



Teachers' Perceptions about Factors Undermining their Role in Pupils' Mental Health Promotion

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Abstract: This study explores the complexity of teachers' perceptions regarding factors that could potentially affect their understanding of the mental health concept, and their overall role in promoting their pupils' mental health in the context of Kuwaiti middle schools. The study sheds light on teachers' perceptions of the contextual factors shaping their perceptions and the barriers they identify could hinder the implementation of the promotion process, and the changes required to put such a promotion process into practice in the Kuwaiti educational context. A mixed-methodological research approach has been adopted and comprises two stages. A total of 497 Kuwaiti middle-school teachers completed a systematic survey, whilst another twelve teachers were chosen purposely to take part in semi-structured interviews. Findings from the study showed that teachers' perceptions were markedly embedded within the socio-cultural and religious context of the study. A variety of personal, interpersonal, socio-cultural and structural-organizational barriers were perceived by teachers, which could undermine and impact in terms of moving towards the implementation of promoting pupils' mental health.

Keywords: Mental health, Perceptions, Factors, Barriers, Socio-cultural context

INTRODUCTION

There is growing recognition that teachers play an increasingly important role in promoting and supporting students' mental health and well-being in schools, extending beyond their traditional role of providing academic instruction to include early identification, student support, referral, collaboration with mental health professionals, and classroom-based mental health promotion (Bowman et al., 2026; Dinnen et al., 2024). This means that additional responsibility for the early recognition of mental health issues must be shouldered by teaching staff, as well as referring affected pupils to the most suitable help and services. The current study has been completed as a reflection of the global interest in promoting young people's mental health, as well as in consideration of the high frequency of mental health problems amongst pupils, alongside ever-growing waiting lists for professionals in this area, namely counsellors. As studies indicate, waiting lists for mental health services for children and young people are increasing worldwide, resulting in delays in accessing assessment and treatment. They also indicate rising rates of mental health disorders among younger age groups (Valentine et al., 2024).

Additionally, the study could be considered a reaction to the available evidence emphasizing the positive impact of promoting pupils' mental health on pupils' academic achievement and personal, social and mental well-being. It may help to develop better understanding of teachers' perceptions and attitudes towards promoting the mental health of pupils within a specific socio-cultural context. It also could direct policymakers' attention

to the value of hearing and considering the neglected views of teachers concerning change in the education system.

THE TERM 'MENTAL HEALTH'

There is growing global awareness of the shift from defining mental health in narrow quasi-medical terms as the absence of a diagnosable problem and widely associated with mental illnesses, to a positive concept emphasizing the prevention of mental disorders and the promotion of social and emotional development (Galderisi, 2024; Hill & Terashima, 2024). Such positive aspects of mental health have been reflected in the field of psychology, particularly within the perspective of 'positive psychology', which holds that mental health comprises more than simply not being diagnosed with mental disorders (Kitchener & Jorn, 2002). Such a view considers mental health as a positive quality and further echoes the early efforts of the

The World Health Organization (WHO) has adopted a positive conceptualization of mental health, moving beyond the traditional view of mental health as merely the absence of mental illness. In its World Mental Health Report, the WHO defines mental health as a state of mental well-being that enables individuals to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their communities. Mental health is therefore considered an integral component of health and well-being and extends beyond the absence of mental disorders (World Health Organization (WHO, 2022)). The positive conceptualization of the concept of mental health has been reflected in a number of other definitions of mental health that have been posited, centered on the ability of a person to adapt to change as a response to their environment's demands and stresses, and corresponding psychological and social considerations, equipping them with cognitive, personal and social skills in maintaining a good relationship and achieving goals (Surgeon General's Report, 2000; Department of Health and Aged Care, 2000).

Within the Arab and Islamic context, the conceptualization of mental health is closely associated with religious, social, and cultural values. From an Islamic perspective, mental health is viewed holistically, encompassing spiritual, psychological, and social dimensions and emphasizing inner peace, psychological security, balanced social interaction, and the fulfillment of essential needs. In the Islamic and Arabic culture, good mental health is concerned with 'conformity', which includes feelings of being satisfied and secure, achieved through creating a balance between one's psychological capability and environmental demands within the socio-cultural context, 'including religious principles and cultural values (El-Islam, 2006; Al Yahyai et al., 2025; Aycan, 2024). The positive concept also could be understood further through the continuum concept, where the degree of a person's mental health quality is situated on a scale. Keyes (2002) suggests a model that illustrates such a continuum, with the scholar presenting the term 'flourishing', which describes mentally healthy individuals possessing a notable degree of satisfaction, happiness, personal growth and emotional well-being, and the ability to oppose stressful life events. He also adopts 'languishing' as a term to describe a person who does not enjoy complete mental health but is not experiencing serious mental health disorders; despite being diagnosed with mental illnesses, Keyes holds that an individual's mental health can be enhanced.

