Invisible Battles in the Classroom: How Teachers Identify and Respond to Silent Mental Health Issues in Indian Youth

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Abstract

As teachers we are often the first to notice concerns to student's mental health. Moreover, while counsellors on campus are encouraged, our students often feel comfortable with approaching faculty members, often even more than their family members since they interact with faculty on a day to day basis in class and have often built a rapport with them. This then raises questions about the preparedness of faculty in handling these student mental health concerns. Surely, faculty members aren't meant to replace psychologists and counsellors - but to what extent can one predict teacher response as a consequence of mental health literacy and teacher confidence in handling these concerns - is the purpose of this study. Correlation analysis was done to understand the strength of correlation between these three variables. Then ANOVA was used to understand the percentage of variance explained in Teacher Response with respect to student mental health situations.

Keywords: Mental Health Literacy, Teacher Response, Teacher Confidence, Student Mental Health.

1. Introduction

The phase between adolescence and young adulthood stands as a crucial period during which people experience fast changes in their biological traits and psychological characteristics and social behavior. The life stage typically sees mental disorders including depression and anxiety and behavioral issues which remain unrecognized by traditional educational systems (Prabhu et. al., 2025; World Health Organization, 2023). Research conducted in India shows that mental health problems affect a large number of young people who remain untreated because they spend most of their active time in educational settings where their main adult mentors are teachers (Manjula, 2023).

Teachers who work with students daily fail to possess the essential mental health literacy skills which enable them to identify symptoms and assist students in distress while guiding them to seek help or be referred to appropriate services (Aggarwal & Parikh, 2023; Prabhu et. al., 2025). Mental health literacy represents the understanding and perceptions about mental disorders which support their identification and treatment and their protective measures (Jorm et al. 1997 as cited in Aggarwal & Parikh, 2023). Enhanced mental health literacy leads to better educational staff identification of mental health issues and decreased stigma towards mental health issues and more support for students because these elements serve as vital foundations for effective mental health solutions (Liang et al., 2025 & Miller et al., 2018). The implementation of specific literacy training programs results in educators developing better mental health skills which lead to diagnosis and treatment of psychological disorders (Prabhu et. al., 2025; Bichoualne et. al, 2023).

The evidence demonstrates that teachers exhibit knowledge of mental health literacy and their ability to assess student needs and their subsequent response to student needs according to teachers' knowledge of mental health literacy.

2. Review of Literature

Mental Health Literacy among Teachers

Mental Health Literacy (MHL) serves as the essential framework which describes how educators assess and understand and respond to their students' mental health requirements. Jorm et al. (1997) first proposed MHL as a concept which includes mental disorder knowledge combined with symptom recognition abilities and understanding of risk factors and help-seeking behavior beliefs which lead to proper support discovery. Research studies have shown that teachers function

as the primary resource for students who need psychological assistance because their mental health literacy determines their capacity to start early treatment (Miller et al., 2018).

Indian research studies show that teachers possess major gaps in their understanding of mental health because they lack knowledge about internalising disorders such as depression and anxiety and emotional dysregulation which often manifest as "silent" disorders that do not disrupt classroom activities. Teachers with lower MHL tend to normalise symptoms, misattribute emotional distress to academic pressure or adolescence, or avoid engagement due to uncertainty and fear of mismanagement. Higher MHL leads to better symptom identification and reduced stigma which increases the chance of people starting supportive discussions or making referrals (Liang et al., 2025).

MHL functions as a behavioral mechanism which enables people to utilize information according to the evidence from studies. Teachers who possess advanced mental health knowledge tend to perform proactive monitoring activities while displaying their ability to communicate with empathy and implement organized response methods (Bichoualne et al., 2023).

Mental Health Literacy and Teacher Confidence

Teacher confidence exists as a vital element which connects knowledge acquisition with action execution. Teachers who possess MHL demonstrate better ability to recognize warning signs and start discussions and handle classroom problems and request institutional or professional support when necessary (Manjula, 2023).

