

The Impact of Mental Health in the School Environment: The Role of Educational Leaders in Supporting Teachers and Learners

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Abstract

This study investigates the critical role of educational leadership in promoting mental health within school environments. Recognizing the bidirectional relationship between mental health and academic performance, the research explores how leadership practices, school climate, and institutional policies influence the psychological well-being of both students and teachers. Grounded in theories such as the PERMA model, biopsychosocial framework, and transformational leadership, the study employs a quantitative methodology involving 30 educational stakeholders. The findings reveal a strong consensus among participants regarding the prioritization of mental health in school policies, the availability of mental health training, and the presence of supportive environments. The study also identifies barriers, including resource constraints and inconsistent implementation of mental health initiatives. Overall, the research underscores the necessity of integrated, evidence-based leadership strategies to foster psychologically safe, inclusive, and high-performing educational settings. The study offers practical recommendations for policymakers, school leaders, and mental health professionals to collaboratively enhance mental well-being and academic outcomes.

Keywords: Mental Health, Educational Leadership, School Climate, Teacher Well-Being, Student Support

Introduction

Mental health is one of the most complex and controversial concepts in modern psychological and social science research. Developing a precise conceptualization of mental health requires considering the biological, psychological, social, and cultural factors that influence an individual's health in diverse ways. Although researchers have studied mental health for decades, they have been unable to establish a single definition, as competing theoretical and methodological perspectives continue to burden the field. The absence of a clear definition

points to fundamental philosophical differences about human nature, the meaning of well-being, and the line between normal functioning and psychological distress. One such perspective, embodied in the World Health Organization's comprehensive definition of mental health (which states that mental health is not merely the absence of disorder but also a state of complete physical, mental, and social well-being), is influential, but it still leaves room for disagreement among researchers and clinicians alike (Aashima Magotra, 2024).

Karim (2024) defines the objective functional approach to mental health, derived from empirical models of psychology and psychiatry, primarily as an observable behavior and a measurable outcome. This approach, typically aligned with biomedical models, focuses on diagnosis and symptom relief, as well as measurable indicators of adaptive functioning. Objective functional concerns related to mental health focus primarily on effective adjustment, productive socialization, and the ability to meet life's demands with little or no impairment. Critics of the objective functional approach point out that it reduces the human experience to a necessary illness and ignores the individual subjective aspects of health. The Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) are examples of the objective functional approach, providing standardization in treatment protocols, research, and development. Despite the advances and positive benefits achieved through the use of the DSM and ICD, the taxonomic dimensions of suffering remain controversial (Khan et al., 2023).

The positive transformational model, which evolved from the influences of the humanistic movements and positive psychology, features a broader and more inclusive interpretation of mental health. This model maintains a focus on human potential, self-actualization, meaning-making, and personal growth. Early founders, such as Carl Rogers and Abraham Maslow, proposed an alignment to achieve mental health as an active process of growth, rather than a static state free of illness. Contemporary theorists explore the concepts of psychological capital, emotional intelligence, and post-traumatic growth within this tradition, explaining how adversity can play a role in the development of human strength and wisdom. The PERMA (positive emotion, engagement, relationships, meaning, and achievement) model developed by Martin Seligman is an example of current applications of this model. PERMA serves as a multidimensional framework for explaining and facilitating human flourishing across multiple populations and contexts (Kus Hanna Rahmi, 2024).

The biopsychosocial model may be the broadest model we have for understanding the complexity of mental health, or more precisely, the complexities of mental health. The biopsychosocial model is an integrative framework that highlights the relationships between social determinants of health, psychological factors, and biological factors, such as genetic predispositions, neurochemical processes, and responses to environmental factors. Advances in neuroscience have revealed that neural plasticity allows the brain to be shaped structurally and functionally by experience. Similarly, advances in epigenetic research are demonstrating how exposure to environmental stimuli can influence how (and if) gene expression is expressed. Meanwhile, mental health research is examining the importance of early childhood attachment experiences, cognitive schemas, and coping patterns. At the societal level, research demonstrates that income inequality, discrimination, and social isolation have profound consequences for the mental health of population groups, requiring structural interventions in addition to individual interventions (Nawaz et al., 2024).

The ever-evolving nature of mental health becomes clear when considering developmental and lifespan perspectives. Mental health is not simply a state or a thing; rather, it develops as an ongoing process that occurs through complex interactions between the person and the environment. Developmental psychopathology research demonstrates the importance of both risk and protective factors across the life course, elucidating how these factors interact to determine outcomes at different stages of people's lives and how early experiences shape trajectories toward either increased social and emotional resilience or increased vulnerability. The psychological predisposition-stress model introduced by Pace & Portelli (2024) brilliantly summarizes developmental psychology by illustrating how biological predispositions interact with environmental burden to produce psychological outcomes. However, within the context of resilience research, resilience also recognizes and celebrates the remarkable capacity of humans to adapt and recover from adversity. Lifecourse perspectives also highlight the historical and cultural contexts through which people have lived and how these contexts shape experiences of mental health over time. Different groups of people are assumed to face new psychological challenges based on their particular socio-historical moments (and their responses to these challenges are uniquely shaped by the context of time). These ideas about growth, meaning-making, and the lived experience of time should remind mental health professionals of the need to provide timely, age-appropriate interventions and preventive strategies to meet the changing needs of individuals throughout their lives. The ongoing tension between deficit- and strength-based models demonstrates fundamental differences in thinking about mental health and how we conceptualize and apply this practice. While the medical model has become authoritative in alleviating symptoms and managing disorders, we have logical arguments for positive mental health are made, keeping in mind that alleviating distress is not the only part of the wellness equation. Contemporary positive psychology research has uncovered a range of protective factors—such as optimism, gratitude, and purpose in life—that reduce the risk of mental illness, while increasing life satisfaction and functioning. The mental health continuum model allows us to bridge the two perspectives by representing mental health and illness as two interrelated but separate constructs, in which individuals can express both struggles and strengths. This more complex understanding of mental health and illness can have important implications for assessment, treatment planning, and measurement as they relate to outcomes in both community and clinical practice. (Rahmi, 2024)

Mental health is particularly important for education because it is both a precursor and consequence of successful learning. Schools are unique social systems where each student's growth, learning, and social-emotional processing processes converge, potentially creating opportunities and risks for stressful student development. Research demonstrates bidirectional relationships between mental health and academic performance, with emotional well-being facilitating cognitive processing, while learning challenges often lead to a downward cycle of low self-esteem and poor mental health. The growing awareness in education that cognitive growth occurs concurrently with social-emotional learning has led to numerous initiatives that integrate well-being with learning into curricula and school policies. A whole-school approach to addressing mental health involves moving from reactive counseling services to system-wide preventive models that address the psychological needs of students as an integrated system, using comprehensive, group-based, and targeted programs, and providing ongoing counseling when necessary (Goswami, 2024).

