STUDY OF MENTAL HEALTH LITERACY AMONG SECONDARY SCHOOL TEACHERS: A GENDER-BASED COMPARISON

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NATIONAL UNIVERSITY OF MODERN LANGUAGES

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THESIS/DISSERTATION AND DEFENSE APPROVAL FORM

The undersigned certify that they have read the following thesis, examined the defense, are satisfied with the overall exam performance and recommend the thesis to Faculty of Social Sciences for acceptance**.**

Thesis Titled:**Study of Mental Health Literacy among Secondary School Teachers: A Gender-Based Comparison**

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Candidate of **Master of Philosophy** at National University of Modern Languages do hereby declare that the thesis **"Study of Mental Health Literacy among Secondary School Teachers: A Gender-Based Comparison''** submitted by me in partial fulfillment of M. Phil Degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it should not, in future, be submitted by me for obtaining any other degree from this or any other university or institution.

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ABSTRACT

Title: Study of Mental Health Literacy among Secondary school teachers: A Gender-based Comparison.

This study examined the mental health literacy of secondary school teachers. It also compared the mental health literacy of male and female secondary school teachers. Mental Health Literacy Model of Dias, Campos, Almeida and Palha (2018) was consulted to design theoretical framework of the study. Model consisted of four sub variables including knowledge of mental health problems, erroneous beliefs/stereotypes, first-aid skills and help-seeking behaviour and self-help strategies. The study may benefit educational stake holders e.g. teachers, students, and educational administration in dealing mental health related tasks. Quantitative research approach was used in this study. Descriptive research design along with comparative style was adopted. The population of the research was based on 797 Punjab government male and female secondary school teachers working in tehsil Rawalpindi (session 2022). 30% of the total population was taken as sample through Proportionate stratified sampling technique. Thus the sample consisted of 260 male and female secondary school teachers. Rate of return was 87%, 226 questionnaires were returned. Data was collected through adapted Mental Health Literacy tool of Dias et al. (2018). However for cross verification of the data semi-structured interview from Heads of secondary schools were also taken. These interviews were thematically analysed. The results of the studies showed that secondary school teachers have significant mental health literacy. They have significant knowledge of mental health problems and erroneous beliefs/stereotypes and there was no significant gender difference. However in third domain of first aid skills and help-seeking behaviour and fourth domain of self-help strategies a significant gender difference was found. In both domains male secondary school teachers revealed higher mean score than female. On the basis of findings it is suggested that secondary school teacher's mental health literacy may further be enhanced through conducting combined training programs by the educational administration. Teachers may further enhance their mental health literacy by participating in international mental health literacy programs such as World Health Organization's ''School Mental Health Manual'' Education department may further enhance teacher's mental health literacy through refresher courses. Teachers may be trained through mental health consultant about basic mental health knowledge.

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LIST OF ABBREVIATIONS

Abb.	Terms
APA	American Psychiatric Association
AT	Attribution Theory
DALYs	Disability Adjusted Life Years
Df	Degree of Freedom
DP	Depression
DSM-IV	Diagnostic and statistical manual 4th edition
EB	Erroneous beliefs
FA	First Aid Skills
HL	Health Literacy
K	Knowledge of Mental Health Problems
KAB	Knowledge, attitude and beliefs
LT	Labelling Theory
MDO	Mental Disorder
MH	Mental Health
MHL	Mental Health Literacy
MHLS	Mental Health Literacy Scale
MI	Mental Illness
MHI	Mental Health Issue
N	Number
OCD	Obsessive Compulsive disorder
PH	Physical Health
SCL	Social Cognitive Learning

SCLT	Social Cognitive Learning Theory
SES	Socio-Economic Status
SH	Self Help Strategies
SEL	Social and emotional learning
SLE	Self-efficacy
Sig	Significance
SIS	School Information System
SPSS	Statistical Product and service solutions
SST	Secondary School Teacher
t	t-test
TOM	Theory of Mind
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
WMH	World Mental Health

