

**SUPPORTING EARLY PRIMARY GRADE CHILDREN'S MENTAL
HEALTH IN THE CLASSROOM: A STUDY OF TEACHERS'
PERCEPTIONS**

By

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A thesis submitted to Brac Institute of Educational Development in partial fulfillment of
the requirements for the degree of
Master of Science in Early Childhood Development

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Brac University
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Declaration

It is hereby declared that

1. The thesis submitted is my own original work while completing master's degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.
3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.
4. I have acknowledged all main sources of help.

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Ethics Statement

Title of Thesis Topic: Supporting Early Primary Grade Children's Mental Health in the Classroom: A Study of Teachers' Perceptions

Student name: Zakia Sultana

1. Source of population

Early primary grade teachers from non-government schools of Dhaka, Bangladesh

2. Does the study involve (yes, or no)

- a) Physical risk to the subjects - no
- b) Social risk - no
- c) Psychological risk to subjects - no
- d) discomfort to subjects - no
- e) Invasion of privacy - no

3. Will subjects be clearly informed about (yes or no)

- a) Nature and purpose of the study - yes
- b) Procedures to be followed - yes
- c) Physical risk - yes
- d) Sensitive questions - yes
- e) Benefits to be derived - yes
- f) Right to refuse to participate or to withdraw from the study - yes
- g) Confidential handling of data - yes
- h) Compensation and/or treatment where there are risks or privacy is involved - yes

4. Will Signed verbal consent for be required (yes or no)

- a) from study participants - yes
- b) from parents or guardian - not applicable
- c) Will precautions be taken to protect anonymity of subjects? - yes

5. Check documents being submitted herewith to Committee:

- a) Proposal - yes
- b) Consent Form - yes
- c) Questionnaire or interview schedule - yes

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Abstract

Healthy upbringing of children and early detection of mental health issues among them go a long way in raising responsible adults and improving overall mental health of the society. Besides parents, early primary grade teachers have opportunity to effectively detect mental health issues among children and support them in overcoming those. With a view to better understanding the desired role that teachers can play in the classroom, this paper explores, through focus group discussions and in-depth interviews, perceptions of early primary grade teachers about mental health issues among children, the way teachers deal with it, and the challenges they face in the process. It is found that, teachers in general have limited knowledge about mental health issues that prevail among their students and required skills necessary to address those issues in the classroom. While in many schools the systems remain largely skeptic to these needs, some teachers try to assist their students, mostly out of common-sense. Yet many teachers remain unclear about their role. Capacity enhancement of teachers through structured training and relevant awareness-building programmes, as well as developing committed institutional support systems involving professionals and parents would be conducive to maintaining sound mental health among children at early age.

Keywords: children; early primary grade; teacher; perception; mental health.

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Table of Contents

Declaration.....	ii
Approval	iii
Ethics Statement.....	iv
Abstract.....	v
Acknowledgement	vi
Table of Contents	vii
List of Acronyms	ix
Chapter I: Introduction and Background	1
Introduction.....	1
Statement of the Problem.....	3
Purpose of the Study	4
Significance of the Study	5
Chapter II: Literature Review.....	10
Chapter III: Methodology	16
Research Approach	16
Research Site.....	16
Research Participants	17
Participants Selection Procedure.....	17
Data Collection Tool.....	18
Data Collection Method and Procedure	19
Data Management and Analysis	19
Validity of the Research Tool	20

Ethical Issues	20
Chapter IV: Findings and Discussion	21
Findings.....	21
Discussion.....	38
Conclusion	44
Recommendations.....	45
References.....	46
Appendices.....	49
Appendix 1: In-Depth Interview Guideline	49
Appendix 2: Focus Group Discussion Guideline.....	54
Appendix 3: Consent Form.....	57

List of Acronyms

BRAC	Bangladesh Resources Across Community
CDC	Center for Disease Control and Prevention
ECCD	Early Childhood Care and Development
FGD	Focus Group Discussion
IDI	In-Depth Interview
IOM	Institute of Medicine
NIMH	National Institute of Mental Health
NRC	National Research Council
PHC	Public Health Care
SDG	Sustainable Development Goals
TG	Teachers' Guidelines
WHO	World Health Organization

Chapter I: Introduction and Background

Introduction

Schools have redefined their expectations from teachers in recent years and want them to be responsive to children's social and emotional needs in addition to their academic and co-curricular commitments (Graham et al., 2011). An important link between students' mental well-being and ability to learn and perform was reported in a national survey on understanding teachers' perspectives of student mental health conducted by the Canadian Teachers' Federation (Bernie Froese-Germain & Richard Riel, 2012). Meldrum et al. (2009) was mentioned in the same report to show that mental health issues can potentially harm emotional well-being and impede social development of children.

Researchers believe that a person is at the highest risk during childhood and adolescence period of developing mental illness later in life (Merrick et al., 2017). One-third of many disturbances that occur in the early year of a child's life, generally remain transient and persist beyond the early years and pose a risk factor (Klitzing et al., 2015). Exposure to trauma, such as abuse either physical or emotional, experience of bullying and violence either personally or by being a witness, suffering parental loss or maltreatment in childhood may have a very long-term effect on mental health conditions (McKay, et al., 2021).

In early childhood, the behavior and biopsychosocial equilibrium of a child are embedded in relationships with parents and other caregivers – the younger the child is the more these are embedded (Klitzing et al., 2015). As such, parents and early childhood teachers are the primary sources for the detection of mental health problems in children. In an article published by the University of Glasgow, it was highlighted that teachers believe they have important roles in supporting children's mental health in the classroom, and that the role can be made significant by imparting knowledge and training for teachers and enhancing their

skills of promoting positive mental health in schools (Maclean & Law, 2022). Hence, being able to effectively play a vital role in supporting the well-being of students should be among the highest priorities of schools (Nikolaou & Stamatis, 2022).

Although the importance of teachers' roles in supporting the mental health of children has been recognized globally, a significant gap was identified in teachers' perceptions and beliefs, as well as mental health practices and interventions in schools, as reported in the article, 'Supporting Primary School Students' Mental Health Needs' (Maclean & Law, 2022). Referring Dwyer, the articles also emphasized the need for establishing the inevitable roles of schools in fostering school-based prevention and intervention practices to reduce the incidences of mental health problems that interfere with students' cognitive and social development. The research findings also highlighted teachers' perception about global lack of experience and training for supporting children's mental health needs in the classrooms (Maclean & Law, 2022).

As in the most of low and middle-income countries, the prevalence of mental disorders is also quite high in various socio-economic groups in Bangladesh (Hossain et al., 2014).

Regrettably, mental health is often considered a lesser important matter in Bangladesh (Hasan et al., 2021). It is mostly during and after the COVID-19 pandemic, the need to address mental health issues for children and adults came to the surface. However, inadequacy of access to treatment and mental health professionals has always affected the two-thirds population living in rural areas of Bangladesh (Hasan et al., 2021). Even though the disorders are common, child mental health professionals are rare in Bangladesh (Mullick & Goodman, 2001). Moreover, teachers who could be useful in detecting mental health issues and supporting the mental well-being of children in school have limited knowledge and skills on this matter, as mentioned in several articles referred to above. Sadly, research about teachers'

perceptions of student mental health issues in the context of Bangladesh is scanty; there exists a significant gap in this area.

As many global research findings showed evidence for the teachers' awareness of student mental health problems and their lack of knowledge and skills in supporting children in the classroom, it is important to conduct similar research and highlight this essential matter among the teachers' community of Bangladesh. Therefore, this study aims at identifying teachers' perception of children's mental health problems and rendering support in the classroom to 6-8 years old children who supposedly attend first to third grades in school.

Statement of the Problem

Research suggests that teachers are in the best position to identify issues concerning children's socio-emotional well-being. Hence, they are expected to respond to their needs and support children's mental health (Graham et al., 2011). However, research has also exhibited that teachers, in some cases, do not consider addressing children's mental health problems to be the sole responsibility of a teacher. Instead, they often believe this to be the responsibility of a school psychologist or para-counselor (Wendy M. Reinke et al., 2011). Nevertheless, teachers are not found unwilling to take responsibility, they rather are driven by some pre-conceived ideas about their role in the classroom.

It is a matter of concern that teachers are often found less prepared to support young children's mental well-being as teachers come from different disciplines and receive little or no training on handling children's mental health issues in the classroom (Graham et al., 2011). Often, they do not feel confident enough taking the role of a counselor and hesitate to take the responsibility. On the other hand, most schools do not consider the position of a para-counselor in their hierarchy due to limited funds and resources or due to a lack of understanding and knowledge in this regard. As a result, these shortcomings adversely affect

the quality of support in the classroom for the mental well-being of children (Meldrum et al., 2009).

In Bangladesh, the problem is even more complex. The national survey 2019 found that mental disorders were prevalent in 12.6% among 7-17 years old children (NIMH, 2019). In the post-Covid scenario, students were diagnosed with higher anxiety, depression, and lower mental well-being in Bangladesh (Elahi, 2021). However, research evidence suggests that the issues of children's mental well-being are still neglected in Bangladesh (Dutta et al., 2014). Teachers need to understand the types of mental health problems among young children and the challenges that impede supporting these children in the classroom. Hence, it is important to explore teachers' perceptions about children's mental health in the classroom which will help in better understanding their role.

Although some researches have been conducted globally to investigate teachers' perceptions of mental health issues in the classroom, very few are available in the context of Bangladesh. Moreover, no evidence of efforts and activities has been noticed as part of pedagogy to support children's mental health in schools, and no organized studies have been carried out to explore teachers' beliefs and attitudes regarding children's mental well-being in Bangladesh (Dutta et al., n.d.). This creates a necessity to study and explore teacher's perceptions of children's mental well-being and the types of issues they encounter daily in classrooms. Therefore, to support the young children's mental health issues in the classroom, this paper will examine the perceptions of early primary grade teachers, specifically those teaching six to eight years old children in I to III of primary classes.

Purpose of the Study

The main purpose of this study is to explore the perceptions of early grades primary teachers regarding young children's mental health issues. This study will try to identify types of

mental health issues that the first to third grade teachers might witness in the classroom among 6 to 8 years old children. It will also try to understand their perceptions about the role of a teacher in supporting the young children in the classroom.

This research is expected to find out the general perception and awareness of teachers regarding mental health issues among children at the early childhood period. Besides exploring the role of a teacher, in both perception and practice, in supporting young children with mental health issues, this study will also focus on identifying the challenges teachers might face in performing their role in early primary grade classrooms.

Significance of the Study

In the face of substantial and growing human sufferings associated with mental disorders, mental health and well-being is specifically included as a target (Target 3.4) in the SDGs while SDG 3 (Good Health and Wellbeing) and SDG 4 (Quality Education) in general support the mental health of children (Lund et al., 2018). Evidently, however, mental disorders are strongly socially determined and, hence, the global burden of these issues is unlikely to be relieved by improved access to mental health treatment alone (Lund et al., 2018). For the SDGs to be conducive to promoting mental health, the broader social determinants – the socioeconomic conditions as a whole – of mental disorders need to be addressed (Lund et al., 2018).