The relationship between these two elements receives support from studies which test specific interventions. Teachers who participate in structured MHL training programs achieve significant test score improvements which extend to both their mental health knowledge and their ability to handle mental health situations (Bichoualne et al., 2023; Liang et al., 2025). The implementation of training which includes practical scenarios and role-plays and response frameworks leads to sustained confidence gains across extended periods.

Indian teachers experience low confidence levels because they fear making mistakes and worry about how parents will respond and because schools lack clear institutional guidelines and mental health treatment methods (Aggarwal & Parikh, 2023).

Teacher Confidence and Teacher Response

Educational institutions need to assess how teachers handle student mental health issues because teacher response consists of visible actions which teachers demonstrate after they recognize student mental health problems. Literature indicates that confidence plays a pivotal role in determining the quality and timeliness of these responses. Teachers who perceive themselves as competent are more likely to intervene early, maintain supportive communication, and collaborate with counsellors or parents (Miller et al., 2018).

Studies conducted across school systems show that even when teachers possess basic mental health knowledge, low confidence can result in avoidance behaviours, delayed intervention, or over-reliance on disciplinary approaches (Lalithambigai, 2025). Teachers who possess confidence demonstrate superior abilities to understand students' emotional states, to respond to their needs, and to continue helping students who experience emotional challenges, especially when students show minor or non-disruptive symptoms.

Evidence from Indian and international studies supports a strong association between teacher confidence and effective response behaviours, which demonstrates that confidence acts as a behavioural catalyst rather than a psychological attribute that remains inactive (Prabhu et al., 2025).

The Predictive Value of Mental Health Literacy and Teacher Confidence on Teacher Response

Within existing literature, mental health literacy (MHL) and the confidence of teachers are studied primarily as independent or paired constructs; however, there are limited studies that have been completed to empirically examine the interaction between confidence and MHL when combined. Recently developed interaction models suggest that teachers' ability to understand and use MHL is further enhanced by their confidence in acting on that knowledge even when faced with ambiguity or when emotions are present (Liang et al., 2025).

International studies utilising regression constructs and structural constructs have demonstrated that although MHL alone is significant in explaining a portion of variance in the teacher's response, when teacher confidence is included as a co-

predictor variable, MHL significantly increases the amount of variance explained (Miller et al, 2018; Bichoualne et al., 2023). These results suggest that confidence is a product of MHL and a unique predictor of behaviours associated with a teacher's response.

In the context of education in India where the number of students per teacher is high, the amount of counselling available is low, and mental health carries a significant sociocultural stigma, understanding the relationship between MHL and teacher confidence becomes even more important. The lack of strong empirical models that have tested this predictive relationship among teachers in India reveals an important research deficit.

3. Research Methodology

The present study used a survey research design with the help of an online questionnaire to collect data from participants. A snowball sampling technique was adopted. The respondents of the survey were Faculty Members (Professors) in various colleges in Mumbai. Data were gathered from a total of 114 respondents, ensuring sufficient sample size for statistical analyses. The survey was administered through a Google Form, which facilitated easy distribution, accessibility, and real-time recording of responses. To analyse the data, Pearson's Correlation and Multiple Regression were used.

3.1. Research Objectives:

1. To determine the extent to which Mental Health Literacy and Teacher Confidence predict Teacher Response among participants.

3.2. Hypotheses:

H_1: There is a significant positive relationship between Mental Health Literacy and Teacher Response.

H_2: There is a significant positive relationship between Mental Health Literacy and Teacher Confidence.

H_3: There is a significant positive relationship between Teacher Response and Teacher Confidence.

H_4: Mental Health Literacy and Teacher Confidence significantly explain variance in Teacher Response

4. Data Analysis and Interpretation

First, the data was analysed to understand the distribution of respondents based on gender, years of teaching experience and whether a counsellor was present on campus. Skewness, kurtosis, and their corresponding standard errors were then calculated to assess the normality of the data. The results indicated that the dataset was normally distributed, allowing the researchers to proceed with hypothesis testing.

4.1. Descriptive Statistics:

The sample consisted of a total of 114 teachers, of whom 84 were female and 30 were male (shown in Table 1 below). This distribution shows that female respondents formed the majority of the sample, representing a substantial proportion of the overall population included in the study.