LIST OF APPENDICES

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SAIQA BANO

DEDICATED

TO

MY MOST LOVING PARENTS

MUHAMMAD SABIR & SHAMIM AKHTAR

MY LITTLE PRINCESS

IRHA FATIMA & IZBAH FATIMA

AND MY MOST CARING HUSBAND

SHAHID MUSHTAQ

CHAPTER 1

1.1 Background of the Study

An Organization has described the mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organization, 2010, para. 2)**.** Mental Health literacy (MHL) term was introduced by Jorm (2000). He has described MHL as the knowledge and believes about mental health (MH) problems that helps to recognise, cope and avoid MH issues**.** The features of MHL may be defined as having recognition ability of mental disorders, as well as having knowledge about ways of seeking MH information. It also included awareness about origin as well hazards about mental illnesses and knowledge about self-treatment and help-seeking attitude. Moreover, reorganization of MH disorders and advancement in help-seeking attitude was also included in MHL. First aid skill has been added to the concept of MHL in current Era.

Teenagers often get encountered with MH issues, but they do not seek help or support from anyone especially professional help. MH is still considered a stigma; which people avoid to share with others. Due to stigmatized attitude of the society, people often stay deprived from MH support and treatment, which sometimes results in syndromes and severe impairment of social life. In a research study conducted by Raguram and Weiss (2004) mental illness (MI) stigma was defined as "a deeply discrediting trait that diminishes the bearer from a whole person to a tarnished, discounted one". An increase in MHL may reduce the stigma related to mental issues.

With the advancement in technology, physical and mental health (MH) issues have also increased. MH concerns in children and adolescents are rising worldwide. Researches on MH have been conducted in many fields of life. Similarly, the most vulnerable population in any area is education and specially school setting. MH issues of students need to be addressed for the smooth flow of teaching-learning process in a classroom. Before that one should know MHL of teachers. Teacher's duty is more than just imparting knowledge in students. Their role is crucial in social and emotional growth of a child. Similarly, at school level, students totally depend on their teachers. Teachers also play a paramount role in MH initiatives of a school. A teacher plans the lesson as per the mental level of students. Similarly, he understands the mental state and psychological issues of his students. For this purpose, MHL of teachers need to be assessed.

Student's psychological issues can only be solved when teachers are well aware of MH issues. Teacher's own perception, belief and knowledge about a MH issue indirectly influence his pupil and they get the similar attitude towards mental health. So, it is highly needed to explore the MHL of teachers. Similarly, it is greatly needed to literate teachers about MHI's in order to create awareness among society, and generate such kind of attitude in students that they may be able to seek support and stigmatization of MH issues may be eliminated from society. Incorporating MHL initiatives into educational settings offers a chance to give awareness, MHL of educators, learners, parents, and community at large.

However, along with teacher's knowledge about MH issues, teachers own beliefs and stereotypes needs to be explored and addressed. Teachers own belief about MH is a major component in MH literacy. Awareness about mental illnesses (MI)with help-seeking behavior not only affects the wellbeing of one individual teacher and helps that teacher in

making personal health decisions but it also support teachers in perceiving student's mental health issue (MHI) and providing first aid and counseling to them. Researchers have documented misperceptions related to MHI's among general public as well as in health professionals (Jorm, 2012). These misperceptions lead towards stigmatization and negative attitude towards help-seeking behaviors.

Teachers are always encouraged to spread awareness regarding MH. They are also acknowledged for collaborative efforts in dealing student's MHI's. Therefore MHL of teachers is so much important that useful practices may be implemented on students. This research area of teachers' MHL is less discussed and less explained area in the field of research. Similarly, studies that have directly assessed teacher's MHL and MHI's during teaching learning process are limited too(Splettet al., 2019). Assessing teacher's knowledge and recognition of symptoms to internalize any disorder is a pressing need today. Researchers recommend that MHL of teachers can be enhanced through increasing teacher's knowledge and by developing confidence in teachers to deal students with MHI's (Bird, Chow & Cooper2020). For this purpose, numerous training programs have been developed including educational lectures, videos, web conferences, awareness campaigns and group discussions (Yamaguchi et al., 2020).