Maintaining a sound mental health condition needs a whole-of-society approach, as endorsed by WHO in its Public Health Care (PHC) concept, where individuals, communities, institutes, and organizations collaborate to establish a reassuring safety net in society. Early detection of mental health issues in childhood, when most of the problems incubate, allows required interventions and may produce the greatest impact on people's health and well-being (Colizzi et al., 2020). Teachers being able to closely observe children in socio-emotional environment

of the classroom setting can identify and assess any potential mental health threats easily and influence the mental health condition of those students significantly.

The Early Childhood Care and Development (ECCD) Policy 2013 of Bangladesh is aligned with the SDGs. Among the four stages of early childhood period, as envisaged in the ECCD Policy, the latter two (3-6 and 6-8 years) may expose children to some classroom settings – whether at preschool or in the primary level. Although some mental health issues are identifiable in infancy, many also remain dormant or obscured until later life. According to the statistics published for children and young people by the Mental Health Foundation, UK, about 10% of children aged 5 to 16 years have clinically diagnosable mental health problems, yet 70% of the children and adolescents do not receive required interventions at a sufficiently early age. This study, therefore, aims to focus on 6-8 year old children whose mental health can be reasonably observed by their teachers in a classroom setting.

The ECCD Policy 2013 delineates appropriate strategies to prepare the children for and retain them in school by focusing efforts also to ensure health, nutrition, and safety. Strategies are also included for children with special needs. Little is, however, mentioned about the mental health of children in general. The much-needed holistic approach to support the mental health of children, including the important role of teachers in it, remains largely unclear, and the education system as a whole remains nearly oblivious to this concern.

Besides parents, teachers are the other most significant agents in early identification of mental health problems in children. Understanding the role of teachers is, therefore, an imperative in supporting mental health of children. Teachers' perceptions are important in understanding an appropriate role that may assist children in getting the required attention in time. However, research suggests that there are inadequacies in both understanding teachers'

perceptions of children's mental health problems and their role in supporting the children in the classroom in Bangladesh (Dutta et al., 2014).

The findings of this research may also eventually highlight the importance of recognizing mental health promotions in schools and create awareness among early childhood teachers, and prepare them better to address such problems in the classrooms. This study will be a source of information for teachers and ECD practitioners if they want to provide any intervention to support mental health issues of the children of early primary grades. It will also generate information on the gaps and impediments that exists which will support the future advocacy. The future researchers will be able to develop research questions that information that are generated from this study.

It may also help in policy formation or refinement, promoting mental health awareness, and developing training modules for teachers intending to reduce their knowledge gap and improve practices in the classroom. In the context of Bangladesh, this study will contribute to an unexplored area of knowledge on the mental health issues of children as few studies are available that can tell us about the current practice in schools in the context of Bangladesh. This study will also facilitate large-scale studies in the future on related topics.

Research Questions

This study aims at exploring teachers' perceptions of mental health issues in the classrooms of five to eight years old children by attempting to answer the following questions:

1. How do teachers perceive mental health issues in young children in the classroom?
2. What, if any, mental health issues do teachers identify and witness among children in I-III grade classrooms?

3. What role can teachers play in managing these issues to support the young children?
4. What are teachers' felt-needs in supporting young children's mental health issues in the classroom?

Operational Definitions

Children: According to the Child Act 2013, "all persons up to the age of 18 (eighteen) years shall be regarded as children for this Act" (section 4). In the Early Childhood Care and Development (ECCD) Policy 2013, importance of the first eight years of a child's life has been highlighted and strategies have been formulated to support the children of this age group. To effectively implement the strategies and action plans they have categorized 0-8 year old children into four different groups: i) conception to birth, ii) 0-3, iii) 3-6, and iv) 6-8 (page 7). This study will talk about children aged 6-8 years old.

Early Primary Grades: As mentioned in the Education Policy 2010, a child has to be 6⁺ years old to get admission to grade I. Accordingly, 6-8 year old children will go to grades I - III of the Primary section in any school. Hence, in this study, the term, 'early primary grades' will imply grades I-III of the formal Primary section of a school.

Teacher: According to the Cambridge dictionary definition, a teacher is a person who instructs and trains others, especially in schools and colleges. An early-grade teacher may teach children in any grade ranging from Pre-Primary to fifth grade. In this study, teachers teaching the children from the first grade to the third grade will be considered.

Perception: Perception is the way in which someone understands or interprets a matter to add meaning (Conway et al., 2016). In this research, the term 'perception' will refer to the viewpoints, knowledge and understanding of the teachers about the topic.

Mental Health: World Health Organization (WHO) has defined the term ‘mental health’ as a state of mental well-being that enables people to cope with the stresses of life, and realize their abilities to learn and work well (World Health Organization, 2022). Center for Disease Control and Prevention (CDC) has described children’s mental health as being able to reach various developmental and emotional milestones, and learn healthy social skills to cope with problems and respond with a positive approach to the problems that they might face at home, in school, or the communities. Mental health issues can be defined as major deviations from the typical way children learn, cope, behave, handle stress, and control their emotions in unfriendly situations in their day-to-day lives. In this state of mind, children may lack self-regulation and exhibit a lack of social and emotional skills.

Chapter II: Literature Review

Exposure to mental and physical stress and trauma in childhood may have long-term effect on mental health condition (McKay, et al., 2021). Sound mental health is an essential condition to realize one's full potential and live a fulfilling life by being active and resilient in the face of stress and adversity (World Health Organization, 2021). One of the four major objectives of the Mental Health Action Plan 2013-2030 by WHO is to act on implementing strategies to foster mental health and prevent mental health problems through a strengthened information systems, evidences, and research (World Health Organization, 2021).

Studies revealed that about 17 % of all children under six years of age suffer from some kind of mental disorder (Klitzing et al., 2015). As stated earlier, in Bangladesh also, 12.6% of children suffer from some kind of mental health problems which is quite significant (Hasan et al., n.d.). Research suggests that schools should prioritize and ensure teachers' role in developing well-being of students (Nikolaou & Stamatis, 2022). Yet, a significant gap exists globally in teachers' perceptions, beliefs and mental health practices, in teachers' training and experience, and also types of interventions offered in schools (Maclean & Law, 2022).

This qualitative study aims to explore perceptions and practices of early primary grade teachers in supporting six to eight old children's mental health issues in the classroom who supposedly attend first to third grade classes of Primary section in schools of Dhaka, Bangladesh. To do that, multiple research papers have been reviewed to gain insights and understanding of the existing researches and discussions related to this specific research topic, which are arranged and presented below in thematic section.

Importance of Mental Health for the Young Children

Children's healthy development largely depends on the quality of experiences they gather from their immediate environment through relationships with the important people in their

lives, both within and outside the family (National Scientific Council on the Developing Child, 2009). The empirical evidence suggests that the earliest experience for a child is recorded in its utero, and it develops after birth gradually through interactions with its primary caregiver (Trombetta et al., 2021). Children form their first social connections with the immediate family and recognize their own self in the process; parents, on the other hand, communicate with their children intimately and create a reciprocal exchange of emotions between them which creates a safe space in children's minds and establishes a responsive evaluation of adult's communication (Klitzing et al., 2015). Studies found that a growth-promoting relationship based on 'serve and return' interaction between a child and an adult can offer immense opportunities for a child to shape his personality and style (National Scientific Council on the Developing Child, 2009). Mental health and well-being are directly linked with students' ability to learn and perform (Bernie Froese-Germain & Richard Riel, 2012). The National Research Council (NRC) and Institute of Medicines (IOM) of US has identified children's vulnerability to stress and their dependence on adult supports to mitigate those stresses to be the most important matter in understanding the foundations for children's mental health (IOM and NRC, 2009). To understand the factors that affect the socio-emotional well-being of young children and the mental health issues that hamper early learning and cognitive growth it's important to understand the relationship among stress, early development, and mental health of young children (National Research Council (U.S.), 2015). Teachers, being in the immediate social ring, can play significant roles in supporting the mental health of children in the classroom (Loades & Mastroyannopoulou, 2010).

Importance of Addressing Young Children's Mental Health Issues in the Classroom

Research revealed that mental health problems are identified in about 20% of young people every year and schools are in the best position in offering mental health supports to its children (O'Connor et al., 2018). Persistent mental health problems may cause disability in

children, with long-term negative consequences, such as poor academic results, lower wages, lower chances of employment, and more crime (Cuellar, 2015). The impact of childhood mental disorders is difficult to cure fully, and hence, its early detection, prevention, and treatment is crucial (Cuellar, 2015).

A study to find the effect of neglect and childhood abuse, either physical or sexual, on lifetime measures of mental health among adults reported that both boys and girls can develop more dysthymia and anti-social personality disorder in adulthood if they were abused and neglected in their childhood (Horwitz et al., 2001). However, the research also revealed that the impact can be minimized by controlling the stresses in the early years by detecting it at the primary level. Research suggested that mental health professionals recognized the important role of teachers who have natural presence in children's lives in identifying the mental health issues among them (Sanchez et al., 2018).

Studies have showed that though most secondary schools recognize the need for supporting children's mental well-being by equipping their teachers with required knowledge and modifying attitude, both pre-schools and primary schools put more emphasis on children's cognitive development; hence, a significant gap is observed in recognizing the study of well-being in early childhood education curricula (Nikolaou & Stamatis, 2022). Moreover, in low- and middle-income countries, increasing number of enrolments in primary sections demand more attention in supporting mental health for children (Fazel et al., 2014).

Teachers' Role in Supporting Children's Mental Health Issues

Graham et al. (2011) was referred to highlight that 99% of 2220 Australian primary and high school teachers involved in research strongly supported promoting positive mental health among students (Maclean & Law, 2022). In the same article, Reinke et al. (2011) was mentioned to state that 89% of the contributing 292 teachers in an American survey believed

in the necessity of schools' involvement in addressing students' mental health problems (Maclean & Law, 2022).

Researches have been done in different parts of the world on exploring teachers' perceptions of children's mental health needs in primary and secondary schools. A study conducted on 179 Scottish primary school teachers to identify potential barriers for teachers in supporting children's mental health revealed that despite teachers' acknowledgments of their role in supporting children's mental health they identified lack of knowledge and training as barriers to delivering adequate support to children (Maclean & Law, 2022).

In a case study conducted on a group of Zimbabwean secondary school teachers to understand their attitudes towards and perceptions of mental health literacy recommended training for teachers to equip them with the required skills to provide psychosocial support to children as they are held responsible for children's sound mental health in school (Sibanda et al., 2022). The study findings highlighted that teachers' training and professional development and provision of educational resources for teachers will enable them to support children's mental health conditions (Sibanda et al., 2022).