Table 1: Gender distribution of respondents

Gender:	Total
Female	84
Male	30
Total	114

Source: Created from primary data

Table 2 indicates the number of years of teaching experience. A majority of the respondents (36.84%) fall within the 5–9 years category, indicating a strong representation of mid-career teachers. This is followed by those with 15 years and above of teaching experience (24.56%), reflecting the presence of senior and highly experienced educators. Additionally, 17.54% of the respondents have 10–14 years of experience, suggesting continuity and depth in teaching expertise. Faculty with 1–

4 years of experience constitute 19.30% of the sample, while only a negligible proportion (1.75%) have less than one year of teaching experience.

Table 2: Years of teaching experience

Years of teaching experience?	
<1 year	**2**
1–4 years	**22**
5–9 years	**42**
10–14 years	**20**
15+ years	**28**
Total	**114**

Source: Created from primary data

The responses indicate that just over half of the colleges represented in the study have a dedicated counsellor or mental health professional on staff. Table 3 indicates that 58 reported that their institution has a full-time counsellor, while 44 indicated that no such professional is available on campus. Additionally, 12 respondents stated that their college relies on a shared or visiting counsellor. These findings suggest that although many institutions have taken steps to provide mental health support, a significant proportion still lack consistent, on-site mental health services for students.

Table 3: Presence of a counsellor on college staff

Does your college have a dedicated counsellor / mental health professional on staff?	Total
No	**44**
Shared / Visiting Counsellor	**12**
Yes	**58**
Total	**114**

Source: Created from primary data

4.2. Testing of Hypothesis:

The correlational analysis (Table 4) revealed statistically significant positive relationships among Mental Health Literacy, Teacher Confidence, and Teacher Response. A moderate positive correlation was found between Mental Health Literacy and Teacher Confidence ($r = 0.449$, $p < 0.001$), indicating that teachers with higher levels of mental health literacy tend to report greater confidence in addressing mental health–related issues. Similarly, Mental Health Literacy demonstrated a moderate and statistically significant positive relationship with Teacher Response ($r = 0.523$, $p < 0.001$), suggesting that increased knowledge and understanding of mental health are associated with more appropriate and supportive teacher responses. Additionally, a moderately strong positive correlation was observed between Teacher Confidence and Teacher Response ($r = 0.577$, $p < 0.001$), implying that higher confidence among teachers is linked with more effective and positive responses to students' mental health concerns. These findings confirm that improvements in mental health literacy and confidence are associated with better teacher responses. Accordingly, Hypotheses H_1, H_2, and H_3 are accepted, as all proposed relationships were found to be positive and statistically significant.

Table 4: Correlation Analysis

Variables	Pearson's r	p value	Interpretation
Mental Health Literacy and Teacher Confidence	0.449	< 0.001	Moderate, positive, statistically significant
Mental Health Literacy and Teacher Response	0.523	< 0.001	Moderate, positive, statistically significant
Teacher Confidence and Teacher Response	0.577	< 0.001	Moderately strong, positive, statistically significant

Source: Created from primary data

The multiple linear regression analysis (Table 5) was conducted to examine the extent to which Teacher Confidence and Mental Health Literacy predict Teacher Response. The null model (M_0), which contained no predictors, showed no explanatory power (R = 0.000, R^2 = 0.000). In contrast, the proposed regression model (M_1), which included Teacher Confidence and Mental Health Literacy, demonstrated a substantial improvement in model fit (R = 0.648). The model explained 42% of the variance in Teacher Response (R^2 = 0.420), with an adjusted R^2 of 0.410, indicating a strong and reliable predictive relationship. The reduction in RMSE from 0.970 in M_0 to 0.745 in M_1 further suggests that the inclusion of the predictors significantly improved the accuracy of the model.