Educational leaders undoubtedly recognize the importance of building mentally healthy schools. They face the challenge of building a school culture driven by academic challenges and rigor, yet simultaneously meeting students' emotional needs, guided by evidence-based practices, taking into account resource limitations, and addressing the complexities of competing stakeholder perspectives. Transformational leadership visits, which focus on vision, building individual capacity, and addressing problems together, appear to be particularly effective in promoting staff well-being and student mental health. Effective leaders recognize the relationship between teachers' mental health and its impact on classroom climate and student learning, and therefore the importance of addressing teacher stress and burnout. They also recognize the role of school systems, such as policies and practices related to discipline, assessment, and extracurricular eligibility, in supporting or inhibiting the mental health of all stakeholders. Visionary educational leaders have a unique role as advocates for mental health awareness and resources, dispelling stigma and strengthening partnerships with families and other community organizations, contributing to a comprehensive support network. (Rossen & Cowan, 2014)

This article examined the various dimensions of educational leadership and mental health promotion in the school context. Drawing on contemporary research and theory, it explored how administrators can shape organizational structures and cultures that facilitate the mental health and well-being of both students and staff. The discussion also highlighted the practical application of mental health initiatives, addressed common barriers to success, and evaluated program effectiveness. The article aimed to inform school leaders of evidence-based solutions to help address one of the most important issues in education today: facilitating the building of mentally healthy learning communities for students and staff to thrive academically, socially, and emotionally. Ultimately, the discussion sought to bridge the gap between mental health knowledge and practice in education, empowering leaders to make a difference in schools previously viewed as sites of resilience and belonging, providing opportunities for learning and holistic growth for 21st-century learners (Skaar et al., 2022).

Research Problem

The awareness of students' and teachers' mental health in educational settings has recently become a major issue, given the increasing reports of stress, anxiety, depression, and burnout. Despite growing awareness of mental health issues in schools, many schools do not use systematic, evidence-based approaches to promote mental health. Academically, schools focus on academic achievement (i.e., grades) at the expense of emotional and social development, and do not provide support for students and teachers affected by mental health issues in schools.

While educational leaders (i.e., principals, administrators, and policymakers) influence school culture and mental health initiatives, academic research has overlooked leadership practices and their implications for mental health. A proportion of school's struggle with limited resources, poor training, and conflicting priorities that prevent the sustainability of effective mental health systems. In addition to limited policies and training, different cultural, social, and economic contexts influence the implementation of any comprehensive approach to mental health (for example, different communities have different needs and perceptions of mental health support).

This research addresses these issues by exploring how educational leadership supports mental health in schools, identifying best practices for creating supportive environments, and identifying barriers to implementation. By exploring the intersection between leadership approaches and mental health outcomes, this study seeks to provide stakeholders, such as policymakers, school administrators, and mental health professionals, with practical recommendations.

Research Questions

1. How do current school leadership practices impact student and teacher mental health outcomes?
2. What are the main challenges that prevent schools from implementing effective mental health programs?
3. What evidence-based approaches can educational leaders adopt to promote mental health support in schools?
4. How can schools monitor and evaluate mental health interventions?

The Importance of Research

This study is expected to benefit a number of education and mental health sectors:

1. For school leaders and policymakers: The study will pave the way for school leaders to create mentally healthy, supportive schools, using effective leadership styles when providing assistance with mental health issues that come to their attention.
2. For teachers and staff: Identifying best practices for mental health support may help reduce burnout and increase job satisfaction among teachers/staff, which may lead to a better student experience in the classroom.
3. For students: Improving mental health may lead to better academic performance, better emotional regulation, and better social skills, which may also benefit the student's overall health.
4. For mental health professionals: This study will help clarify how schools can communicate and collaborate with mental health services, as they (or counselors) can be encouraged to launch interventions that are culturally sensitive first, and then culturally appropriate.
5. Future Research: This work will enrich current knowledge on homework/practice on educational leadership and mental health, and may inform future research in diverse contexts.

Study Variables

1. Independent variables:
 - Leadership practices in schools
 - school environment
2. Dependent variable:
 - Mental health outcomes

Literature Review

Mental health in school contexts is multifaceted and based on several theoretical models. One of the most well-known of these is the PERMA model developed by Martin Seligman. The PERMA model consists of five components of well-being: (1) positive emotions, (2) engagement, (3) relationship, (4) meaning, and (5) achievement. The PERMA model has been

adopted in schools with the goal of developing resilience and academic achievement. Research has shown that schools that implement PERMA principles conduct validated assessments of progress in both student engagement and mental health (Tiwari & Shukla, 2024). Specifically, many initiatives that promote positive teacher-student relationships and meaningful learning experiences reflect components of the PERMA model, indicating its importance in building school climate.

The biopsychosocial model is another important conceptual framework to consider, providing a new perspective for understanding mental health through biological pathways, psychological dynamics, and relevant social factors. The biopsychosocial model highlights the potential interactions between factors such as genetic predispositions, stress-coping strategies, and school culture. This type of thinking is relevant, as schools can encourage the consideration of comprehensive interventions that address students' health holistically—such as mental health counseling services, as well as policy changes that help alleviate stress from sources such as bullying and school workload (Engel, 1977). For example, a student experiencing anxiety might benefit from therapy (biological), classroom accommodations (psychological), and peer support groups (social). The biopsychosocial model supports schools to consider more holistic approaches that engage all three categories (biological, psychological, and social) and provide interventions that address students' mental health in a more comprehensive manner. (Aashima Magotra, 2024)

Similarly, transformational leadership theory enriches the field by understanding how school leaders can promote mental health support in schools. Transformational leaders facilitate teamwork by setting a vision, empowering teachers, and promoting collaborative problem-solving (Turner & Friesen, 2024). Research shows that teachers in schools with transformational leaders experience less burnout, and students in these school settings are more engaged in their learning (Leithwood et al., 2020). For example, school principals who prioritize the well-being of their staff by creating mentoring programs or providing them with necessary resources create an environment that enables them to support students' psychosocial development. These leaders activate mental health and well-being, and this becomes critical to the overall governance structure of the school.

Main Concepts

Mental health in education encompasses emotional, psychological, and social well-being (WHO, 2022). Students with poor mental health are less successful and are more likely to experience behavioral problems and greater societal costs over time. School is an important space for promoting and intervening in mental health. For example, teaching children and youth how to regulate their emotions and access school counseling may help mitigate two risk factors associated with anxiety and depression, two major factors that influence long-term educational outcomes (Turner et al., 2024). It is worth noting that these inequalities can be significant when promoting the mental health of students from low socioeconomic status. For example, students' experiences are often strongly influenced by inequalities in educational experiences, such as access to mental health support.

Leadership is essential to address the above. Effective leaders develop mental health policies, secure adequate funding, and model emotionally intelligent behaviors (Whitley, 2010). These initiatives can reduce stigma, remove systemic barriers to practice in schools, and foster a

more effective educational culture that emphasizes well-being as a core achievement. However, the reality is that inadequate funding, priorities, and training often hinder systemic change. For example, while a school principal may understand and value mental health, they may be unable to establish a school mental health program due to budget constraints. However, leaders' ethical and principled commitment is one of the most important determinants of systemic change in schools.