Similarly, significant gaps are present in studies that have explored knowledge and beliefs about teacher's MHL. Studies used to assess teachers in this regard. Findings of these researches suggest that teachers receive insufficient information and professional development and they personally assume that they are not well prepared to address MH issues of their learners (Heyeres et al.,2019).Studies have explored MHL in health

practitioners' and in general public. However, MHL of teachers was a less explored area. There was high need to explore MH awareness among teachers especially in Pakistan.

In Pakistani scenario a cross-sectional study on Pakistani university students explored factors effecting MHI (Chaudary, 2017). The data was collected from 1308 randomly selected students between the ages of 15 and 29 from three selected state-funded colleges in the province of Punjab, Pakistan, using a multi-stage group inspection technique. A pre-coded self-controlled survey was used to collect the data. Study found that students were dissatisfied with the offices at their institutions as there was a gap between their needs and the strategies developed by university organizations. It emphasized MH advancement and disease avoidance tests may be used to teach MH techniques at the college level.

Moreover, Irfan (2016) conducted research on the variables affecting Pakistani university students' MHI's. Study explored possible factors that can contribute to MH in Pakistani college students. In order to determine potential correlations with MH disorders, two elements; sexual orientation and socio-economic status were also examined. Information was gathered using a quantitative study design, with participants completing five different normalized overviews. 314 college students participated in the study. The results depicted a positive association between extraversion and MH as well as significant sex differences: male understudies displayed higher levels of positive MH than female understudies. Female students were more stressed due to non- cooperative behaviour of family and social support (Irfan, 2016).

These findings provide a clue about how university students perceive their MH and other contributing elements. They also lead towards further studies on other age groups and other sectors such as teacher's mental health literacy.

1.2 Rationale of the study

Mental Health literacy is a well-known construct in the field of research. Many researchers have studied different MHL dimensions. Recently a study was conducted in Australia to explore Effectiveness of adaption and psychometric qualities of the young adult MH literacy questionnaire (Dias, Campos, Almeida & Palha, 2018). The study identified knowledge gaps among young adult as well as checked erroneous belief about mental health. They developed an intervention that aimed to encourage MHL and evaluation of intervention. In the developed questionnaire four types of factors were included. Items concerned with knowledge about MH problems, MH stereotypes, MH first aid skills with help seeking attitude and self-help. The survey was conducted on young adult in random social setting; however there is need to conduct a study in school setting as well as on other population.

Zare et al. (2023) examined the psychometric properties of the Persian version of the Adolescent Mental Health Literacy Questionnaire (AMHLQ) among Iranian female students. The study instrument was a Persian version of the AMHLQ prepared through a translation and back-translation process. In this cross-sectional study, 275 female students completed the AMHLQ, and the Adolescent Strengths, and Difficulties Questionnaire (SDQ). Findings of content, construct validity tests, Cronbach's alpha, and split-half coefficient demonstrated that the AMHLQ had satisfactory validity and suitable reliability. The findings showed that the tool was confirmed by questions and subscales, and this questionnaire was a valid and reliable tool in assessing level differences of MHL and in determining the impact of programs designed to improve MHL in Iranian female adolescents. However, a gap in the study was found. There is high need to explore psychometric properties of adult version of MHLS through cross cultural studies.

Study of Windy (2023) explored Mental Health Literacy (MHL) among adolescents in rural communities. It measured MHL in rural students ages 14-17 and in grade 9-12 on the basis of age, gender, MH diagnosis and MH stigma. Study found no relationship between MHL and age, gender and being associated with mental health stigma. However there was significant difference between past mental health diagnosis and MHL. It suggested a further need for continued research and education on MHL among adolescents in rural communities. A gap in the study was identified to explore MHL in other sectors.