From the above discussions, it is evident that teachers do consider supporting children's mental health problems as a part of their responsibility (Maclean & Law, 2022) and that they are in the best position in identifying children's mental health problems in the classroom and offering help in reducing the adverse effects of mental health problems among children (Graham et al., 2011). Teachers' positive attitude and mental health literacy are pre-requisites to promote such practices in schools, which can be gained through necessary training for the teachers.

Status of Young Children's Mental Health Issues in Global and Country Context

In a study in American, parents' views were explored to estimate the number of first graders needed the mental health and educational services; the result showed that more than 39% of urban children were perceived by their parents as needing mental health services (Poduska, 2000).

A study report from the 'National Survey of Children's Health 2007-10' on preventing and treating child mental health problems highlighted that Attention Deficit/Hyperactivity Disorders (ADHD) was estimated to be prevalent in 6.8% and behaviour and conduct problems in 3.5% among 3-17 years old children in the United States. The prevalence of depression was estimated to be in 6.7% of children aged 12-17 while only 2% among 3-17 years old. The results showed that depression was more noticeable during adolescence than in early childhood period (Cuellar, 2015).

A survey carried out in Bangladesh on over 10,000 children aged 2-9 published a diagnostic distribution of mental disorders in 1999. It was found that 13.4% of children were diagnosed with behavioral disorders among them. The survey also reported 0.6% of children with severe and 1.4% with mild retardation, and that mild retardation had an association with low socio-economic status (Islam, 2015). Durkin et al (1993, 2000) was mentioned in the same report to highlight that children in distress were diagnosed with behavioral disorders, more aggressive behaviour, and enuresis (Islam, 2015). However, research evidence suggests that the issues of children's mental well-being is still neglected in Bangladesh (Dutta et al., 2014). In post-Covid scenario, children were diagnosed with higher anxiety, depression and lower mental well-being in Bangladesh (Elahi, 2021). Research also found that during covid, 28.5%, 33.3% and 46.92% of the home-quarantined students suffered from stress, anxiety, and depressive symptoms (Hasan et al., 2021).

Though the National Mental Health Survey 2019 reported the prevalence of mental disorders among 7-17 years old children, the survey didn't include 0-6 years old. Information about this age group can be gathered in another study involving parents, caregivers, and early years teachers. This study will focus on children aged 6-8, hence, the early grade teachers will be included. However, limited information is available about teachers' perceptions of children's mental health in Bangladesh (Dutta et al., 2014).

Given the background and common practices of educators and academic institutions of Bangladesh, it is imperative to systematically explore teachers' perceptions about the mental well-being of young children and identify ways to equip them with the required knowledge and right attitude to eventually create an effective support system in classrooms within the school.

Chapter III: Methodology

In this chapter, research approach that was chosen, the settings in which the study was conducted, how and from where the research participants were selected, how the data was collected, managed, and analyzed to reach to its findings will be described. A qualitative approach was chosen for this study as it aimed to explore and understand perceptions and practices of individuals and groups to some social challenges that are needed to be studied (Creswell, 2012).

Research Approach

The study will be conducted as qualitative perceptual research in order to subjectively investigate teachers' understanding about mental health issues among 6-8 year old children and the ways to address those issues by early primary grade teachers in the classroom.

Qualitative researches intend to provide an understanding of a social setting, phenomenon, or activity often as perceived by the research participants. Such studies include the collection of narrative and visual data over some time in a natural and unmanipulated setting. The researcher gathers information through person-to-person interactions and then describes the meaning of the findings from the perspective of the participants (Gay et al., 2014). Through personal interactions this study explored the perceptions of teachers about mental health issues of young children and the ways they support them in the classrooms.

This qualitative study will also help to create a base for further research that can be designed with a quantitative research design to suit its specific needs.

Research Site

The study was conducted in three non-government schools of Dhaka city. The participants of the study, the early primary grade teachers, were selected from these schools. All interviews

were conducted in the school premises where there were no distractions. Since the research needed to delve into teachers' perceptions of mental health issues of young children, interviews were held in the meeting rooms of these schools.

Research Participants

A total of 18 participants were selected purposively for this research who were early primary grade teachers and worked with 6-8 (six to eight) years old children studying in grade I to III. Among them only one participant was a male member. All of them had at least three years of teaching experiences at the primary level. The reason for selecting these participants was to have teachers who had observed children in the early primary grade classrooms and managed various aspects of their learning and development.

Participants Selection Procedure

As it mostly takes a very long and intense discussions with participants in qualitative researches, sampling is usually purposive (Gay et al., 2014). This allows researchers to select a small group of participants who meet the criterion and fit a homogenous topic (Gay et al., 2014). Therefore, to fulfil the objective of this qualitative study, all participants were carefully selected using the purposive sampling method. A combination of homogenous and criterion sampling method was used to identify the participants. It was both time and resources efficient. During the selection process, the following criteria were followed:

Inclusion Criteria:

- i. The participants will have to be the early grade primary teachers of any age who teach six to eight years old children.
- ii. Teachers will have to have at least one year experience of dealing with first to third grade children.

- iii. Teachers teaching under any curriculum in any Govt. or non-govt. school within Dhaka city.

Exclusion Criteria:

- i. Teachers who refuse to give consent voluntarily in the research.
- ii. Teachers who refuse to allow using the collected information anonymously in future.

Data Collection Tool

Among some alternatives, ‘Interviewing’ is a powerful source in qualitative research where the researcher acts as the primary data collection instrument (Gay et al., 2014). For this particular research, both In-depth Interview (IDI) and Focus Group Discussion (FGD) research tools were used to collect data. Interview and FGD guidelines were developed with some open-ended questions that would help to find answers of the research questions. Guidelines were verified by supervisor and reviewed by an expert Brac faculty. The all-embracing research questions in the unstructured face-to-face interviews aimed to understand teachers’ perceptions of children’s mental health issues, their roles and practices in supporting children in the classrooms, and possible measures that can be used to improve teachers’ practices in future.

In total, six IDIs and two FGDs were conducted with total 18 participants for this study in three schools of Dhaka city. In line with the research questions, the IDIs and FGDs were conducted with teachers working for the above-mentioned age cohort. FGDs were conducted in two schools with 12 participants having 6 in each group. In each FGD, respondents were selected from the same school to ensure homogeneity of the group. IDIs were conducted individually with 6 other participants from three schools including the above two. Output of the IDIs and FGDs was analyzed to find answers to the research questions.

Data Collection Method and Procedure

To conduct this qualitative study, IDI and FGD guidelines were developed with some relevant open-ended unstructured questions to explore teachers' understanding of children's mental health issues and how they usually addressed those issues in supporting the children in the classroom. The guidelines were verified by the supervisor and an expert BRAC faculty whose feedbacks were incorporated in the drafts to further sharpen the questions and put it in the research context. The IDI and FGD guideline tools were used during interviews and group discussions in person, on a face-to-face modality, to collect data from the field. All interviews were recorded by voice recorder of the researcher's mobile device. The participants were informed about the purpose of the study clearly and that they were allowed to take part anonymously in the research and could withdraw from it any time. The questions were asked in Bangla. Transcriptions were also done in Bangla initially from the records keeping its original essence to use the data for analysis. Later, there translated in English before analyzing the data. Side notes were taken during the interviews and FGDs to note down important points that came to help while transcribing and analysing data.

Data Management and Analysis

Collected data was organized and managed for checking its completeness. The audio recordings were immensely helpful during this process. Once the transcripts were written down line by line from the recordings, the field notes and memos were utilized to compare and verify the data to make sure of its legibility and completeness. This cross-checking was carried out several times to ensure that all necessary data have been gathered. The typed transcripts were finally compiled in a single e-file to use for analysis. A back-up file was also created and saved in the cloud to avoid unwanted data loss. The data was read several times to identify commonalities and differences. In this step-by-step process, data was categorized into topic words and various themes; specific patterns were also identified by coding. Finally,

data was interpreted to understand its meaning which is presented in the finding section of this paper with some direct citations from the data.

Validity of the Research Tool

To ensure the validity of the research tools, the IDI and FGD guidelines were developed as per the guidance of the supervisor and reviewed by the experts, faculty members of BRAC IED, BRAC University. Pilot testing was done by conducting an In-depth Interview with an early primary grade teacher who was representative to the study population. The reviewing process and pilot testing ensured the validity of the research tool and made the study findings more reliable.

Ethical Issues

The study followed all ethical principles of research and the proposal of the present study was submitted for ethical approval from BRAC IED, BRAC University. The participants were explained clearly about the purpose of the study while being approached to participate in the FGDs and IDIs. Their identities are kept fully anonymous, and privacy is maintained by using pseudo names instead. A consent slip was provided to get written permission from each participant to use their given information later for research purposes only. Participants took part willingly in the study without having any external force and were allowed to withdraw from it at any point of the research if they wished to.

Chapter IV: Findings and Discussion

There will be two sections in this chapter. The first section will present findings that have been extracted from data through some data collection tools, such as, in-depth interviews, focus group discussions, memos and filed notes. In the second section, the analyzed data will be presented in a discussion form in light of reviewed literatures and also researcher's reflections. Finally, some recommendations will be given based on the knowledge gained from the study in the end. chapter.

Findings

The study was conducted to understand teachers' perceptions of mental health in the classrooms. It also explored types of mental health issues observed among young children and how the issues are addressed by teachers in the classrooms. The information was collected from early grades primary teachers who teach specifically grade I, II and III students. Information was collected by conducting two Focus Group Discussions (FGDs) and six In-Depth Interviews (IDIs) in three different non-government schools of Dhaka. Teachers were asked questions related to the research topic in order to explore their perceptions about mental health, and various issues regarding mental health that they witness while conducting the classes, and above all how do they manage those mental health issues of the early primary years' children in the classrooms. Most participants took a lot of interest in the topic and engaged in the discussions with enthusiasm. The findings of the research are presented below under different thematic headings and subheadings.

Demographic Information

A total of eighteen early primary grade teachers were selected as participants from three different non-government schools in Dhaka city. All but one of the participants were female.

The teachers' age ranged between 29 to 48. However, their average age was 39. Out of eighteen fifteen of them had a master's degree while the rest three had a bachelor.

All participants had some work experiences. The average teaching experience of the participants was 10.29 years. 50% of the teachers had an experience of more than 10 years and the rest 50% had between 3 to 6 years. Fourteen of the total participants had completed Bachelor of Education (B. Ed) training while two among them had also obtained a Master's in Education (M. Ed) degree. However, none of them had any training in Early Childhood Development (ECD).

Theme 1: Teachers' Understanding about Children's Mental Health

Under this theme, the research focused on teacher's understanding and knowledge of the topic. The questions were designed to recognize their level of comprehension regarding mental health in general and children's mental health in a classroom setting.

Teachers' Views about Mental Health in General

Almost all participants shared their views about mental health. Most of them opined that mental health can be defined as the peace of mind. They believed that when mind is peaceful and stable, a person can think positively and feel motivated to do his/her tasks with happiness. That means, sound mental health contributes to good decision-making and keeps one motivated and on task.