The physical, social, and cultural school environment impacts mental health. Providing physical safety and inclusion through quiet rooms and outdoor learning spaces that support psychological safety will support the promotion of psychological well-being. Leveraging support from anti-bullying programs creates social inclusion based on peer support, and social inclusion can be enhanced. Culturally, schools that talk openly about mental health or begin to integrate psychological well-being into their mission statements can reduce stigma. For example, mental health awareness campaigns or mindfulness programs can change the attitudes of an entire school, improving the daily lives of students and staff (Yan, 2025).

Review of Previous Studies

Research has previously indicated a worsening mental health crisis among students, stemming in part from increased social media use and general academic stress. In their systematic review, Rossen & Cowan (2014) found rising rates of anxiety and depression among adolescents, with these rates varying based on socioeconomic status and access to mental health resources. School staff in under-resourced schools located in low-socioeconomic neighborhoods may not have the support needed to help children with varying levels of anxiety and depression due to the inequalities they face, leaving gaps in mental health support. Some studies suggest that social and emotional learning (SEL) programs are one intervention that can help increase emotional regulation and academic success. The overall findings highlight the need to implement scalable, evidence-based solutions that are appropriate for diverse student populations and tailored to meet growing needs.

Teachers face numerous mental health challenges, including burnout and emotional exhaustion. Nawaz et al. (2024) demonstrated that the main contributing factors to teacher burnout are high workload, the pressure of managing classrooms, and a lack of support from administration. If teachers become burned out, they will not be effective in the classroom, which subsequently impacts student well-being. Schools that prioritize staff mental health by putting in place systems such as reduced workloads, professional development training, and access to counseling reported that their staff are happier in their jobs and retained at higher rates. This suggests that supporting teachers' mental health is important for a psychologically healthy school environment.

Leadership practices influence the effectiveness of mental health initiatives in a school or district. We have seen this clearly in a number of studies, such as regional case studies from British Columbia. School districts that have incorporated mental health approaches into their school practices have seen tangible benefits in student well-being (Karim, 2024). Multi-tiered systems of support (MTSS), which rely on comprehensive, targeted, and individualized interventions, have proven highly effective. However, little is known about how educational leaders sustain mental health initiatives over the long term in resource-constrained schools

to ensure equitable access for students. Future research should examine the types of strategies educational leaders can develop to scale up interventions and secure sustainable funding systems for mental health support, so that mental health-supportive school environments can improve student well-being.

Psychological Challenges in the School Environment

Children and adolescents in school settings face a range of psychological challenges that are closely intertwined with rapid societal transformations and ongoing environmental changes. Prominent among these challenges are phenomena such as social media addiction, increased screen time, and the rise of bullying and excessive criticism. These factors significantly contribute to the development of complex psychological disorders such as depression, anxiety, social isolation, and post-traumatic stress disorder (PTSD), and in advanced cases, may even lead to suicidal thoughts. (Where Hanna Rahmi, 2024)

Studies show that these psychological pressures are particularly exacerbated among high school students, where the educational environment is more stressful, contributing to the negative impact on learners' mental health. As these pressures increase, mental health becomes a crucial factor in students' ability to cope with the demands of study and educational pressures.

These data demonstrate that the relationship between good mental health and the ability to cope with educational pressures is directly proportional. Individuals with good mental health possess greater resilience to challenges and demonstrate higher levels of resilience to negative emotions and stress resulting from school-related pressures. This demonstrates that mental health is not merely the absence of psychological disorders, but rather an effective ability to overcome crises and adapt to difficult situations. (Where Hanna Rahmi, 2024)

Therefore, this analysis highlights the urgent need to develop comprehensive educational policies focused on promoting students' psychological well-being within schools. These policies should serve as a preventative tool against deviant behaviors and psychological challenges that students may face, while also contributing to enhancing their academic and behavioral performance. Students' psychological well-being is an essential factor contributing to the integration of the educational process and achieving positive academic and behavioral outcomes.

The teaching profession is considered a profession that faces significant psychological pressures due to the nature of the constant interaction between the teacher and his or her professional environment. This environment is characterized by multiple and increasing challenges, ranging from educational and pedagogical responsibilities, creating an atmosphere filled with endless, diverse demands. This interaction leads to an accumulation of daily pressures that may cause teachers to fall under the weight of stress and psychological disturbances.

Psychological stress among teachers arises from feelings of anxiety, anger, and depression that stem from their negative perceptions of themselves and the reality around them. These feelings are a natural response to a combination of factors, such as high expectations from administration and society, as well as the challenges teachers face in managing classrooms

and interacting with students and parents. When a teacher feels unable to meet these expectations or cope with the daily pressures of work, this erodes their psychological stability and personal balance.

From the above, it can be said that a teacher's professional environment represents a major source of psychological stress, which not only affects academic performance but also directly impacts their mental health. Therefore, accurately understanding these stressors and working to mitigate their effects is crucial to maintaining teachers' psychological stability and ensuring their ability to perform their teaching duties effectively. (Whitley, 2010)

The role of the Family and school in Achieving the Child's Mental Health

The family is one of the fundamental pillars of the socialization process, as it constitutes the first environment with which a child interacts and significantly influences the formation of their personality and behavior. It serves as the social and cultural unit in which a child grows up, serving as the primary source of many of the values and attitudes that determine their behavior throughout the various stages of their development. The family plays a pivotal role in providing psychological and social support to the child, contributing to the development of their early skills and building the foundations for their psychological and social adjustment.

It is well known that the first years of a child's life are a sensitive and pivotal stage in shaping their personality and guiding their behavior. The experiences a child undergoes during this period, whether positive or painful, leave long-lasting impacts that may influence their personality development and future social interactions. The family represents the first social environment with which a child interacts, and thus becomes the first model they emulate in their daily behavior, making it the primary reference upon which their subsequent behavioral patterns are based. (Pratiksha Goswami, 2024)

Research studies have confirmed the presence of significant differences in socialization methods between families of different social classes. These differences play a significant role in how children interact with their surroundings and respond to psychological stress. For example, research has demonstrated the importance of breastfeeding in the early stages of a child's life. It is recommended that this stage be organized and gradual, without harshness, as this contributes to enhancing the child's motor and nutritional activity. It has also been shown that training a child to control bowel movements requires a consistent and organized approach, coupled with continuous encouragement, which enhances their self-confidence and contributes to building a sense of security and stability.

Through this analysis, we find that the family is the primary factor that profoundly influences a child's behavior, including the development of their psychological and social skills. Therefore, the family environment is considered a pivotal factor in influencing a child's development and guiding them toward healthy adaptation to their social and psychological environment.

Research also confirms that a lack of emotional words and a lack of positive communication with a child can lead to aggression or frustration, leading to poor socialization. Overprotection, over-commitment, and strictness can also result in a child becoming overly dependent on others and unable to face challenges independently. (Raziqa, Yasmina, 2016)

From an economic and social perspective, family stability—particularly in middle- or high-income families—is associated with better mental health for children, compared to families with lower economic status. Premarital psychological counseling and appropriate family support also play an important role in ensuring a psychologically healthy environment for children.