PROMOTING PUPILS' MENTAL HEALTH

Promoting mental health focuses on improving individuals' knowledge and attitudes towards mental health issues and seeking the coping skills required to facilitate social, personal and mental wellbeing. The current study supports promoting young people's mental health based on an asset-based and salutogenic approach, which shifts attention from focusing primarily on mental illness and deficits toward identifying and strengthening the individual, social, and environmental resources that support mental well-being. This approach emphasizes the promotion of positive mental health among all young people, rather than focusing exclusively on those with diagnosed mental disorders, while strengthening young people's capacity to cope with challenges and reducing excessive reliance on professional services (Lundström et al., 2025; Morgan & Ziglio, 2007). The model is founded on a conception of young people's resiliency, where they have the ability to succeed in learning, playing and developing physically, socially and psychologically, regardless of the risk factors that can pull young people back from successful life through delivering supportive environments wherein academic, personal and social skills can be enhanced.

The continuum model seems to fit here, as the key issues revolve around what happens should a young person become stuck or overwhelmed by their feelings, and unable to function well in their life. Young Mind (2025) advocates a preventive and strengths-based approach to promoting young people's mental health, emphasizing the importance of empowering young people to care for their own mental health, strengthening supportive relationships, and providing early support before difficulties escalate to crisis. Such approaches can complement formal mental health services by promoting belonging, confidence, resilience, and well-being within young people's everyday communities. These young people are not 'mentally ill' but do demonstrate significant 'mental health problems', though these problems may not match the criteria of mental disorders or mental illnesses, and are manageable with help and support (Paternite *et al.*, 2008). Within the school context, this study focuses on the potential support available from teachers, who have direct contact with those young people.

Young people have a fundamental right to mental health and well-being, and their mental health should be protected, promoted, and supported through the environments in which they live, learn, and develop. Recent international guidance emphasizes that promoting children's and young people's mental health is a shared responsibility that requires coordinated action across families, schools, health and social services, and communities. It also highlights the importance of prevention, early intervention, supportive environments, and meaningful youth participation in mental health policies and services (World Health Organization (WHO) et al., 2025). The Convention on the Rights of the Child, published by the United Nations, 1998). Schools are in a unique position to integrate the essential protective factors shown to contribute to mental health development, by reorienting their systems, including ethos, culture, policy, curriculum and school environment (Alradaan, 2017; Meqraan & Alradaan, 2017;2018). Undoubtedly, teachers hold a unique position in promoting pupils' mental health due to their daily and direct contact with those young individuals; however, previous studies have shown the paucity of research carried out in the area of investigating teachers' attitudes towards their role as promoters of their pupils' mental health.

RESEARCH QUESTIONS

The study in its two phases has attempted to answer the following questions:

1. What are Kuwaiti middle school teachers' perceptions concerning the barriers undermining their role in terms of promoting pupils' mental health?
2. What factors do Kuwaiti middle school teachers perceive as affecting their perceptions in promoting mental health?
3. What are Kuwaiti middle school teachers' perceptions concerning the changes necessary to put promoting pupils' mental health into practice?

RESEARCH APPROACH

A mixed-methodological approach related to the pragmatic framework, consisting of two complementary research design stages, is implemented in this study. The adoption of this approach is based on the belief that a mixed-methodological approach can profitably amalgamate study approaches, depending on their overall significance in terms of answering specific study questions (Johnson & Onwuegbuzie, 2004). It also may be referred to as multi-purpose, or a 'what works' approach, thereby enabling the researcher to deal with questions that may not be efficiently answered if aligned with a narrower research methodology (Creswell, 2003). Additionally, the literature suggests that perceptions cannot be measured through direct observation; rather, they must be inferred; however, they can be deduced by considering the way in which individuals behave, the beliefs they hold, as well as what they feel (Silverman, 2006). Moreover, a review of the literature in the field of Mental Health Education indicates that research related to perceptions has been mostly carried out within the field of epidemiology or psychology, encompassing only positivist approaches, using surveys (Norwich, 1998; Abo-Rass et al., 2024). Surveys can help researchers to shed light on perceptions; however, they cannot explain how these perceptions are shaped and might influence behaviour (Secker & Platt, 1996).