Most respondents used the terms, 'mental peace', 'stable mental condition', 'positive in mind' etc. to define 'mental health' in general. However, some of them also talked about feeling good to work that also reflected their positive mental health condition in doing their chores and tasks in a self-motivated mental state. To make it a point, in an interview, a participant mentioned, "I believe that mental health is the peace and soundness of mind."

(IDI#2, 22-02-24) In a focus group discussion, one of the respondents told, “My mental health is in good condition when I feel very peaceful; and I feel positive.” (FGD#1, 13-02-24)

In another interview, a participant talked about how sound mental health kept her on task. ON this note, she told,

I think, ‘mental health’ is - being in such a stable mental condition that you can do all things properly and you are able to pay attention to details well when it is necessary, that can be a sound mental health condition.” (IDI#1, 19-02-24)

Teachers’ Views about Children’s Mental Health in the Classroom

It was observed that most of the participants had perceived ‘children’s mental health’ similar to what they perceived about ‘mental health’ in general. However, some of them had shared their thoughts more specifically. Their views were more inclined to children’s class performances and academic activities. To elaborate, how well children could focus in the class, comprehend their lessons or follow teachers’ instructions to do their tasks well. The respondents have also stated that mental health could influence children’s social skills. However, all of them believed that sound mental health condition is essential for all children in their daily activities. In an interview, a respondent mentioned, “Children should be free of stress, free of worries, and comfortable in the class. That means, their mind will be peaceful.” (IDI#3, 22-02-24)

In a focus group discussion, one of the respondents defined children’s mental health as,

“What I understand about mental health is that a child who is present in the classroom - is he able to focus in class. That means – can he or she comprehend the lessons well? Or, is he able to concentrate on the topic?” (FGD#2, 22-02-24)

In the same group discussion, another respondent defined it more specifically,

“I think, it is not only related to studies alone, but also about how a child, especially when admitted newly or promoted to a new class, is able to cope with the classroom environment, mix up with his/her teachers and classmates; that means how well he/she adapts to the new place in general!” (FGD#2, 22-02-24)

In line with the same discussion, another respondent emphasized on children’s social skills. She believed that a child’s mental health determines how well he or she can mix up with others and make new friends.

The majority of the participants believed that a mentally healthy child feels happy and joyful. He or she can get along well with others, can share his/her feelings, and make friends easily. However, they were also concerned about their academic focus. As such, in an interview, one of the respondents stated that – *“when a child is happy and in a receiving mood, he or she can also communicate freely with his teachers and others in the classroom.” (IDI#3, 22-02-24)*

Teachers’ Opinion about How Children’s Mental Health can be Affected by Teacher’s Mental Health in the Classroom

The study revealed a visible relation between teacher’s mental health condition and children’s mental health in the classrooms. The respondents believed that teacher’s mental health condition could affect children’s mental health and their class performances. A teacher may come to the classroom with an already disturbed mind for various reasons. They noticed that this can have impact on the minds of young children and affect their learning directly. However, they have also reported that most teachers remained cautious and tried to keep their personal issues outside the classrooms. As such, one of the respondents in a focus group discussion told,

“My mental condition isn’t right at the moment as my son is very sick and has been taken to doctor. But you can see, no one can understand that by seeing me. I’m focusing on two matters at a time, and it is not easy.” (FGD#2, 22-02-24)

In an interview, a participant elaborated the importance of teacher’s sound mental health condition beautifully. She told,

“Teacher’s mental health is very important when we enter the classroom, when our students are happy, they are in receiving mood, when the teacher is also in sound health, sound mental health and she is happy; it just transmits to the students. It creates a bond between the students and teacher.” (IDI#3, 22-02-24)

Another participant voiced about school authority’s focus on teacher’s mental health. She believed that the authority should recognize that teachers were burdened with more than they could deliver in the classroom due to the additional responsibilities they are given in addition to teaching subjects. She told,

“I think, mental health is not for the children only; it should count for the teachers as well. This, I wanted to tell my authority that if we are not mentally sound how do we give it to the children! Because, as a teacher, we have to do just more than concentrate on my subject, progress it more and read more. But when we are given with too many responsibilities at a time, we can’t focus on children properly.” (IDI#4, 22-02-24)

Theme 2: Teachers’ Identifications of Children’s Mental Health Issues in the Classroom

Varied responses were gathered through interviews and discussions about the types of mental health issues observed by the early primary grade teachers among six to eight years old children. These can be grouped in accordance to their level of physical activity, social skills, behavioural and responsiveness, and also their cognition ability.

Teachers' Views about Types of Mental Health Issues in the Classrooms

As perceived and shared by teachers, children who had issues with physical activities mostly showed restlessness and hyperactivity in the classrooms. Children with the behavioural and responsiveness issues, were inattentive and absentminded, angry, inactive and drowsy in the class. Some of them also refused to make friends and preferred to remain quiet, some were even irregular in school. Children who had shown difficulty in cognition were mostly slow in learning and comprehension, failed to do as well as usual, had problems at school.

About 30% of the respondents found restlessness as a common mental health issue among young children in the classroom. More 30% of them reported lack of concentration and attention deficit among them. About 20% of the respondents identified lack of confidence that resulted into poor academic performance and ability to comprehend by the early primary grade children. Some of them have identified children being introverted, lack of motivation to work, and sought attention in the classroom. A few of them also recognized aggression and lack of mannerism in children. In an interview, a participant told,

“I found some restless kids in class; the lethargic and drowsy ones, those are, I think, because of the physical conditions mostly. These days, students and children are sleeping late at night; so, when they attend the morning classes, they are drowsy; that is absolutely related to their physical condition, due to lack of rest...So, those I will not categorize as mental issue, but the restlessness that I found is very common nowadays and it is a problem.” (IDI#2, 22-02-24)

In a group discussion, one of the respondents told,

“In teaching-learning process, some kids are slow learners, some are quick learners; those who are quick learners, often some of them demonstrate restlessness in class, such as, they proactively come forward to everything, and show a tendency to

dominate others; we as teachers need to balance between these – one of the children want to do everything while some of them do not even want to join the group.”

(FGD#1, 13-02-24)

Teachers’ Opinions Regarding Children’s Social and Emotional Skills

It was observed that most of the respondents identified lack of social and emotional skills in this age group of children. Many of them talked about children being shy and non-communicative, especially when they were admitted newly to schools. Some of the children even refused to share with their friends and cared less about their peers.

Some of them also noticed that children learnt to be more friendly and less possessive about their possessions when they grew were in upper classes. However, they confirmed that those who usually stayed away from social interactions regularly were needed to be addressed seriously by the teachers and parents at the early age in case they had some underlying problems unrecognized. In a focus group discussion, one of the respondents mentioned,

“Most of the children are smart and can cope well with the class when they first come to school; however, there are some who are shy and struggle to mix up with others and cope with the class. They take a long time and often they cry and do not like to come to school. This is a problem; and usually, it shows that they take time to understand the system of the school as well.” (FGD#2, 22-02-24)

Teachers’ Thoughts about Children’s Disruptive Behaviour in the Classroom

Children of early primary years are usually playful and happy as observed by the respondents. However, some of them also noticed abrupt behaviour in the classroom by some children. They have mentioned anger as a common mental health issue among this age group. Children at this age, usually, demonstrate very less patience and do not hesitate to take others’ things without asking. Some children show sign of disrespect in their behaviour

repeatedly; at times, they even talk back to the teachers. One of the respondents also specified that children these days lack in mannerism and would blame their teachers if they needed to.

To make this a point, in an interview, a participant told,

“Children are getting smarter day by day; but they don’t have the basic courtesies, basic mannerism, they are losing them. They are smart in many senses; why is this is? Because of the parents! When we were children, we were taught basic manners. These days, they are not social, they are always complaining...They have no adaptability or patience.” (IDI#4, 22-02-24)

On the same point, another participant told,

“In class I, children are mostly restless; they react very easily. For example, yesterday, one child was very angry because she couldn’t take her turn in a class activity as the bell rang. In anger, she took her friend’s pencil box and threw it on the floor. I felt bad, that children didn’t learn to control their anger issues well.” (IDI#1, 19-02-24)

Teachers’ Identification of Causes of Children’s Mental Health Issues

The study revealed many causes that the early primary grades teachers thought were responsible for causing mental health issues in the classrooms among children. The commonly mentioned causes were: lack of parental awareness, being the single child, child raised in a broken family, child living in a nuclear family, parents being busy, and parents being excessively focused on children’s academic results only. Some respondents had identified other mentionable causes; for example, children using devices for long hours at home, sleeping late at night, coming to school without breakfast, and large class size that reduces teacher’s undivided attention to individuals. In an interview, a participant told with confidence,

“The main thing with the mental issues today is ‘family’. No one is giving time to each-other. This is the main cause of mental health problems. Family time is totally forgotten. The parents don’t realize this. Mum is busy with online shopping, ordering, and whatever! They don’t have time for their children. Because, when we get the parents’ calls, we just get them before the exams. Just before the exams!” (IDI#4, 22-02-24)

While discussing about the causes one of the respondents told in a group discussion,

“Some students are single child; they don’t have siblings. They usually talk less. At times, it is observed that they have both parents working. This is also a reason why the child remains upset. He can’t share his feelings with anybody.” (FGD#1, 13-02-24)

She also mentioned about parental disputes and told,

“Again, there could be problem between parents. The child might have witnessed parents quarrelling at night. This is a fact. Or, maybe the child has seen disputes among other family members at home. This can affect a child’s mental health seriously. ... Next day, the child cannot concentrate in the class.” (FGD#1, 13-02-24)

Teachers’ Opinion about Depression Among Children in Early Primary Years

None of the respondents believed that children of this age could be identified with depressive symptoms. They thought that the term ‘depression’ was too strong for them. Some of them also refused to believe that children at this stage could suffer from any depression. However, a few of them have stated that children sometimes showed sadness or remained gloomy and withdrawn in the class. To emphasize, a participant told,

“No, I haven’t seen very depressed or clinical depression in children of this age. But yes, many come to the class with a bad mood.” (IDI#3, 22-02-24)

Teachers’ Views about Special-needs Children in the Classroom

It was found that in all three schools, at least 2 to 3 special-needs children were there in the early primary grade classrooms. Sometimes, children had mild-autism that couldn’t be identified during the admission process in the Pre-Primary level as reported by a participant. They opined that though a special-need child required special attention and care on a teacher’s part during the teaching-learning process, parents preferred to put them in regular schools. The school authority also welcomed a small percentage of special-needs children conforming to government’s policy to offer inclusive education to all school-aged, out of school children, including those with disabilities within the mainstream education system which was initiated to achieve the milestone of Universal Primary Education by 2015, under the Millennium Development Goal 2 (Ahmmed, 2015).