The impact of family relationships on a child's mental health is clearly evident, as marital happiness contributes to creating a psychological climate that helps build a well-rounded and balanced personality for the child and enhances their sense of psychological security. Healthy relationships between parents also provide an atmosphere that satisfies the child's psychological needs, while marital disputes and family disintegration contribute to creating a turbulent climate that leads to disturbances in the child's psychological and behavioral development. (Raziqa, Yasmina, 2016)

The Role of Educational Leaders in Supporting Students' Mental Health

Mental health issues are among the most prominent public health challenges, profoundly impacting the social, economic, and physical dimensions of youth. This highlights the urgent need for effective treatment strategies across all levels. In this context, the school environment stands out as one of the key contexts that can be leveraged to promote mental health and provide early intervention. The school environment provides direct daily interaction with young people, making it an ideal opportunity to positively influence student behavior and enhance their psychological well-being. (Turner & Friesen, 2024)

This need places a great responsibility on educational leaders, as they must adopt and implement policies and programs that address mental health within schools. This requires a deep understanding of effective leadership mechanisms in this area, in terms of educational leaders' ability to integrate positive mental health concepts into all aspects of school work, from school culture to curriculum and interactions between students and teachers.

Health reports record significant regional disparities in mental health indicators across countries and provinces. For example, data from the Canadian province of British Columbia shows that adolescents and young adults in this region report lower levels of mental health compared to other regions. In response, the provincial government has adopted a comprehensive approach to address these challenges, with education departments dedicating efforts to implementing a comprehensive mental health strategy in schools. This strategy aims to integrate positive mental health concepts into various aspects of the school environment, including school culture, leadership styles, and curriculum, as well as enhancing the educational environment to support students' psychological well-being. (Where Hanna Rahmi, 2024)

From the above, it is clear that there is a close link between the school environment and students' mental health, which necessitates the development of integrated educational and health strategies that ensure improved mental health and promote positive interaction between students and the school community (Turner and Friesen, 2024).

The Explanatory Theory of Educational Leadership

Complexity theory offers a new perspective that goes beyond traditional hierarchical structures of authority and decision-making, radically redefining the concept of leadership. Within this framework, leadership is viewed as a phenomenon that emerges not from a single individual trait or behavior, but rather as the result of multi-stakeholder interactions within a complex system. Leadership, in this context, is viewed as a collective process embodied in a network of ongoing interactions among individuals, rather than as the centralization of authority or decision-making in the hands of a single individual or specific group. (Aashima Magotra, 2024)

According to this model, leadership is not simply a linear process based on fixed individual traits, but rather the result of reciprocal interactions between individuals within a dynamic organizational environment characterized by constant change. The constant mutual influence between actors within the system leads to the emergence of flexible and adaptive organizational patterns, creating unconventional forms of leadership. Leadership thus becomes a collective process in which the roles and contributions of all participating parties are integrated, departing from traditional perceptions that attribute leadership to specific individuals or are linked to authority concentrated at specific levels.

This vision reveals how adaptive systems develop through a series of daily events and interactions that contribute to shaping leadership in harmony with the ongoing and changing context of the group or organization, making leadership a more complex and intertwined phenomenon than in traditional theories. (Turner, Baker, 2019)

Multi-Tiered Systems of Support (MTSS) Model

Given the significant social and economic burden caused by mental disorders, prevention has become one of the most sustainable approaches to mitigating their negative impact on individuals and communities. In this context, the school environment emerges as a critical site for providing comprehensive mental health services and implementing early prevention strategies, especially since children spend a significant portion of their day in school.

Thus, preventing mental disorders and promoting psychological well-being is not just a health issue; rather, its impact extends to becoming a fundamental societal and educational issue. The behavioral and mental health of children and adolescents is a constant concern for teachers and educational leaders, making it essential to consider these issues within the context of educational and social development. Research reviews indicate that implementing multi-tiered systems of support (MTSS) in schools effectively contributes to reducing the long-term negative effects of mental disorders, enhancing the chances of prevention and healthy development of students in the long term.

The multi-tiered support model is defined as a comprehensive framework that includes three main levels:

- **Comprehensive general support** It includes strategies and procedures integrated into the learning environment, applied to all students without exception.
- **Targeted support** It is directed to 5% to 15% of students who demonstrate additional needs that require special intervention.

- **Specialized support:** It concerns a smaller group of students (2% to 7%) who suffer from specific psychological challenges, and require specialized support including therapeutic interventions or services from external specialists.

Schools that are effective in promoting student mental health integrate psychosocial support practices into their daily routine, making them an integral part of the school culture. These practices include building positive relationships, providing a learning environment with high expectations, and teaching social and emotional skills through evidence-based programs.

Despite growing recognition of the role of educational leadership in promoting psychological well-being, the literature still lacks a clear description of how educational leaders create institutional conditions conducive to the implementation and sustainability of these initiatives. Although this gap was noted more than two decades ago, there remains a lack of descriptive evidence explaining how educational leaders can effectively support the implementation of MTSS and mental health programs in school settings (Skaar et al., 2022).

Research Methodology

This research will adopt a robust quantitative approach, primarily relying on self-administered questionnaires as the primary data collection tool. A quantitative approach is optimal for providing a systematic exploration of the complex relationships associated with specific variables; in this case, how leadership activities and the school environment (the independent variables) affect the mental health (the dependent variable) of teachers and students. A key advantage of a quantitative approach is the availability of reliable and standardized numerical data that can be statistically processed for analysis. A quantitative approach enables the identification of observable patterns, relationships, and causal inferences; it also provides a clear and measurable relationship between leadership practices, the school environment, and mental health in education. The questionnaire series will be designed to elicit targeted information about the current leadership strategies used in schools to support mental health, the perceived barriers to effective mental health program implementation, the extent to which educational leaders use evidence-based approaches to mental health, and the ways in which schools currently evaluate the effectiveness of mental health interventions. The use of consistent and validated survey instruments is critical to ensuring the reliability and validity of the data collected, enhancing the reliability and generalizability of the research data. Ultimately, this quantitative design aligns with the study's primary goal, which is to provide practical, evidence-based solutions for school leaders to help them build psychologically healthy learning communities where students and staff can achieve academic, social, and emotional success.

Research Sample

The study sample will consist of 30 participants selected from a wide range of education stakeholders. This specific group of participants will include carefully selected educational leaders (principals, vice-principals, and other administrative officials), teachers, and possibly mental health professionals working in a school setting (e.g., counselors). Selection will be intentional to provide reasonable representation across different levels of education (primary and secondary) and socioeconomic levels. This study will rely on a purposive stratified sample, as cultural and socioeconomic aspects factor into the feasibility and usefulness of a comprehensive mental health policy in schools. The sample size of 30 will be weighed against

the need for balanced representation from each target group to obtain rich and diverse data for the study. The sample itself can be selected proportionally; therefore, if a specific number of principals, relevant teachers, and school mental health educators are selected for this study, each participant will be purposively selected. This sample is considered appropriate for meaningful quantitative analysis, providing a sufficient data set to demonstrate statistically significant trends and relationships, while being practical in terms of time and budget. Participants will be ethically recruited through standard means such as the relevant school or Ministry of Education, or through reputable professional educational organizations. Both recruitment and data collection will be conducted in accordance with established ethical guidelines, ensuring informed consent, voluntary participation, and confidentiality of all collected information. Participants will be protected in all applicable ways, including privacy and well-being. Focusing on this carefully considered sample, the rich and valuable data are expected to provide insight into how contemporary leadership practices directly impact the mental health outcomes of both students and teachers; the common barriers to effective mental health program implementation; and the best evidence-based strategies that can be implemented to improve mental health support within schools.