Research Design, Sample and Data Collection Methods

A systematic survey was carried out, utilising a large sample of Kuwaiti teachers, totalling 500, with all individuals chosen randomly from four Kuwaiti educational administration authorities. Perceptions scale was conducted on teachers concerning their perceptions and perceived barriers in promoting pupils' mental health. In the second stage, semi-structured interviews were utilised with a purposive sample of 30 teachers. The quantitative data from the survey were fed into SPSS software (Statistical Package for Social Science; version 16.0 for Windows XP). Two types of statistical analysis were performed: descriptive and inferential. A factor analysis statistical method (principal component using Varimax rotation) was employed in the pilot study to determine whether groups of barriers scale items tend to bunch together to form distinct clusters, referred to as factors (dimensions) (Bryman & Cramer, 2001). Transcripts, post-interview analysis notes, and writing memos, data management, data reduction and data display, and coding were used (Cohen, Manion & Morrison, 2007; Delamont, 1992, Maxwell, 1996).

FINDINGS AND DISCUSSION

Generally, the survey analysis showed that barriers hindering the promotion of pupils' mental health can be categorized into four types—personal, interpersonal, structural-organizational and socio-cultural—as they perceived them mildly positively ($M=3.93$, $SD=.73$). The results indicated that teachers agree strongly with the existence of interpersonal and personal barriers ($M=4.06$, $SD=.76$; $M=4.12$, $SD=.56$); however, the overall mean score of their beliefs concerning the existence of structural-organizational and socio-cultural barriers were more neutral ($M=3.78$, $SD=.80$; $M=3.79$; $SD=.80$) (see Figure 1).

The results from the survey showed that 81.8% of the teachers perceived a lack of partnership between themselves and parents, school administration and inspectors' resistance to change, and a lack of partnership between themselves and specialists, such as counsellors and educational psychologists, as being the most significant of interpersonal barriers. A total of 81.6% of the teachers considered a lack of their awareness regarding their role and responsibility surrounding pupils' mental health, their negative attitudes to mental issues, and their inadequate training to recognize the early signs of their pupils' mental health problems as the most significant personal barriers.

Additionally, teachers tend to show a moderate level of agreement concerning the existence of structural-organizational barriers, perceiving workload and limited time, and the lack of information resources related to mental health in school, as critical structural-organizational barriers. The results showed that curriculum, pedagogy and the examination system received the lowest rating of the structural-organizational barriers. Moreover, the data derived from the survey indicates that teachers agreed moderately with the existence of the social-cultural barriers. School culture and ethos, social stigma towards talking about mental health problems and labelling, and inappropriate media representations, and cultural and religious beliefs centered on mental health problems, were perceived by 82.4% of teachers as significant social-cultural barriers. Furthermore, 83.1% of the teachers believed that cultural and religious beliefs about dealing with mental health problems are important barriers.