In an interview, a participant mentioned,

“We offer inclusive education in our school. We have kids with special-needs, but those who are autistic and special child, we have not more than two of them in one class. In the Pre-Primary level, it is more. The thing is that parents always don’t understand that they (their children) have some problems.” (IDI#3, 22-02-24)

And in a group discussion, a respondent told, “There is a special child in my class. Though the percentage is less, there are special-needs children in some classes.” (FGD#1, 13-02-24)

In the same discussion session, another respondent mentioned, “As the class size is too big, I can’t give them enough attention. Sometimes, other children irritate them too.” (FGD#1, 13-02-24)

Teachers, however, suggested that the special-needs children should attend special schools for their betterment. And that, most teachers were not trained enough to support these children. To make it a point, one of the respondents stated,

“Whether it’s a writing task or anything, they’ll do if they wish to. No one can force them to do anything in the class; it creates problem for the students and for us too. It is better to send them to special school.” (FGD#1, 13-02-24)

Teachers’ Opinions about Managing Children’s Mental Health Issues in the Classroom

A good finding was that all teachers agreed upon the necessity of reducing and solving mental health issues in the classrooms. The teachers came up with some solutions that they believed would reduce mental health issues among children and create a supportive environment for both teachers and students. All respondents wanted that authorities should appoint psychologists in schools to support both teachers’ and children’s mental health issues. Some of them also talked about government’s focus on this matter and to have a mandate for psychotherapists in every schools. A participant told in an interview,

“Psychologists are needed for all schools. Every school should have a guidance counselor. We don’t have this facility in every schools. We had one earlier, now she has left. Even if we had, she was assigned with other classes and subjects. You need a dedicated room with a counselor to support children with mental health issues. Even the teachers need help. Sometimes, someone just need to talk to someone.” (IDI#4, 22-02-24)

Most of the respondents also emphasized on parental awareness and responsibility in teaching their wards social skills that would teach children to be more adaptive in school. A few of them also perceived that children learn to cope with an environment and different situations naturally when they grow older. However, all of them believed that children need to be

supported by teachers in the classroom in every situation and especially when faced with a problem. To make it a point, a participant told,

“I have noticed in class III, some kids remain upset and depressive. We teachers need to work with them in the classroom. We need to call them, talk to them and help them in the class.” (IDI#5, 26-02-24)

Theme 3: Teachers’ Roles and Practices in Supporting Children’s Mental Health Issues

Teachers were analytical on this matter. Most teachers perceived that managing children’s mental health issues was school’s responsibility and that the authority should appoint a psychologist to support children’s as well as teachers’ mental health in school. However, some of the participants also believed in teachers’ roles in supporting children’s mental health in the classroom. Some of them talked about teachers’ support in managing children’s behaviour and building interpersonal skills; some have also mentioned how teachers could contribute to develop their social skills.

Teachers’ Perceived Roles in Supporting Children’s Mental Health Issues

Most participants believed that they could teach children social skills, such as sharing and caring by creating opportunities for interactions, role playing, outdoor activities, weekly seat plans etc. They also believed that a sound teacher-student relationship was essential in creating comfort zone and a student-friendly environment. Few of them suggested to praise children’s works and successes on a daily basis. However, most of the participants believed that children needed most support in the beginning of a new session and they eventually learnt to cope within three to six months. In a group discussion, one of respondents told,

“I think, education is very important, but for early grade children, a teacher needs to focus more on children’s socialization; they should keep them busy in play activities,

provide them with mental support, entertain them in the class, etc.” (FGD#2, 22-02-24)

To highlight teachers’ role in keeping children motivated in class, a participant told in an interview,

“Children enjoy doing fun activities more than learning lessons. A teacher should incorporate such activities in her lesson plan to keep children motivated and on task. I often do that; I take my class II students to library or mini-lab. Children feel excited to visit these places. This motivates them to come to school regularly.” (IDI#1, 19-02-24)

Teachers’ Common Practices in the Classroom

Teachers’ practices in managing mental health issues in the classrooms differed within and among the schools. All respondents had some understanding of the need for sound mental health in the classrooms. However, in reality, teachers mostly concentrated on teaching lessons in the class. Very few of them, actually, considered this matter while planning their lessons. A gap was identified between their beliefs and practices in supporting children’s mental health in school. Teachers were also found skeptical in contacting with students’ parents regarding mental health issues. On this point, to highlight teachers’ practices, a respondent told in a group discussion,

“I would say 40 to 60 percent of teachers are aware about children’s mental health. I wouldn’t say that I go into every class with the same mindset, and maybe not all my colleagues do the same. However, as most of our teachers are female, a motherly feeling works in them. Therefore, in general, we all look after our students.” (FGD# 1, 13-02-24)

Theme 4: Teachers' Felt-needs Regarding Managing Children's Mental Health Issues

Through discussions and sharing during interviews teachers pointed out some matters regarding management of mental health issues in school. They have also shared their felt-needs that would work as positive influences in managing children's mental health issues in the classroom. Among those, awareness of teachers and parents, parental involvement in children's life, school's role and focus are mentionable.

Teachers' Views Regarding Mental Health Awareness of Teaching Staffs

The respondents gave mixed feedback concerning teachers' awareness about children's mental health issues in school. The respondents believed that teachers were mostly or sometimes aware about children's mental health in the classrooms; however, they need to pay more attention to children's feelings, build rapport with them in the classroom, and provide a student-friendly class environment by allowing them to talk, share and ask questions without hesitation. Some of them also emphasized on teachers' responsibility in creating a joyful class environment where children would learn through fun and play.

In a focus group discussion, a respondent told,

“We know that children living in rural areas get more opportunities for social and emotional development due to their surroundings and social practices. In urban places, a child gets fewer scopes for this. He is already living in a confined space with his family and has a strict routine from which he can't get out. So, if we can reduce some academic pressure for a class I student and offer him some fun and enjoyment in school, it will help his mental and emotional development.” (FGD#2, 22-02-24)

In the same group discussion, another respondent mentioned,

“I think, though study is important, children of this age who are studying in class I, II, and III need to be supported mentally. They need opportunities for socialization, play and enjoyment in school which they don’t get at home.” (FGD#2, 22-02-24)

Teachers’ View Regarding Parental Support and Awareness

All respondents agreed upon the need for parental support in managing children’s mental health. However, most of them believed that most parents lacked awareness about how parental support could improve and uphold children’s mental health condition. In all interviews and discussion sessions, participants shared the need for arranging seminars by the school authorities for parents to make them aware about the matters of children’s mental health.

In an interview, a participant talked about parent’s awareness like this: “no, actually, we find the parents are not aware about children’s mental health.” (IDI#1, 19-02-24) She further added,

“Yes, parental support is essential. But sometimes parents are on denial and do not want to accept that their child might have some problem. Instead of accepting the fact and helping their child, they have a tendency to become defensive. They don’t realize that how it’ll affect their child.” (IDI#1, 19-02-24)

In a separate interview, a participant stated,

“I think, parents are still not aware about mental health matters in our country. It is because they think about children’s physical health only. In our country, parents put more emphasis on physical health and academic results.” (IDI#6, 27-02-24)

Teachers’ Opinion about Parents’ Involvement in Children’s Life

Although the participants believed that parents' involvement was important for a child's sound mental health condition, they had also stated that parents were not much involved in preserving children's mental health in general. They were rather involved in and focused on their children's academic performances. However, the study also revealed that most teachers made contact with the parents about children's mental health issues only when the matter was serious. Hence, even though the teachers felt the necessity for more parents' involvement in a child's life, they passed on this message to the parents quite infrequently. Nevertheless, teachers had strongly advocated for family time and sharing, parents' frequent communication with their children, and creating more socializations opportunities for a child's sound mental health condition.

While talking about parent's involvement in a group discussion, a respondent told,

"Some parents are conscious about their children, but most parents are not. They take the mental health matters very lightly. That means, more awareness should be raised among parents in this regard." (FGD#1, 13-02-24)

On the same point, in another interview, a participant told,

"No, I think parents need to be more involved with their children. They think that their children need to study a lot. They don't want to accept that a child can do and learn a lot apart from learning subjects in school. A child needs mental support from adults. Parents should not pressurize their children for studies at this age." (IDI#5, 26-02-24)

Teachers' Opinion about School's Role in Managing the Mental Health Issues

Only one out of three schools where the study was conducted had a psychologist for children. In another school they had one for a short period only. However, she was asked to conduct classes and was given additional subject responsibilities apart from her task to manage

children's mental health in school. All participants believed that mental health mattered and every school should have a psychologist for students and teachers. They also advised to organize seminars to increase parents' involvement and create awareness among them about children's mental health issues. Some participants suggested that school authorities should consider for extra-curricular activities for the young learners as seriously as they do for the high school children. They believed that outdoor activities should be mandatory for young children to keep them happy and healthy. They have also talked about authority's focus on teachers' mental health and a supporting environment for all.

About managing mental health for children, a participant told,

“Educational institutions can play many roles in this regard. Seminars can be conducted to involve parents in this matter, and also to raise awareness among parents. In parent-teacher meetings usually we talk about children's studies and results. Parents also come with this mindset. So, their focus and attention remain on the academic matters only.” (IDI#2, 22-02-24)

In a group discussion, a respondent mentioned,

“Previously, class I and II students had games classes in their routine. This year, we have observed that games classes have been disregarded. But outdoor activities are very important for the young learners, especially because many of them do not have any opportunity to play at home, they live in a small house and their parents don't allow them to play outside for security purposes. School authority should take it in a consideration.” (FGD#2, 22-02-24)

Discussion

One of the major objectives of Mental Health Action Plan 2013-2030 given by the WHO was to foster mental health and prevent mental health issues by strengthening the information system, evidences and research (World Health Organization, 2021). School is an appropriate place where children and parents can be approached through a systematic channel to promote mental health awarenesses and offer supports easily. Therefore, with an aim to support 6-8 years old children's mental health, this study, tried to explore early primary grade teachers' perceptions regarding children's mental health, and identify their practices in managing children's mental health issues in the classroom. Results of this study were interpreted to find answers to the research questions which served the purpose of the study. The insights attained from the results have been discussed and presented in this section under some broad themes.

Prevalence of Mental Health Issues among Young Children

The study found that children of early primary grades exhibited some kinds of mental health issues in the classrooms as perceived by their teachers. They were mostly concerned about children being restless and inattentive in the class which may affect their class performances and harm self-confidence. Children in the early years are expected to be playful and responsive in nature. It was observed that in many cases, teachers identified disruptive behaviour and anger issues among children in the classroom.

A different scenario was also highlighted in the study. Some children were found to be very shy and quiet as mentioned by teachers. They preferred to remain reserved and refused to make friends. It was a matter of concern as it showed children lacked in social skills and emotional wellbeing than they were expected to have at this age. In the research, it was also observed that children with mental health issues had difficulty in learning and often remained absent from school as told by the teachers.