Table 5: Multiple Regression Analysis

Model Summary – TEACHER RESPONSE				
Model	R	R^2	Adjusted R^2	RMSE
M_0	0.000	0.000	0.000	0.970
M_1	0.648	0.420	0.410	0.745
Note. M_1 includes TEACHER CONFIDENCE and MENTAL HEALTH LITERACY				

Source: Created from primary data

The ANOVA results (Table 6) support the overall significance of the regression model. The regression equation was found to be statistically significant, $F(2,107) = 38.81$, $p < 0.001$, indicating that Teacher Confidence and Mental Health Literacy jointly make a meaningful contribution to predicting Teacher Response. Therefore, Hypothesis H_4 is accepted, as the predictors jointly explain a significant proportion of variance in Teacher Response.

Table 6: ANOVA

ANOVA						
Model		Sum of Squares	df	Mean Square	F	p
M_1	Regression	43.09	2	21.547	38.81	< 0.001
	Residual	59.41	107	0.555		
	Total	102.50	109			
Note. M_1 includes TEACHER CONFIDENCE and MENTAL HEALTH LITERACY						

Source: Created from primary data

The coefficients table (Table 7) was included to examine the individual contribution and relative predictive strength of Teacher Confidence and Mental Health Literacy in explaining Teacher Response. Both predictors in Model M_1 were found to be statistically significant. Teacher Confidence emerged as a strong positive predictor of Teacher Response (B = 0.493, β = 0.429, t = 5.203, p < .001), suggesting that higher levels of confidence among teachers are associated with more

appropriate and supportive responses. Mental Health Literacy also significantly predicted Teacher Response (B = 0.357, β = 0.331, t = 4.012, p < .001), indicating that increased knowledge and understanding of mental health contribute positively to teacher responses. The standardized beta coefficients further reveal that Teacher Confidence has a stronger relative influence on Teacher Response compared to Mental Health Literacy, although both variables make meaningful and independent contributions to the model. Together, they explain 42% of the variance, which indicates that teachers who know more (higher Mental Health Literacy) and feel more capable (higher Teacher Confidence) respond better to mental health situations.

Table 7: Coefficients

Model		Unstandardized	Standard Error	Standardized	t	p
M_1	Teacher Confidence	0.493	0.095	0.429	5.203	< .001
	Mental Health Literacy	0.357	0.089	0.331	4.012	< .001

5. Suggestions Based on Findings

The findings of the present study highlight the critical role of Mental Health Literacy and Teacher Confidence in shaping effective Teacher Responses to mental health–related concerns. The significant positive relationships among these variables, along with the strong predictive power of Mental Health Literacy and Teacher Confidence, suggest that teachers' knowledge and self-efficacy are central to fostering supportive educational environments. Since the regression model explains a substantial proportion of variance in Teacher Response (42%), the results underscore that improvements in these two factors can lead to meaningful enhancements in how teachers identify, manage, and respond to students' mental health needs.

The stronger predictive influence of Teacher Confidence indicates that while knowledge is essential, teachers' belief in their ability to apply this knowledge plays a decisive role in their responses. This finding reinforces theoretical perspectives such as self-efficacy theory, which emphasize confidence as a key determinant of behavioural outcomes. Consequently, teacher training initiatives must move beyond awareness-building and focus equally on developing practical confidence through experiential learning.

6. Conclusion and Scope for Further Research

Students who are at the start of adulthood are at a crucial stage of their lives where they are discovering their personality, navigating challenges of adulthood while trying to fulfil their academic responsibilities. As teachers interact with these students almost on an everyday basis, it is imperative to understand and respond appropriately to their mental health concerns. The study throws light on how mental health literacy and teacher confidence can predict teacher response with all the hypotheses accepted. The study therefore provides evidence based insights which can be useful to policy makers and educational institutions. They can design training initiatives that not just focus on awareness but also build teacher confidence and skills in addressing these mental health concerns among students.

Future studies may adopt longitudinal or experimental designs to examine causal relationships between mental health literacy, confidence, and teacher response. Investigating the effectiveness of specific intervention programs in enhancing these variables would provide deeper insights into best practices for teacher training. Additionally, qualitative research could be undertaken to explore teachers' lived experiences, perceived barriers, and contextual challenges in responding to student mental health needs.

Further research may also examine moderating or mediating variables, such as teaching experience, institutional support, or access to mental health resources, to better understand how and under what conditions mental health literacy and confidence influence teacher response.

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