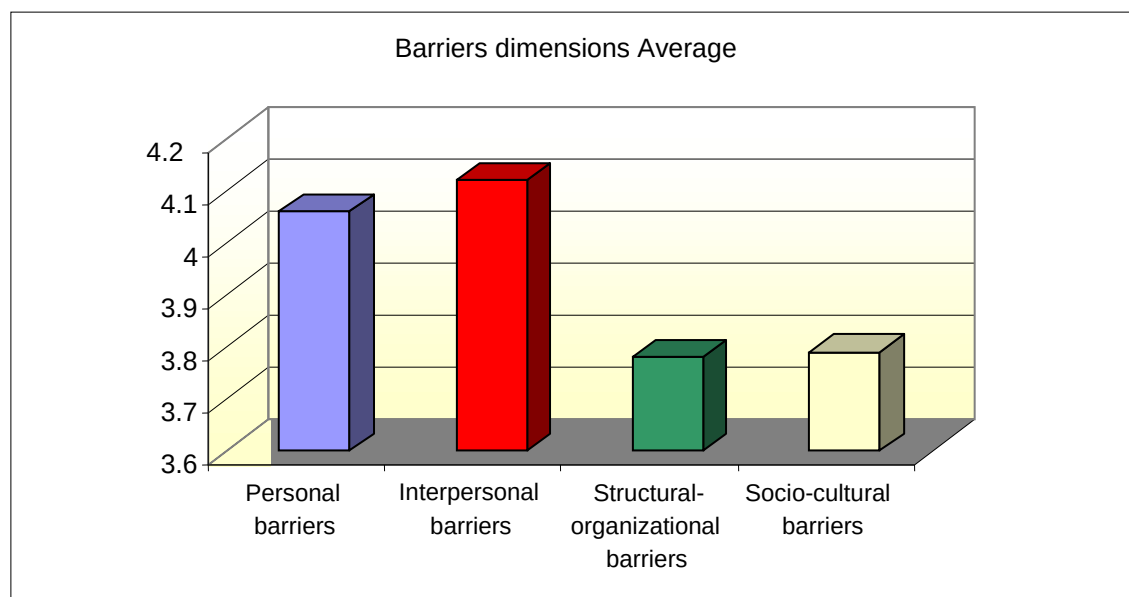


Figure 1: Descriptive statistics for the four dimensions of barriers scale

Data from the interviews indicated that teachers hold fears of being ill-equipped to recognize mental health problems amongst their pupils, and recognize their lack of familiarity and understanding of the positive terminology of mental health concept, consequently viewing the term as belonging to a medical and professional context, in a way that leads teachers to avoid using mental health language for fear of causing harm or stigmatizing pupils (Rogers & Pilgrim, 2005). The teachers interviewed reported that their views in this area are mainly based on explicit signs of pupils' externalized problems, considering such pupils as troublemakers or as having special education needs. These results are in line with what the recent literature indicates that educational professionals have traditionally used terms such as emotional and behavioral difficulties (EBD) and social, emotional and behavioral difficulties (SEBD) to describe a broad range of students' emotional, behavioral, and psychological difficulties. More recently, the term social, emotional and mental health (SEMH) has increasingly been adopted within educational contexts as a broader framework that encompasses social and emotional difficulties as well as a range of mental health problems and disorders, including anxiety, mood difficulties, social withdrawal, behavioral problems, and self-harm (Matsumoto & Fujino, 2024).

The findings have shown that interviewed teachers' beliefs are oriented morally towards what we refer to as a 'value discourse', founded on their religious beliefs, relating to the equality of rights amongst human beings, and the necessity to provide sympathy and support to those experiencing difficulties, which are key and valued aspects of Islam, where values and morals are significant components of people's ethical heritage (Long, 2000). It was recognized amongst some of the interviewed teachers that paying more attention to mental health issues (or pupils facing such issues) is a 'wrong use of time' in class, as there is an underlying assumption that time should be used appropriately and only in mind of fulfilling educational demands, to meet academic standards. The contradiction in teachers' responses regarding their responsibility towards promoting pupils' mental health represents and rationalizes a few factors that are interrelated and rooted in the socio-cultural and educational contexts. Firstly, they viewed that the promotion of pupils' mental health is not their job, that professionals, such as school counsellors and social workers, should take the primary responsibility for this task. Additionally, the teachers reported fears about dealing with their pupils' mental health, and how doing so may be, in large part, explained by their lack of knowledge and training skills, which is a view in line with findings derived by (Saunders et al., 2026).

A resolution to this would be reflected in appropriately dealing with pupils' mental health, and further result in more confident and skilled staff, able to recognize issues and capable of making appropriate referrals to psychiatric and mental health professional services; Recent research indicates that teachers' decisions to refer students are influenced by several factors, particularly the perceived severity of students' mental health difficulties, teachers' attitudes toward mental health, and their self-efficacy in responding to students' problems. Thus, strengthening teachers' mental health knowledge, confidence, and referral skills may enhance their capacity to identify students in need and facilitate timely access to appropriate professional support. These findings are also in line with (Chui et al., 2023).

The interviews address more detailed views of teachers' suggestions of training and mental education courses requirements, in terms of the 'quality' and the 'nature' of the training and educational courses that should be provided for them. The interviewed teachers

also propose that administrators and inspectors need to be involved in mental health education and training, which would result in a greater degree of flexibility in promotion strategies. This means that knowledge about mental health might be important in relation to promoting pupils' mental health, but not in itself sufficient to induce positive mental health promotion. Interviewed teachers perceive a lack of partnership between themselves and parents, who are affected by religion and culture beliefs considering mental health problems as God punishing people for neglecting their religious duties and God testing a person's piety and patience (Rones & Hoagwood, 2000; Keyes, 2002). Teachers reported that these religious and traditional beliefs lead to parents' tendency to ignore the possibility of counselling for their children's, and rather to seeking help from traditional and religious healing (Mukalel & Jacobs, 2005, El-Islam, 2006). The results from the interviews reported that social stigma and media inappropriate representing for mental health issues and negative attitudes towards mentally ill people, have a significant impact on the degree of the co-operation between teachers, parents and counsellors, as they showed the lack of confidence and trust in teachers' skills.