Research has exposed an important link between students' ability to learn and perform and their mental health and well-being as it showed that mental health issues could potentially harm emotional well-being and hinder social development of children (Bernie Froese-Germain & Richard Riel, 2012). This particular study, demonstrated a similar findings as various mental health issues were surfaced that depicted children's lack of social development and problems at school. However, there could be many more such and other issues that were not identified in this study due to teachers' limited knowledge and observations on this matter.

Hossain et al. (2014) mentioned about high prevalence of mental health issues in various socio-economic groups of Bangladesh. Research suggested that teachers are in the best position in identifying and supporting mental health issues among children in their early childhood (Loades & Mastroiannopoulou, 2010). This research, has again evidenced that teachers do notice various mental health issues among 6-8 years old children in the classrooms. However, this research was limited to identifying the types of mental health issues and didn't try to find how prevalent or what percentages of children suffered from such mental health issues.

Teachers Understanding of Mental Health Issues in Young Children and Their Ways to Respond to it

It was evident that teachers had general understanding of mental health and well-being. They mostly related sound mental health condition to one's peace and stability of mind and ability to focus and perform in a particular situation. Interestingly, research have also revealed that mental health and well-being can influence a student's ability to learn and perform (Bernie Froese-Germain & Richard Riel, 2012). Teachers believed that mental well-being was

important for all. However, they preferred to acknowledge children's mental health condition in terms of their class performances and ability to learn lessons. Though the teachers were able to identify mental health issues among children, in practices, they addressed these issues like any other problems they faced daily due to work pressure, routine engagements, lack of knowledge and training on mental health matters. Moreover, schools had their own priorities set on them and offered few activities for the young children beyond classrooms that could improve their social skills and emotional well-being. Moreover, schools didn't have any mental health professionals dedicated for children and teachers to support their mental health in school. This has again highlighted the fact that mental health matters are often neglected in the society and the availability of mental health professionals is rare (Hasan et al., 2021).

Nonetheless, teachers strongly suggested for appointing a mental health professional in schools. They were afraid that teachers' poor mental health condition could affect children's mental well-being in the classroom. Hence, they wanted the school authority to seriously consider the matter. Moreover, teachers felt less equipped on the matter and demanded school's efforts in organizing sessions and seminars to gain more insight about it and raising awareness among teachers and parents. Promotion of positive mental health is highly advised by teachers in many researches globally. In a study by Maclean and Law (2022) it was showed that 89% of the total participating teachers in an American survey believed in school's involvement in addressing students' mental health problems. Regrettably, a negligible number of studies have been done to explore teachers' perceptions and attitude regarding children's mental health issues (Dutta et al., n.d.).

In this study, another important aspect of teachers' perception was also highlighted in this study. Most teachers claimed that parents' involvement and support was crucial in supporting children's mental health. However, they believed that parents were less concerned about children's mental health matters; rather, they were more worried about children's academic

results. Their presence in school or over phone was mostly about children's class performances. Research can be done on understanding parents' perceptions and practices regarding children's mental health issues. This will also help teachers in addressing these issues better in the classroom.

How Best Teachers Can Support Children's Mental Health in the Classrooms

The study showed that teachers perceived managing children's mental health in school should be school's responsibility and so, they should appoint psychologist or para-counselor for this purpose. Though teachers understood the importance of positive mental health for all, they were less confident in dealing with mental health matters for children in school. However, some teachers also believed that they could help children develop social and interpersonal skills as they worked with them very closely in the classroom. In line with the same finding, research also suggested that teachers have limited knowledge and skills in mental health matters, and literature about teachers' perceptions on this in the context of Bangladesh is scanty (Dutta et al., 2014). A recent study suggested that schools should prioritize and ensure teachers' role in developing well-being of students (Nikolaou & Stamatis, 2022). One of the reasons why the matter is now considered more seriously is because many researches have highlighted the importance of early identification and intervention in reducing its long-term negative effect on children's development and successes. Moreover, research have also found that exposure to mental and physical stress and trauma in childhood may have long-term effect on a child's mental health condition (McKay, et al., 2021). Hence, it is important to define teachers' role in identifying and addressing children's mental health issues in school as that support early identification and intervention by increasing the possibility of recuing its effect.

Considering that teachers are not experts, and looking at the types of mental health issues that the early grade teachers were able to identify in this study, it can be asserted that teachers will be able to assist children's general mental health issues easily that can be addressed without having an expert's knowledge and skills. However, it's important to build awareness among them and help them understand their roles in supporting children's mental health during early years. Their capacity should be built on this matter through proper training and workshops.

After parents, children depend on their teachers in the early years. They become their role models who leave their marks in children's life. Early grade teachers should, therefore, think beyond class activities and observe their students carefully. They are in the position to notice a child's inner strengths and struggles from a close proximity. In the classroom, children should be able to share their thoughts and feelings freely with their teachers. It is a teacher's responsibility to create a student friendly environment where they feel comfortable. A teacher should plan her lessons beforehand keeping the students' needs in mind. A very active student may be engaged with higher ability tasks and given with some leadership roles to utilise his energy and enthusiasm. On the other hand, a very quiet and shy student should not be left alone in the classroom. A teacher must identify the causes of such issues and take necessary steps to help the child socialize with others. Often group works and outdoor activities help to mitigate such issues. Teachers should communicate with students' parents on a regular basis to increase parental involvement in children's life. However, often teachers are expected to achieve academic milestones within a specific time that many of them ignore and fail to focus on other matters in the class. Here, schools have important roles to play. It must recognize the importance of supporting children's as well as teachers' mental health and promote positive mental health practices in school. Through adequate training and awareness building, schools can build capacity for teachers that may improve their attitude and prepare them better skilled in supporting children's mental health in the classroom.

Teachers' Felt-Needs in Supporting Children's Mental Health in the Classrooms

As discussed earlier, teachers felt that awareness should be built among teachers and parents regarding mental health matters. They wanted parents' involvement should be increased in children's life by raising awareness and offering help. Teachers also advocated for school's active role in this regard. They demanded schools to organize more meetings with parents to discuss upon children's behavioural and social development. It is evident that teachers had willingness to support; however, their knowledge and skills on this matter was inadequate. Moreover, they had concerns for completing academic curriculum within a scheduled time that took more precedence over mental health matters in the classroom. Though Study also suggests that teachers consider supporting children's mental health issues as one of their responsibilities (Maclean & Law, 2022). Here a gap is noticed between teacher's intent and ability that can be mitigated by providing proper training to teachers. Literature is available where emphasis is given on teachers' training and professional development and provisions for educational resources that will enable them to support children's mental health conditions (Sibanda et al., 2022). Studies have found that teachers' beliefs can affect their behaviour and influence their judgement in the classroom (Dutta et al., 2014). Therefore, it is important to understand teachers' perceptions and modify if necessary to improve teaching practices in the classroom (Dutta et al., 2014).

Above all, teachers had strongly demanded for expert's support in managing mental health issues in school. They suggested to appoint psychologist or para-counselor in every school. In addition to supporting mental health issues, the mental health specialists can train and educate the teachers for better practices in the classroom. For, mental health professionals have also recognized the important role that school personnel can play in minimizing mental health issues in early years as their presence in children's life is a natural and common phenomenon (Sanchez et al., 2018).

Conclusion

This qualitative study was conducted to explore early primary grade teachers' perceptions about 6-8 years old children's mental health issues that they might witness and identify in the classroom. In addition, the study tried to recognize teachers' common practices in addressing those issues in school. The findings have provided an understanding of teachers' perceptions and practices and also highlighted their struggles in managing those issues.

The study has revealed that schools have set priorities in achieving their academic goals; however, more focus and initiative is needed by the authorities to promote mental health among teachers and parents. To build awareness, schools can organize seminars and discussion sessions for them. Parental involvement will also be improved through such initiatives.

In the study, it was identified that most schools did not have provisions for mental health professionals in supporting mental health issues of children. The findings have strongly suggested that such arrangement was a need of time and schools would surely benefit from such facilities. Moreover, it was also evident in the study that teachers acknowledged their limited knowledge in mental health and were cautious to offer active support to children as they felt less skilled in this matter. It is imperative to enhance teachers' knowledge and capacity in mental health through proper training and development that may alleviate their knowledge gap and raise awareness among them. Such training will also help in early detection of mental health issues among early primary grade students by their teachers.

Government's focus is needed on improving the overall situation of mental health education and awareness in schools. Therefore, further research evidences are required on related topic. The findings of this study may create a base for further research and benefit young children, parents, teachers, school authorities, researchers, and even policy makers of the country.

Recommendations

After reflecting on the findings and discussions on this explorative study the researcher has come up with some recommendations on the matter. These are:

- Training should be provided to teachers to build awareness among them, to fill their knowledge gap and improve their practices in managing mental health issues in the classroom.
- Schools should consider providing psychosocial support to students and teachers by appointing an expert.
- Parents' involvement should be increased and awareness should be raised through seminars and meetings organized by schools.
- Teaching Guidelines (TGs) that are published by the government should be implemented in schools through proper training to impart knowledge in mental health for primary teachers.
- Effective training modules should be created for supporting the teachers.
- Furthermore, research is required to explore how effective these TGs are in supporting children's mental health issues in schools.

References

- Michael T. McKay; Mary Cannon; Derek Chambers; Ronán M. Conroy; Helen Coughlan; Philip Dodd; Colm Healy; Laurie O'Donnell; Mary C. Clarke. (2021). *Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies*. 143(3), 189–205. <https://doi.org/10.1111/acps.13268>
- Brain Development. (n.d.). *First Things First*. Retrieved November 28, 2023, from <https://www.firstthingsfirst.org/early-childhood-matters/brain-development/>
- Cuellar, A. (2015). Preventing and Treating Child Mental Health Problems. *The Future of Children*, 25(1), 111–134. <https://doi.org/10.1353/foc.2015.0005>
- Hasan, M. T., Anwar, T., Christopher, E., Hossain, S., Hossain, M. M., Koly, K. N., Saif-Ur-Rahman, K. M., Ahmed, H. U., Arman, N., & Hossain, S. W. (2021). The current state of mental healthcare in Bangladesh: Part 1 – an updated country profile. *BJPsych International*, 18(4), 78–82. <https://doi.org/10.1192/bji.2021.41>
- Horwitz, A. V., Widom, C. S., McLaughlin, J., & White, H. R. (2001). The Impact of Childhood Abuse and Neglect on Adult Mental Health: A Prospective Study. *Journal of Health and Social Behavior*, 42(2), Article 2. <https://doi.org/10.2307/3090177>
- Hossain, M. D., Ahmed, H. U., Chowdhury, W. A., Niessen, L. W., & Alam, D. S. (2014). Mental disorders in Bangladesh: A systematic review. *BMC Psychiatry*, 14, 216. <https://doi.org/10.1186/s12888-014-0216-9>
- Islam, A. (2015). Mental Health and the Health System in Bangladesh: Situation Analysis of a Neglected Domain. *American Journal of Psychiatry and Neuroscience*, 3, 57. <https://doi.org/10.11648/j.ajpn.20150304.11>
- Klitzing, K. V., Döhnert, M., Kroll, M., & Grube, M. (2015). Mental Disorders in Early Childhood. *Deutsches Ärzteblatt International*. <https://doi.org/10.3238/arztebl.2015.0375>
- Wendy M. Reinke, Melissa Stormont, Keith C. Herman, Rohini Puri, & Nidhi Goel. (2011). *Supporting children's mental health in schools Teacher perceptions of needs, roles, and barriers*. https://www.academia.edu/1491432/Supporting_childrens_mental_health_in_schools_Teacher_perceptions_of_needs_roles_and_barriers
- Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching*, 17(4), 479–496. <https://doi.org/10.1080/13540602.2011.580525>
- Kay-Lambkin, F., Kemp, E., Stafford, K., & Hazell, T. (2007). Mental Health Promotion and Early Intervention in Early Childhood and Primary School Settings: A Review. *The Journal of Student Wellbeing*, 1(1), 31–56. <https://doi.org/10.21913/JSW.v1i1.115>
- Maclean, L., & Law, J. M. (2022). Supporting primary school students' mental health needs: Teachers' perceptions of roles, barriers, and abilities. *Psychology in the Schools*, 59(11), 2359–2377. <https://doi.org/10.1002/pits.22648>

- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26(1), 1–13. <https://doi.org/10.1037/a0022714>
- Sibanda, T., Sifelani, I., Kwembeya, M., Matsikure, M., & Songo, S. (2022). Attitudes and perceptions of teachers toward mental health literacy: A case of Odzi High School, Mutare District, Zimbabwe. *Frontiers in Psychology*, 13, 1003115. <https://doi.org/10.3389/fpsyg.2022.1003115>
- Poduska, J. M. (2000). Parents' Perceptions of Their First Graders' Need for Mental Health and Educational Services. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(5), 584–591. <https://doi.org/10.1097/00004583-200005000-00012>
- Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, 69, 10–19. <https://doi.org/10.1016/j.chiabu.2017.03.016>
- Loades, M. E., & Mastroyannopoulou, K. (2010). Teachers' Recognition of Children's Mental Health Problems. *Child and Adolescent Mental Health*, 15(3), Article 3. <https://doi.org/10.1111/j.1475-3588.2009.00551.x>
- World Health Organization. (2021). *Comprehensive Mental Health Action Plan (2013-2030)*. V, 30 p. <https://iris.who.int/handle/10665/345301>
- NIMH. (2019). *National Mental Health Survey 2019* [Survey Report]. National Institute of Mental Health. <chrome-extension://efaidnbnmnibpcjpcglclefindmkaj/https://nimh.gov.bd/wp-content/uploads/2021/11/Mental-Health-Survey-Report.pdf>
- Gay, L. R., Mills, G. E., & Airasian, P. W. (2014). *Educational research: Competencies for analysis and applications* (10th ed). Pearson.
- McKay, M. T., Cannon, M., Chambers, D., Conroy, R. M., Coughlan, H., Dodd, P., Healy, C., O'Donnell, L., & Clarke, M. C. (2021). Childhood trauma and adult mental disorder: A systematic review and meta-analysis of longitudinal cohort studies. *Acta Psychiatrica Scandinavica*, 143(3), Article 3. <https://doi.org/10.1111/acps.13268>
- National Research Council (U.S.). (2015). *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation* (p. 19401). National Academies Press. <https://doi.org/10.17226/19401>
- Ministry of Women and Child Affairs. (2013). *Comprehensive ECCD Policy 2013_Bangla.pdf*.
- Mullick, M. S. I., & Goodman, R. (2001). Questionnaire screening for mental health problems in Bangladeshi children: A preliminary study. *Social Psychiatry and Psychiatric Epidemiology*, 36(2), 94–99. <https://doi.org/10.1007/s001270050295>
- Dutta, M., Islam, S. F. S., Akhter, S. R., Ahmed, S. T., Hossain, M., Sowad, A. A., Parvin, R., & Sultan, M. (2014). *Supporting Young Children's Emotional Well-being in Classroom: Teachers' Belief and Attitude*.

- Ahmed, M. (2015). Inclusive Education in Bangladesh. In *Innovations and Controversies: Interrogating Educational Change* (pp. 57–73). Sense Publishers.
https://link.springer.com/chapter/10.1007/978-94-6300-199-1_4#:~:text=Like%20many%20other%20developing%20countries,within%20the%20country%27s%20mainstream%20education
- World Health Organization. (2022). *Mental health*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Sanchez, A. L., Cornacchio, D., Poznanski, B., Golik, A. M., Chou, T., & Comer, J. S. (2018). The Effectiveness of School-Based Mental Health Services for Elementary-Aged Children: A Meta-Analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(3), Article 3. <https://doi.org/10.1016/j.jaac.2017.11.022>
- Fazel, M., Patel, V., Thomas, S., & Tol, W. (2014). Mental health interventions in schools in low-income and middle-income countries. *The Lancet Psychiatry*, 1(5), Article 5. [https://doi.org/10.1016/S2215-0366\(14\)70357-8](https://doi.org/10.1016/S2215-0366(14)70357-8)

Appendices

Appendix 1: In-Depth Interview Guideline

Research Topic: Supporting early primary grades children's mental health in the classroom: a study of teachers' perceptions

Section A: Demographic Information

Interview Date:	Serial#
Start Time:	End Time:
Teacher's Name:	
Age:	Sex:
Education:	Teaching Experience: _____ year _____ month
Current workplace and location:	
Type of curriculum followed in school: National/ International/ Both (please specify)	
Classes taught in the school: Pre-Primary-Primary/ Up to Secondary/ Up to Higher Secondary (please specify)	
Class(es) taught by the teacher: 1 st grade/ 2 nd grade/ 3 rd grade (please specify)	
Received training on Education or ECD: Yes/No (Please specify)	
Name of the training (if yes):	
Received any other training:	
Contact Address/No. (optional):	

Section B: Teachers understanding about the mental health issues in young children

1. Do you have any idea about mental health? What is your view about children's mental health in the classroom?
2. Regarding mental health, usually, what kind of variations do you observe among children in the classroom?

3. Do you notice any behavioural issues among children in the classroom? Please elaborate.
4. Do you observe lack of social skills in children in the classroom? Please explain.
5. What kind of mental health issues do you witness among children in the classroom?
6. Why do you think some children suffer from depression?
7. Do you think managing children's behaviour and emotion is important? Why?

Section C: Supporting children's mental health issues in the classroom

8. Do you think that teachers can help in developing social skills among children? Explain how.
9. What role can teachers play in managing children's emotional behaviour?
10. Besides teachers, who else can support in managing children's emotional behaviour?
11. As a teacher, what steps, usually, do you take in supporting children's mental health in the classroom?
12. In addition to teaching what actions do you think teachers can adopt in supporting children's mental health?
13. Which action, do you think, is the most effective? Why?
14. Do you discuss about children's mental health with their parents and guardians? Do you think, they are adequately aware about the matter?

Section D: Teachers' felt-needs in addressing children's mental health issues in the classroom

15. Do you think that teachers are sufficiently aware about children's mental health in the classroom?
16. What kind challenges do teachers face in supporting children's mental health in the classroom? How do you, usually, overcome them?
17. Do you seek for help from school authority about it? If yes, what type of help do you ask for?
18. Do you usually obtain adequate support from the school authorities? Do you think they are sufficiently aware?

Section E: School's role in supporting children's mental health issues in school

19. According to you, overall, what roles can schools play in supporting children's mental health? Kindly elaborate.
20. How do you think the school authorities can raise awareness on the matter among teachers and staffs?

21. In what ways, school authorities can involve students' parents and guardians in supporting children's mental health?

In-Depth Interview Guideline (In Bangla)

Research Topic: Supporting early primary grade children's mental health in the classroom: a study of teachers' perceptions

বিভাগ – ক: ডেমগ্রাফিক/জনমিতিক তথ্য

তারিখঃ	ক্রমঃ
শুরুর সময়ঃ	শেষ সময়ঃ
শিক্ষকের নামঃ	
বয়সঃ	লিঙ্গঃ
শিক্ষাগত যোগ্যতাঃ	শিক্ষকতার অভিজ্ঞতাঃ _____ বছর _____ মাস
বর্তমানে চাকুরীরত বিদ্যালয়ের নাম এবং স্থানঃ	
বিদ্যালয়ের কারিকুলাম এর ধরণঃ জাতীয় / আন্তর্জাতিক/ উভয় (টিক করুন)	
বিদ্যালয়ে শিক্ষাদানের ক্লাসসমূহঃ প্রাক-প্রাথমিক থেকে প্রাথমিক /মাধ্যমিক পর্যন্ত/ উচ্চ মাধ্যমিক পর্যন্ত (টিক করুন)	
বর্তমান শিক্ষকতার শ্রেণিঃ প্রথম /দ্বিতীয় /তৃতীয় (টিক করুন)	
ইসিডি/এডুকেশন সংক্রান্ত কোন প্রশিক্ষন থাকলেঃ	
অন্য কোন প্রশিক্ষন থাকলেঃ	
ঠিকানা/ ফোন নম্বর -	

বিভাগ – খ: শিশুদের মানসিক স্বাস্থ্য সম্পর্কে শিক্ষকের ধারণা

১। মানসিক স্বাস্থ্য সম্পর্কে আপনার কী কোন ধারণা আছে? শ্রেণীকক্ষে শিশুদের মানসিক স্বাস্থ্য বলতে আপনি কী বুঝেন?

২। আপনি শ্রেণীকক্ষে শিশুদের মাঝে মানসিক স্বাস্থ্য বিষয়ে কী ধরনের বৈচিত্র বা বৈষম্য দেখতে পান?

৩। আপনি কি শিশুদের মাঝে কোন আচরণগত সমস্যা দেখতে পান? অনুগ্রহ করে ব্যাখ্যা করুন?

৪। আপনি শিশুদের মাঝে সাধারণত কোন কোন ধরনের সামাজিক দক্ষতার অভাব দেখতে পান?

৫। আপনি সাধারণত শ্রেণীকক্ষে শিশুদের মাঝে কী কী ধরনের মানসিক সমস্যা দেখতে পান?

৬। আপনার কী ধারণা, শিশুরা কেন বিষন্নতায় ভোগে?

৭। আপনি কি মনে করেন যে শিশুদের আচরণ এবং আবেগ ব্যবস্থাপনা গুরুত্বপূর্ণ? কেন?

বিভাগ – গ: শ্রেণীকক্ষে শিশুদের মানসিক স্বাস্থ্য রক্ষা করা

৮। আপনি কি মনে করেন যে শিশুদের সামাজিক দক্ষতা বিকাশে শিক্ষক কোনো ভূমিকা রাখতে পারেন? যদি

‘হ্যাঁ’ হয়, তাহলে তারা কি ধরনের ভূমিকা রাখতে পারেন?