Results and Discussion

Table 1

Case Processing Summary

Case Processing Summary			
		N	%
Cases	Valid	30	100.0
	Excluded	0	.0
	Total	30	100.0

In the SPSS case processing summary table, the data indicated that there were no exceptions (0%), with all data valid (100) for analysis. This demonstrates the absence of missing values and also indicates that the data were fully available, providing guidance on data quality for confidence in future statistical analyses. Thus, the total sample ($n = 30$) is fully accounted for, a key factor when considering the impact of mental health in the school environment and the contributions of educational leaders to supporting teachers and, consequently, broader support for emerging learners. However, a small sample can limit generalizability, and therefore caution should be exercised in interpreting the results. Further examination of the data should include the normality of the data and its distribution, so that the assumptions underlying parametric tests can be justified.

Table 2

Reliability Statistics

Reliability Statistics	
Cronbach's Alpha	N of Items
.524	15

Table 3

Analysis by Sex

Sex					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	feminine	8	26.7	26.7	26.7
	male	22	73.3	73.3	100.0
	Total	30	100.0	100.0	

Examining the frequency distribution table for gender indicates that there were a total of 30 participants in the study, of whom 22, or 73.3%, were male, and 8, or 26.7%, were female. There was a significant gender imbalance in the sample, and given that males constituted the majority, the results of this study may be more reflective of the male perspective, particularly regarding mental health and the role of educational leaders in schools. If gender is a moderating factor influencing participants' perceptions of mental health support sources, there was insufficient representation of participants to determine whether they experienced significant differences in relation to gender. Researchers should keep this limitation in mind and consider their next approach to using stratified sampling to capture greater diversity across participant gender.

Table 4

Analysis by age

age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	30 years and older	6	20.0	20.0	20.0
	From 22 to less than 26 years old	2	6.7	6.7	26.7
	From 26 to less than 30 years old	22	73.3	73.3	100.0
	Total	30	100.0	100.0	

The frequency (age) table shows that most participants, 73.3%, or 22 participants, were aged 26 to under 30, with approximately 6.7%, or participants under 22, and 20.0%, or 6 participants, in the age group of 30 and over. This suggests that participants were generally young adults in their late twenties. It is unclear whether the age distribution would influence participants' mental health and educational leadership perspectives, both of which are being examined in school contexts. Researchers, particularly regarding the generalizability of their findings to older (30+) or younger (<22) ages, should consider whether the age distribution is representative of the target population or whether further sampling should be conducted to allow for a larger cross-section of this spectrum.

Table 5

Analysis by academic qualifications

Academic qualification					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bachelor's	18	60.0	60.0	60.0
	Master's degree or higher	12	40.0	40.0	100.0
	Total	30	100.0	100.0	

The frequency table for educational qualifications indicates that 60% (N = 18) of respondents held a bachelor's degree, and 40% (N = 12) held a master's degree or higher. The full sample represents respondents with university-level qualifications and does not represent any lower levels of qualifications. The large number of respondents with a bachelor's degree suggests that the findings regarding mental health and educational leadership may represent the views of relatively early-career or mid-career professional teachers, while the master's-level participants may represent the views of more experienced academics or practitioners. Researchers may wish to consider whether this distribution supports the purpose and criteria of the study, particularly if the study aims to examine the nature of educational leaders in general, as leaders' perspectives may vary due to academic and professional experience. Furthermore, if assessing a broader educational context is important, the exclusivity of qualifications (such as diploma or doctorate holders) may limit the diversity of views.

Table 6

Analysis by years of experience

Years of experience					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10 years and above	5	16.7	16.7	16.7
	5-10 years	25	83.3	83.3	100.0
	Total	30	100.0	100.0	

The frequency table for years of experience shows that the majority of participants (83.3%, $n = 25$) reported having between 5-10 years of experience, while a minority (16.7%, $n = 5$) reported having 10 or more years of experience. This indicates that the majority of participants were mid-career professionals, with very few being highly experienced. If the majority of participants were mid-career professionals, participants in the less than 5 years and 10+ years of experience groups may not be adequately represented. Study findings related to mental health and educational leadership may differ between participants who have worked for 5-10 years and others in the aforementioned categories. Having few or no respondents in the early-career teacher (fewer than 5 years) or veteran teacher (10+ years) categories may limit the applicability of the findings to experience categories. Future researchers should consider whether the distribution of study findings reflects the distribution of the target population or whether a more balanced distribution of experience would add to the rigor of the research. The study results may primarily reflect the views of individuals who are approaching or in the mid-stages of their careers as they face different challenges when balancing classroom responsibilities and leadership roles.

Table 6

Analysis by computer literacy

computer literacy					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High	30	100.0	100.0	100.0

The data in the computer literacy table indicate that 100% of the 30 respondents self-reported being highly proficient in using computers (an indicator of confidence in their digital skills). The sample could have consisted entirely of digitally proficient respondents, which would have facilitated the integration of digital tools into their teaching practices. Having all respondents homogeneously with the same technical ability as a group is useful, but providing insights into the varying levels of impact of computer literacy on peer mental health support or the effectiveness of leadership practices may be limiting. Readers are reminded to consider this as both a strength (computer literacy is not a confounding variable) and a limitation (there is no comparison condition) when drawing conclusions about the role of technology in the educational context. The lack of respondents who categorized themselves as moderate or low computer users would have precluded the analysis of potential digital divides in the study context.

Table 7

Analysis by internet proficiency

Internet Proficiency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High	29	96.7	96.7	96.7
	average	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

The internet literacy table indicates that nearly all respondents (96.7%, N = 29) indicated high proficiency in using the internet. Over 3.3% (N = 1) indicated intermediate skills, with few or no respondents indicating low proficiency. This prevalent level of proficiency suggests that the sample is highly comfortable using online tools to access mental health resources digitally and employing technology-related instructional leadership practices. However, the near-uniformity in responses limits the study's ability to explore evidence of digital literacy deficits that might impoverish mental health support or impair the rigor of instruction. Admittedly, none of the individual participants with intermediate skills appeared to provide a reasonable cross-comparison. Either the population was uniformly technically literate, or there may have been an element of self-reporting bias, which may have led many participants to overestimate their digital skills. Future researchers should consider this information ratio when discussing the results of technology-related questions, as it is difficult to determine the generalizability of the results to a population with varying levels of internet proficiency. However, the data from this study suggest that internet access is unlikely to be a significant factor in this scenario.