Teachers have reported that religious and traditional beliefs may influence families' decisions regarding professional mental health care for their children. In some Arab and Gulf contexts, families may minimize or deny children's psychological difficulties and may turn to religious or traditional healers rather than seeking professional counselling or mental health services. Such culturally and religiously influenced beliefs may therefore constitute barriers to timely access to professional mental health care. These results are in line with (Alotaibi et al., 2025; Khoury et al., 2024). Additionally, some interviewed teachers ask for support with delivering practical and providing mental health education courses, as well as reconsideration of rewards and salaries, and ensuring their mental health to overcome stress and pressure associated with their job.

The qualitative data derived from the interviews showed that those teachers who show lower behavioral intention towards promoting pupils' mental health identify more barriers to the promotional process in two ways. One is that the barriers they perceive are real for them and so they are discouraged from intending to promote pupils' mental health, while those teachers who have higher behavioral intentions regard the perceived barriers as not affecting them, perhaps because of their commitment to mental health promotion. Alternatively, teachers with low behavioral intentions may be justifying their low behavior intentions by using external barriers as 'reasons' for not intending to promote mental health - a kind of rationalization.

Regarding the interconnections between perceptions of behavioral intentions and the educational context, which were seen clearly through the current study, these could be a good example of the correlation between structural-organizational barriers and teachers' perceptions of behavioral intentions towards the implementations of promotional processes. It is unsurprising that school teachers may feel stressed, over-worked and disempowered, and that there is no room for them to recognize pupils' mental health within the education system adopted an extensive and demanding academic curriculum to be covered in limited time, large class sizes, traditional teaching style, places power in the hands of administrators and inspectors to control the educational process, who resist change in this domain (Hargreaves *et al.*, 1998). These number of features could hinder teachers from having positive attitudes towards promoting pupils' mental health. Thus, the application of pupils' mental health promotion in Kuwaiti education seems to be a significant challenge,

with the process associated with designing and adopting such a framework necessitating a great deal of reform of the education policy and system in Kuwait. Throughout the interviews, four key suggestions of change within the educational context were highlighted, related to developing educational policies, organizational and structural changes within schools, societal awareness, and teachers' commitment, which would ultimately help in the promotion of mental health. Accordingly, change flourishes in a cooperative and coordinated environment, with good levels of prepared and trained staff, all of whom should hold positive attitudes and perspectives concerning the promotion of mental health, with such professionals also afforded the right resources - administrative, educational, financial and political.

Implications of the Study

The results showed that teachers' perceptions of promoting pupils' mental health are complicated and context-dependent, according with a more social constructivist view; perceptions cannot be easily understood in isolation from wider circumstances (Eiser, 1994). Barriers and factors need to be considered to ensure that teachers' perceptions are understood, rather than engaging in simplistic 'victim blaming' (Ingstad & Whyte, 1995).

Practically the study call for policy reform and the developing of practice in the field of promoting pupils' mental health in schools in Kuwait through a shift away from the more conventional pathological 'deficit' model as currently practiced, towards a wide-ranging ecological and interactive position, supporting the 'asset model' of promoting mental health, focusing on protective factors, empowerment and encouraging individuals' levels of self-esteem, resulting in lesser dependence on professional services.

Methodologically, the use of a mixed-methods approach can provide a more comprehensive and in-depth understanding of complex educational and social phenomena than reliance on a single quantitative method alone. Although standardized surveys are valuable for identifying patterns and measuring trends across participants, they may not fully capture the subjective meanings, contextual interpretations, and personal experiences underlying participants' responses. Integrating qualitative methods with quantitative measures can therefore provide participants with greater opportunities to articulate their perspectives and can help researchers explain and interpret findings that may remain unexplained when relying solely on quantitative data (BUCHHOLTZ, N., & VOLLSTEDT, M. (2024); Bowen, 2025). This utilization of a mixed-methodology strategy in the present research has proved to be extremely valuable, in contrast to dependence on a positivistic-scientific framework, the most prevalent strategy in Kuwait. The study provides evidence that utilizing a single quantifiable instrument may suppress participants' subjectivities and deprive them of the chance to have their voices heard. It has further provided the foundations and opened opportunities for the implementation of a mixed-methodology approach within the context of the education environment in Kuwait.

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