and practice scores showed statistically significant differences, with younger teachers demonstrating more favourable attitudes and proactive practices.[11] This was consistent with the study done by Prabhua et al. who observed that in a systematic review on mental health literacy among secondary school teachers highlighted that while baseline knowledge levels were relatively uniform across age groups, younger teachers were more receptive to training interventions and demonstrated stronger proactive practices in classroom settings. The study revealed a moderate positive correlation between attitude and practice scores and a weak positive correlation between knowledge and practice scores, underscoring that while knowledge provides the foundation, attitudes are the stronger determinant of teachers. The findings were consistent with the study done by Levkovich and Cohen in 299 teachers in Israel demonstrating that teachers with positive attitudes were more likely to implement inclusive strategies, whereas knowledge alone did not predict practice.10 Similarly, Bichoualne et al. did a quasi-experimental interventional study among 400 in-service teachers found that mental health literacy interventions improved knowledge but practice changes were mediated primarily through attitudinal shifts. The teachers with positive attitudes were more likely to implement supportive classroom strategies and referral behaviours.[12]

CONCLUSION

Most teachers demonstrated good awareness and positive attitudes toward adolescent mental health; however, good practice was comparatively lower. Gender, age, classes handled, and school type showed significant associations with one or more KAP domains, with older teachers and those from government schools demonstrating relatively better practice. Moderate positive correlations between knowledge, attitude, and practice suggest that improved awareness may translate into better practical engagement. Strengthening structured training programs and institutional support is essential to bridge the gap between knowledge and practice.

Recommendation: Consistent with national and international evidence, structured training, behaviour change communication and periodic reinforcements are essential to translate teacher awareness into effective adolescent mental health promotion.

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