Table 8

School leaders prioritize promoting the mental health of teachers and students

School leaders prioritize promoting the mental health of teachers and students.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.3	3.3	3.3
	agree	10	33.3	33.3	36.7
	Very much agree	19	63.3	63.3	100.0
	Total	30	100.0	100.0	

The table addressing the statement "School leaders prioritize promoting the mental health of teachers and students" shows that a significant number of participants (63.3%, n = 19) strongly agree, while 33.3% (n = 10) agree, each indicating that more than 96.6% agree that mental health is a leadership priority. The remaining 3.3% (n = 1) strongly disagree, representing a small dissenting voice. This overwhelmingly positive response suggests that the vast majority of participants believe that educational leaders are indeed engaged in advocating for mental health within their institutions, similar to what the study found in examining the role of administrators in providing psychological support. The overall result indicated a one-dimensional response from participants, which may highlight a social desirability bias or may indicate a sample with supportive characteristics and experiences. The exclusion of neutral or almost opposing responses constitutes a limitation in examining specific criticisms or potential differences in responses to the importance of institutional leaders' responsibilities. Researchers should consider whether the findings represent institutional policies; whether they reflect the actual practices of institutional leaders; and whether they represent participants' idealized perceptions of what they believe leadership roles should be. The evidence suggests a compelling argument that prioritizing mental health is a normal leadership imperative within these educational institutions.

Table 9

The school provides regular training for teachers on how to support students' mental health.

The school provides regular training for teachers on how to support students' mental health.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	3.3	3.3	3.3
	agree	16	53.3	53.3	56.7
	Very much agree	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

The results of the table regarding "The school provides regular training for teachers on how to support students' mental health" indicate that 96.6% of participants (29 participants) agreed, 53.3% agreed (16 participants), and 43.3% strongly agreed (13 participants), indicating that almost all participants recognized their school's commitment to providing support to teachers in this area. Only 3.3% disagreed (1 participant), indicating that a support system is rarely lacking in schools. The data reveal that the majority of teachers believe their school provides mental health support through regular training to enhance their understanding of students' mental health needs. The percentage of agreement appears to reflect an understanding of how policies are implemented in their school, or the feasibility of implementing awareness programs for the schools concerned. However, there is a small possibility that the 3.3% disagreement indicates concerns that some teachers are not receiving adequate training or the quality of training related to mental health support. This would be particularly relevant to the current study, as it relates to a key area of research related to mental health support in the educational context, given that training is typically considered a priority or an institution-wide expectation in almost all cases. The results are generally positive, confirming that teachers' perceptions strongly favor the idea that professional development in school mental health support will be crucial for working in complex and challenging educational settings. It will be interesting to examine the content, frequency, and effectiveness of training, or to explore whether reading this result at face value indicates actual practices or ideals for teacher and student support systems.

Table 10

School leaders are encouraged to create a supportive and compassionate school environment.

School leaders are encouraged to create a supportive and compassionate school environment.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.3	3.3	3.3
	agree	19	63.3	63.3	66.7
	Very much agree	10	33.3	33.3	100.0
	Total	30	100.0	100.0	

The table that deals with " "School leaders encourage the creation of a supportive and compassionate school environment." 96.6% of participants (n=29) agreed (n=19) and strongly agreed (n=10). This represents a strong consensus among participants regarding leaders' contribution to positive school climates, while 3.3% (n=1) strongly disagreed (indicating some, albeit minor, dissent). These responses suggest that education leaders in this context are seen as championing psychosocial support systems, an important factor in relation to the mental health of both teachers and students. We note that more participants agreed than strongly agreed, possibly due to social status differences in how teachers view their support as leaders, with some perceiving organizations' attempts to be more proactive. However, this may indicate differing views on the support provided. While these findings are consistent with broader research inquiries into how leadership prioritizes mental health, the single dissenting opinion is still worth exploring, as it may indicate a gap or Lack of access to support systems. Ultimately, the data underscore the importance of empathetic leadership practices in educational settings, while ultimately providing us with opportunities to investigate how these supportive attitudes are embodied in practice.

Table 11

Mental health support decisions are made based on teacher and student input

Mental health support decisions are made based on teacher and student input.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	3.3	3.3	3.3
	agree	15	50.0	50.0	53.3
	Very much agree	14	46.7	46.7	100.0
	Total	30	100.0	100.0	

The results in the table regarding the assessment of "Participatory Mental Health Support Decision-Making by Teachers and Students" indicate that 96.7% of participants (n=29) believed in a collaborative approach, with 50% (n=15) agreeing and 46.7% (n=14) strongly agreeing. This is a clear indication that collaborative decision-making is largely based on routine morale. Only 3.3% (n=1) disagreed, indicating that there was little disagreement. This high level of agreement suggests a participatory approach to leading mental health initiatives, which supports best practice in education today, where multiple stakeholders are involved. The roughly equal proportions of "agree" and "strongly agree" responses may indicate a different level of confidence in the effectiveness of engagement—some teachers may be influencing consultations to be symbolic, while others may be enabling collaboration. The single "disagree" response suggests that some thinking is still attributed to a top-down approach to decision-making, and it is worth exploring whether the approach to decision-making varies across school contexts. Overall, the results provide a positive and supportive response, consistent with the results of the previous tables, highlighting that stakeholder leadership on mental health ultimately contributes to engagement and is also beneficial to organizational commitment to mental well-being. The findings demonstrate the importance of shared governance for effective mental health support systems. However, the qualitative concept of "engagement" can be examined more deeply to clarify its quality, meaning, and impact.

Table 12

School leaders demonstrate a genuine concern for the psychological well-being of the school community.

School leaders demonstrate a genuine concern for the psychological well-being of the school community.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	1	3.3	3.3	3.3
	agree	14	46.7	46.7	50.0
	Very much agree	15	50.0	50.0	100.0
	Total	30	100.0	100.0	

The table shows school leaders' responses regarding their concern for mental health and the well-being of the school community. Of the 30 participants, 67% expressed agreement. Specifically, 46.7% (14 participants) responded "agree," while 50% (15 participants) responded "strongly agree," meaning that 96.7% of school leaders take mental health into consideration. Only 3.3% (one respondent) disagreed. Based on this information, it can be said that the majority of educational leaders recognize the importance of mental health in the school environment, which is fully consistent with the study and the role they should play in supporting teachers and learners through this role. The high percentage of participants' responses certainly indicates a reasonable institutional awareness of the impact of mental health on the educational environment in general.

Table 13

The school provides safe and quiet spaces to support students' mental health.

The school provides safe and quiet spaces to support students' mental health.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	9	30.0	30.0	30.0
	Very much agree	21	70.0	70.0	100.0
	Total	30	100.0	100.0	

According to the table, the school provided safe and calm environments to support the mental health of the participating students, with a consensus in the participants' statements, as 100% agreed that the school provided safe and calm environments, with 30% of the participants (9 participants) agreeing and 70% (21 participants) strongly agreeing. The agreement in the data demonstrates strong support from students for the school's concern for mental health; the high percentage of "strongly agree" indicates their commitment to providing and even adequately maintaining safe and calm environments. The original meaning has been confirmed in research on the importance of physical environments in promoting students' mental health, especially in educational contexts, and supporting environments that promote mental health.