৯। শিশুদের আবেগীয় আচরণ ব্যবস্থাপনায় শিক্ষক কী ধরনের ভূমিকা রাখতে পারেন?

১০। শিক্ষক ব্যাতিত আর কে কে শিশুদের আচরণ ও আবেগ ব্যবস্থাপনায় সাহায্য করতে পারেন?

১১। শিশুদের মানসিক স্বাস্থ্য বজায় রাখতে আপনি শ্রেণীকক্ষে কী কী ধরনের পদক্ষেপ নিয়ে থাকেন?

১২। শিশুদের মানসিক স্বাস্থ্য রক্ষার্থে শ্রেণীকক্ষে শিক্ষাদানের পাশাপাশি শিক্ষকেরা আর কী কী ধরনের কার্যকলাপ নিতে পারেন?

১৩। আপনার মতে, কোন পদ্ধতি টি শ্রেণীকক্ষে সবচেয়ে বেশী কার্যকর?

১৪। আপনি কি শিক্ষার্থীদের বাবা-মা অথবা অভিভাবকদের সাথে শিশুদের মানসিক স্বাস্থ্য বিষয়ে কখনো আলাপ করেন?

আপনি কি মনে করেন যে, তারা এই সম্বন্ধে যথেষ্ট সচেতন?

বিভাগ – ঘ: শিক্ষকেরা শিশুদের মানসিক স্বাস্থ্য রক্ষার্থে যেসকল সমস্যার সম্মুখীন হন

১৫। আপনি কি মনে করেন যে, শিক্ষকেরা শিশুদের মানসিক স্বাস্থ্য সম্বন্ধে শ্রেণীকক্ষে যথেষ্ট মনযোগী?

১৬। শ্রেণীকক্ষে শিশুদের মানসিক স্বাস্থ্য সংক্রান্ত সমস্যা দূর করতে আপনি কী ধরনের সমস্যার মুখোপেক্ষী হয়ে থাকেন?

আপনি সাধারণত কিভাবে সেই বাঁধাগুলো অতিক্রম করেন?

১৭। আপনি কি বিদ্যালয় কর্তৃপক্ষের কাছে সাহায্য চেয়ে থাকেন? যদি হ্যাঁ হয়, তাহলে কী ধরনের সাহায্য চেয়ে থাকেন?

১৮। আপনি কি বিদ্যালয় কর্তৃপক্ষ থেকে প্রয়োজনীয় সাহায্য পেয়ে থাকেন? আপনি কি মনে করেন যে, বিদ্যালয় কর্তৃপক্ষ এই সম্বন্ধে যথেষ্ট সচেতন?

বিভাগ – ৬: শ্রেণীকক্ষে শিশুদের মানসিক স্বাস্থ্য রক্ষায় বিদ্যালয়ের ভূমিকা

১৯। আপনার মতে, শিশুদের মানসিক স্বাস্থ্য রক্ষা করতে বিদ্যালয় সর্বোপরি কি কি ভূমিকা রাখতে পারে?

২০। আপনার মতে, বিদ্যালয় কর্তৃপক্ষ শিক্ষক এবং অন্যান্যদের সচেতনতা বৃদ্ধিতে কিভাবে সাহায্য করতে পারেন?

২১। আপনার মতে, কোন উপায়ে, বিদ্যালয় কর্তৃপক্ষ শিশুদের মানসিক স্বাস্থ্য রক্ষার্থে শিক্ষার্থীদের পিতামাতা এবং অভিভাবকদের জড়িত করতে পারেন?

Appendix 2: Focus Group Discussion Guideline

Research Topic: Supporting early primary grade children's mental health in the classroom: a study of teachers' perceptions

Introductory Questions:

1. How are you all doing? Hope you are having a good day today?
2. How is everyone at home?

FGD Questions:

1. What do you understand by mental health? What is your view about children's mental health in the classroom?
2. What kind of mental health issues do you usually witness among children in the classroom?
3. How do you find children's social and emotional skills in the classroom?
4. Why do you think some children exhibit signs of depression?
5. Do you think managing children's behaviour and emotion is important in the classroom? What role can teachers play in managing children's emotional behaviour?
6. Can teachers play important role in developing social skills among children? How?
7. Besides teaching, do you take any other steps in supporting children's mental health in the classroom? Which action, do you think, is the most effective? Why?
8. Do you discuss about children's mental health with their parents and guardians? Do you think, they are adequately aware about the matter?
9. Do you think that the teachers are sufficiently aware about children's mental health?
10. What challenges do teachers face in supporting children's mental health in the classroom? How do you, usually, overcome them?
11. Do you usually obtain adequate support from the school authorities? Do you think they are sufficiently aware?
12. According to you, overall, what roles can schools play in supporting children's mental health? Explain in details.
13. How do you think the school authorities can raise awareness on this issue among teachers and staffs?
14. In what ways, school authorities can involve students' parents and guardians in supporting children's mental health?

Focus Group Discussion Guideline (In Bangla)

Research Topic: Supporting early primary grade children's mental health in the classroom: a study of teachers' perceptions

সূচনামূলক প্রশ্ন:

১। আপনি কেমন আছেন? আশাকরি আপনার আজকের দিনটি ভালো কাটছে?

২। বাড়ির সবাই কেমন আছেন?

এফ. জি. ডি প্রশ্ন:

১। মানসিক স্বাস্থ্য বলতে আপনি কি বুঝেন? শ্রেণীকক্ষে শিশুদের মানসিক স্বাস্থ্য বলতে আপনি কী বুঝেন?

২। আপনি সাধারণত শ্রেণীকক্ষে শিশুদের মাঝে কী কী ধরনের মানসিক সমস্যা প্রত্যক্ষ করেন?

৩। আপনি শ্রেণীকক্ষে শিশুদের মাঝে কি ধরনের সামাজিক এবং মানসিক দক্ষতা খুঁজে পান? অনুগ্রহ করে ব্যাখ্যা করুন।

৪। আপনার কী ধারণা, শিশুরা কেন বিষন্নতায় ভোগে?

৫। আপনি কি মনে করেন যে শিশুদের আচরণ এবং আবেগ ব্যবস্থাপনা গুরুত্বপূর্ণ? শিশুদের আবেগীয় আচরণ ব্যবস্থাপনায় শিক্ষক কী ধরনের ভূমিকা রাখতে পারেন?

৬। শিক্ষকরা কি শিশুদের মধ্যে সামাজিক দক্ষতা বিকাশে গুরুত্বপূর্ণ ভূমিকা পালন করতে পারেন? কিভাবে?

৭। শিশুদের মানসিক স্বাস্থ্য রক্ষার্থে শ্রেণীকক্ষে শিক্ষাদানের পাশাপাশি শিক্ষকেরা আর কী কী ধরনের কার্যকলাপ নিতে পারেন? আপনার মতে, কোন পদ্ধতি টি শ্রেণীকক্ষে সবচেয়ে বেশী কার্যকর?

৮। আপনি কি শিক্ষার্থীদের বাবা-মা অথবা অভিভাবকদের সাথে শিশুদের মানসিক স্বাস্থ্য বিষয়ে কখনো আলাপ করেন?

আপনি কি মনে করেন যে, তারা এই সম্বন্ধে যথেষ্ট সচেতন?

৯। আপনি কি মনে করেন যে, শিক্ষকেরা শিশুদের মানসিক স্বাস্থ্য সম্বন্ধে শ্রেণীকক্ষে যথেষ্ট মনযোগী?

১০। শ্রেণীকক্ষে শিশুদের মানসিক স্বাস্থ্য সংক্রান্ত সমস্যা দূর করতে আপনি কী ধরনের সমস্যার মুখোপেক্ষী হয়ে থাকেন?

আপনি সাধারণত কিভাবে সেই বাঁধাগুলো অতিক্রম করেন?

- ১১। আপনি কি বিদ্যালয় কর্তৃপক্ষ থেকে প্রয়োজনীয় সাহায্য পেয়ে থাকেন? আপনি কি মনে করেন যে, বিদ্যালয় কর্তৃপক্ষ এই সম্বন্ধে যথেষ্ট সচেতন?
- ১২। আপনার মতে, শিশুদের মানসিক স্বাস্থ্য রক্ষা করতে বিদ্যালয় সর্বোপরি কি কি ভূমিকা রাখতে পারে?
- ১৩। আপনার মতে, বিদ্যালয় কর্তৃপক্ষ শিক্ষক এবং অন্যান্যদের সচেতনতা বৃদ্ধিতে কিভাবে সাহায্য করতে পারেন
- ১৪। আপনার মতে, কোন উপায়ে, বিদ্যালয় কর্তৃপক্ষ শিশুদের মানসিক স্বাস্থ্য রক্ষার্থে শিক্ষার্থীদের পিতামাতা এবং অভিভাবকদের জড়িত করতে পারেন?

Appendix 3: Consent Form

Research Title: Supporting early Primary Grade children's mental health in the classroom: A study of teachers' perceptions

Researcher: Zakia Sultana

Purpose of the study:

As a student of the Institute of Educational Development (IED), Brac University, I'm conducting research as a part of my Master's Degree requirement. The aim of the study is to explore the perceptions and practices of the first to third grade teachers on their understanding of mental health condition of the young children in the classroom. It is believed that the result of the study will contribute to the development of the mental health of young children.

Expectation from you:

If you agree, you will be expected to share your perception on the matter of early grade children's mental health issues in the classroom as well as the practices to manage the issues to develop sound mental health among first to third grade children in school. To do that a Focused Group Discussion (FGD) or an In-depth Interview (IDI) will be held. The FGD or IDI may take 45 to 60 minutes, depending upon your response. With your permission, the conversation will be recorded in regard to collecting authentic data.

Risks and benefits:

Other than sparing some time, there is no risk to you for participating in this study. Instead, the findings of the study will bring some new information about the mental health condition of the young children to the surface. In addition to that, teachers, administrators, parents, children, policy makers may benefit from the results of the study in future.

Privacy, anonymity and confidentiality:

Your identity will never be made public. All information collected from you will remain strictly confidential and the data will be used anonymously. I would be happy to answer any of your queries about the study in future and you are welcome to contact me any time.

Future use of information:

Some of the information collected from this study may be kept for future use. However, in such cases, information and data supplied to other researchers will not conflict with or violate the maintenance of privacy, anonymity and confidentiality of information identifying participants in any way. In future, I, or someone else, may contact you to know your valuable feedback on this matter.

Right not to participate and withdraw:

Your participation in the study is voluntary, and you are the sole authority to decide for and against your participation in this study. You are free to withdraw at any point of research without prior notice. Refusal to take part in the study will involve no penalty. If you agree to my proposal of participating in the study, please indicate that by putting your signature in the specified space below.

Name of the teacher: _____ **Name of the researcher:** _____

Signature of the teacher: _____ **Signature of the researcher:** _____

Thank you very much for your cooperation. For any further query, you may contact me. My contact no is, +8801713190687, or you can email at zakiasultana511@gmail.com.