Table 14

There are effective school programs to combat bullying and promote mutual respect

There are effective school programs to combat bullying and promote mutual respect.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	17	56.7	56.7	56.7
	Very much agree	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

The table demonstrates a clear consensus, with participants stating that school programs exist to address bullying and promote respect, with both "agree" (56.7%, 17 participants) and "strongly agree" (43.3%, 13 participants)—100% agreement. This indicates that schools have made positive progress in anti-bullying programs to promote a respectful environment. In the majority of cases, participants expressed agreement, and we note that the percentage in the "agree" option does not exceed "strongly agree," highlighting the potential impact and/or awareness of the program. Overall, the results indicated a positive institutional commitment to creating a safe and engaging school climate, which is crucial to supporting students' mental and emotional health.

Table 15

Mental health concepts are integrated into school curricula and activities

Mental health concepts are integrated into school curricula and activities.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	17	56.7	56.7	56.7
	Very much agree	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

The table shows that most participants were aware of the presence of mental health concepts in the curriculum and/or activities, with all participants (100%) agreeing—56.7% (17 participants) selected "agree," while 43.3% (13 participants) selected "strongly agree." The relative difference between "agree" and "strongly agree" suggests that, while these concepts are present within the school's academic framework, they may not have any effective or tangible positive impact on mental health. These results demonstrate the steps the school has taken to integrate mental health into education, and this is undoubtedly a step in the right direction, particularly beneficial for building a positive learning community. However, the discrepancy between the percentage of "agree" and "strongly agree" responses may indicate that additional opportunities exist for the continuous improvement of mental health initiatives for students and staff.

Table 16

There are clear policies to support students with mental health problems

There are clear policies to support students with mental health problems.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	14	46.7	46.7	46.7
	Very much agree	16	53.3	53.3	100.0
	Total	30	100.0	100.0	

The table indicates a relatively strong consensus among participants regarding the existence of clear policies to support students with mental health issues, with 100% agreement—46.7% (14 participants) selected "agree" and 53.3% (16 participants) "strongly agree." The slight majority in the "strongly agree" category indicates that most participants have a clear understanding of what they are supposed to do—this demonstrates an institutional commitment to supporting students' psychological needs through policy-based support systems. The nearly equal distribution between the two positive responses may indicate differences in staff experience/exposure to the policies and/or inconsistent implementation across departments or schools. In either case, the results may indicate that the school has established some basic support policies for students with mental health challenges, which

could be monitored to ensure continued policy development as student needs change, or to build on existing policies.

Table 17

The school environment encourages positive communication between students and teachers.

The school environment encourages positive communication between students and teachers.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	12	40.0	40.0	40.0
	Very much agree	18	60.0	60.0	100.0
	Total	30	100.0	100.0	

The table demonstrates a positive perception among all participants that the school climate connects students and teachers positively. 100% of participants agreed that it was positive, or positive in all respects, with 40% (12 participants) agreeing and 60% (18 participants) strongly agreeing. The overwhelming majority of participants who selected "strongly agree" indicates that students and teachers who engage in positive and open interactions are not only present but integral to the school climate. A positive school climate is indicative of the strengths of the school and overall education, and, more importantly, demonstrates strong positive school lifestyles in terms of respect, trusting relationships, where trust engages students in academic pursuits, and respect for emotional, social, and physical safety. A high percentage of "strongly agree" may also indicate wise leadership that establishes a practical approach, appropriate professional development linked to positive communication between students and teachers, and pedagogical practices that promote inclusion. School climate may be an indicator of mental health awareness, with evidence of openness to learning, acceptance, and guidance for managing positive learning situations. All of this is in line with the study's focus on psychologically healthy learning environments.

Table 18

Students feel adequate psychological support at school.

Students feel adequate psychological support at school.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	neutral	1	3.3	3.3	3.3
	agree	16	53.3	53.3	56.7
	Very much agree	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

The table indicates that the majority of responses indicate that students receive adequate mental health support at school, with 96.6% of participants expressing agreement (53.3% "agree" / 16 participants, 43.3% "strongly agree" / 13 participants). The very small proportion of neutral responses (3.3% / 1 participant) indicates minimal doubts about this type of support. The predominance of "agree" responses over "strongly agree" responses may reflect participants' strong agreement with the overall presence of mental health support systems, but it may also reflect some indication that the intensity or accessibility of this service could be improved. The data supports that the school has at least the basics of mental health support structures in place; however, even one neutral response may indicate that more needs to be done to ensure continued support for every student. A 100% positive/neutral response indicates no dissatisfaction directly affecting this aspect of student care.

Table 19

Teachers have good mental health which positively affects their performance.

Teachers have good mental health which positively affects their performance.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	13	43.3	43.3	43.3
	Very much agree	17	56.7	56.7	100.0
	Total	30	100.0	100.0	

The table shows that participants unanimously agreed (100%) that good mental health contributes to teachers' effective work performance, with 43.3% (13 participants) choosing "agree," while 56.7% (17 participants) chose "strongly agree." The large number of "strongly agree" responses indicates that this group of participants perceives teachers' mental health to be very good and significantly improves their performance. This is also reflected in the consensus that a healthy work environment, in which teachers enjoy good mental health, is likely to improve the quality of their teaching and classroom interaction. Looking at the results, we can see the relationship and reciprocal influence of a teacher's mental health on their ability to perform effectively, highlighting the need for genuine mental health support for teachers within the school system. The fact that these 30 participants did not provide any neutral or negative responses contributed to this positive perception of well-being and, consequently, performance.

Table 20

Students' academic ability improves when their mental health is good.

Students' academic ability improves when their mental health is good.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	16	53.3	53.3	53.3
	Very much agree	14	46.7	46.7	100.0
	Total	30	100.0	100.0	

The table shows that 100% of participants fully agreed that students' academic abilities improve when their mental health improves, with 53.3% (16 participants) agreeing and 46.7% (14 participants) strongly agreeing. The percentage of "agree" exceeded "strongly agree," indicating that while all participants agreed that mental health is an important part of students' academic performance, some may view this idea differently. These findings provide strong evidence of the role of mental health in improving educational outcomes, and that emotional and psychological stability are essential factors for cognitive development and learning efficiency. This unanimous agreement demonstrates the need to prioritize mental health as a school-based process within an integrated educational framework. Mental health initiatives contribute to improving student potential and academic achievement, and current educational practices may not adequately address this reality. The findings reflect similar patterns found in the body of work rooted in the established field of educational psychology on emotional well-being and academic achievement as interconnected experiences.

Table 21

Feelings of anxiety and stress are reduced among students in a supportive school environment.

Feelings of anxiety and stress are reduced among students in a supportive school environment.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	16	53.3	53.3	53.3
	Very much agree	14	46.7	46.7	100.0
	Total	30	100.0	100.0	

The graph shows 100% unanimous agreement, with all participants agreeing that supportive school environments reduce students' feelings of anxiety and stress in their lives. 53.3% of participants (16) selected "agree," while 46.7% (14) selected "strongly agree." Given the equal number of affirmative responses, we observe a general awareness among students of the school's ability to create an emotionally safe environment, although the overall percentage of participants who selected "agree" suggests there may be variance in the extent of this perceived impact. Ultimately, these findings support the research hypothesis that psychologically supportive education causes stress for students and provide support for re-investigating investment in mental health resources, teacher training, and school climate support initiatives. Furthermore, the absence of neutral or opposing responses suggests that this perception is consistent across the school community and supports the link we can see between institutional support systems and students' emotional well-being, as evidenced by current contemporary research that continues to urge schools to develop trauma-informed practices.

Table 22

There is a positive relationship between school climate and the mental health of students and teachers.

There is a positive relationship between school climate and the mental health of students and teachers.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	13	43.3	43.3	43.3
	Very much agree	17	56.7	56.7	100.0
	Total	30	100.0	100.0	

Participants' results unanimously agreed that positive school climates positively contribute to the mental health of both students and teachers, with 100% agreement, with 43.3% (13 participants) choosing "agree" and 56.7% (17 participants) choosing "strongly agree." Most participants who chose "strongly agree" indicated that most tended to believe there was a particularly strong association. All participants indicated that positive school climates support mental health. This reinforces the need to create supportive, inclusive, and emotionally safe school climates, which are likely to positively impact the mental health of the entire educational community, given their association with a positive school climate. Our results indicate that participants largely agree with the literature on the importance of organizational culture in promoting mental health. This overwhelming agreement by participants precludes policies and practices that support positive school climates, as we explore future options for improving all mental health outcomes.

Table 23

Descriptive analysis

Descriptive Statistics			
	N	Mean	Std. Deviation
School leaders prioritize promoting the mental health of teachers and students.	30	4.5333	.81931
The school provides regular training for teachers on how to support students' mental health.	30	4.3667	.66868
School leaders are encouraged to create a supportive and compassionate school environment.	30	4.2333	.77385
Mental health support decisions are made based on teacher and student input.	30	4.4000	.67466
School leaders demonstrate a genuine concern for the psychological well-being of the school community.	30	4.4333	.67891
Valid N (listwise)	30		

The table shows descriptive statistics for the five items designed to determine school leaders' commitment to promoting mental health in their schools, based on the responses of 30 study participants. The item with the highest mean score was "School leaders emphasize supporting the mental health of teachers and students" received a score of 4.53 out of 5, indicating strong agreement and greater variance in responses (standard deviation = 0.82). There was also high agreement among participants regarding "School leaders show genuine concern for the mental health of the school community" (mean = 4.43, SD = 0.68) and "Mental health support decisions are based on input from teachers and students" (mean = 4.40, standard deviation = 0.67). Participants' agreement on these three items indicates consistent perceptions of leadership commitment to mental health support initiatives. Items measuring acceptance of the effects related to teacher training (M = 4.37) and the effects of a receptive environment (M = 4.23) received an average high scores, and respondents generally agreed. Although the averages were slightly lower than the previous three measures, these averages may highlight potential areas for additional attention or resources.

The relatively low standard deviations (0.67–0.82) for all items in this analysis indicate that participants' responses were fairly consistent, with greater consistency around structural components such as decision-making and teacher training (SD = 0.67–0.68). The slightly higher variance in the prioritization item (SD = 0.82) and the environment setting item (SD = 0.77) may indicate differences in both the degree to which these leadership behaviors are evident in the school context and the consistency of these behaviors across different contexts. Overall, the pattern of high means for all items (all means above 4.2 on a 5-point scale) with moderate variance suggests participants perceived school leadership as engaged in promoting mental health, particularly leaders' personal commitment and involvement in decision-making. Thus, being able to confidently state that "leadership is the foundation of a mentally healthy school environment" also provided some insights into opportunities to strengthen systemic work in areas such as teacher training and climate-building initiatives.

Table 24
Descriptive analysis

Descriptive Statistics			
	N	Mean	Std. Deviation
The school provides safe and quiet spaces to support students' mental health.	30	4.7000	.46609
There are effective school programs to combat bullying and promote mutual respect.	30	4.4333	.50401
Mental health concepts are integrated into school curricula and activities.	30	4.4333	.50401
There are clear policies to support students with mental health problems.	30	4.5333	.50742
The school environment encourages positive communication between students and teachers.	30	4.6000	.49827
Valid N (listwise)	30		

This table presents descriptive statistics for five key indicators of mental health support in schools, as reported by 30 participants. The highest mean score (4.70 out of 5) is for providing safe and calm spaces to support students' mental health. There was near perfect agreement with low variance ($SD = 0.47$) for this indicator, indicating consistent implementation across the school. Similarly, clear documentation of mental health support ($M = 4.53$, $SD = 0.51$) and positive communication practices ($M = 4.60$, $SD = 0.50$) achieved very high scores, indicating that these aspects are well established. Items assessing anti-bullying and mental health programs integrated into the curriculum received the same high means ($M = 4.43$) and low standard deviation ($SD = 0.50$), also indicating that these items are well developed, but slightly lower than the highest-rated items in this study. The consistently low standard deviations (between 0.47 and 0.51) for all items indicate exceptional agreement among participants about the school's strengths in supporting mental health. Not only were the average scores high, but the limited variance meant these positive perceptions were applied consistently across classrooms, departments, and stakeholder groups. While all areas combined achieved high overall scores, the range of responses (from 4.70 to 4.43) may indicate some behavioral priorities for implementation, with the appreciation of physical spaces and communication climate receiving the highest ratings, while policies and programs received frequent ratings. Overall, the pattern provides evidence that the school has implemented a strong mental health support system, particularly demonstrating excellence in creating supportive physical environments and positive relationships. The scores provide evidence that could position the school as a potential case study for mental health promotion, noting that the slightly lower scores for program integration may represent an area for systematic and incremental improvement.

Table 25

Descriptive analysis

Descriptive Statistics			
	N	Mean	Std. Deviation
Students feel adequate psychological support at school.	30	4.4000	.56324
Teachers have good mental health which positively affects their performance.	30	4.5667	.50401
Students' academic ability improves when their mental health is good.	30	4.4667	.50742
Feelings of anxiety and stress are reduced among students in a supportive school environment.	30	4.4667	.50742
There is a positive relationship between school climate and the mental health of students and teachers.	30	4.5667	.50401
Valid N (listwise)	30		

Descriptive statistics indicate that the 30 survey participants were somewhat in agreement about mental health support and its effects in the school context. The strongest means for both the teachers' mental health scale and the positive school climate scale were highly consistent (mean 4.57 out of five) and remarkably low standard deviations (0.50). This

indicates a level of unanimous agreement that teachers' mental health contributes to their performance, and that institutional climate may significantly influence mental health. In a related vein, perceived adequate support for students ($M = 4.40$), the academic benefit of good mental health ($M = 4.47$), and low anxiety in supportive environments ($M = 4.47$) all scored very high for positive polarization with very low variance (standard deviations between 0.50 and 0.56), validating the consistent recognition of their interconnectedness. The closeness of the means between 4.40 and 4.57, along with the very low standard deviations (all <0.57), indicates that the school has developed an environment where mental health support is widespread and clearly effective in multiple aspects. The difference in perceived support for students (4.40) and perceived mental health support for teachers (4.57) may indicate a small gap between the benefits of support for teachers and students. This could represent an area for focus for improvement. Overall, the data paint a positive picture of institutional effectiveness and engagement in finding clear links between mental health support and academic or professional performance, with the strongest correlation being related to institutional factors (teacher well-being and institutional climate) rather than focusing on the individual level of student experience.

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