Another study investigated MHL of teachers at High Schools of Japan (2021). The study concluded that MHL in Japanese teacher appeared to be very low. Study recommended the need to develop and implement educational programs that may increase MHL of teacher as well as help them to develop a help-providing attitude in students (Yamaguchi, Foo, Kitagawa, Togo & Sasaki, 2021).Although in Japan numerous MHL programs are designed for teachers, but only few found to be effect. If we relate this study with our current scenario, where MHI's are still stigmatized and psychological wellbeing is not the focus of attention. Researcher came to the conclusion that our teacher's MHL level is behind Japanese's teacher's MHL level. So there was a strong need to explore this area and conduct studies on MHL of teachers.

In Canada effectiveness of online MHL modules was checked on pre-service teachers. It also studied teacher's self-efficacy towards Inclusive Practices. For this purpose, online modules were embedded in pre-service teacher's B. Ed course.71 pre-service teachers completed the course. They also completed a pre and post survey during the completion of the course. The study suggested the effectiveness of online MHL module through B. Ed course (Gilham, Neville-MacLean & Atkinson, 2021).

Another study conducted a review on MHL measure (2021). The study evaluated attitudes, knowledge and help-seeking behaviour of the individuals. It also identified many gaps in MH literacy measures, including unbalanced MH knowledge application, stigmatization and cooperative attitude. The study also suggested future researchers to conduct studies on quality of psychometric interventions (Wei, 2017). Another study was conducted on MHLS for Iranian people. It modified previous MHL scales and introduced a new version of MHLS that included 29 items and 6 attributes. The study used cross-sectional design and multi stage sampling for its data collection (Nejatian, Tehrani, Momeniyan & Jafari, 2021).

In Ireland, a study explored MHL and help-giving response of Irish primary school teachers. It explored primary teacher's MHL and their help-giving response. A total 356 participants responded to questionnaires having three vignettes: two clinical, one controlled and a non-clinical vignette. Mixed method questioning was adapted to assess teacher's capability to diagnose mental conditions. Result showed that 71% teachers correctly identified depression while 84 % correctly identified anxiety cases. The results explained that female teachers were more concerned about affected students. Similarly, teachers having more teaching experience were less concerned about help-giving response (NíChorcora & Swords, 2021).

O'Connell, Pote & Shafran (2021) conducted a systematic review on ''Child mental health literacy training programmes for professionals in contact with children''. It explored MHL program effectiveness among professionals. The study suggested to evaluate the effects of MHL programs for an extended time period. It also suggested to check its evaluate MHL Programs effectiveness through different modes including face to face and digital training program.

Spiker and Hammer (2019) conducted a study on MHL as theory: existing challenges and coming directions. The study identified that how development in MHL has hindered growth of MHL research. It also aimed to identify theory development in MHL area and how theory development will reduce current challenges in this area. For this purpose, they conducted an inclusive investigation on MHL literature. Literature review of MHL suggested that construct of MHL need to be conceptualized as a theory. A theory on MHL construct will lead future scholars towards a clear path of research. Similarly, it will help practitioners in improving MHL at individual as well as community level.

Another study conducted in Australia explored the wellbeing of boarding school students and also recommended measures to strengthen the capacity of teachers (Heyeres et al., 2019). Study indicated that in order to meet social and emotional learning (SEL) requirements of the learners, teachers and school capacity is very critical. The study delivered multifactor SEL training to an Australian boarding school staff. An action research consist of 13 months' duration was conducted on participants. Results of the training, survey and interview concluded improvement in MH of staff and provide support for wellbeing of students. Despite challenging work environment, the staff showed positive behaviour towards the study as well as they were dedicated towards helping students. They also acknowledged the need for change in our attitude towards mental wellbeing of individuals. The study also explained the wellbeing of boarding school students and training of the staff accordingly (Heyeres et al., 2019). However, there is need to explore the wellbeing of boarding staff as well as to know their ways of dealing their own MHI's.

A study conducted in university of Ottawa (2016), also explored the MHL among Pre-service educators. In the research 186 pre-service teachers completed an intervention and the results

proved that pre-service teachers having low efficacy when dealing with externalized type of students. In case of internalized behaviour, their self-efficacy is moderate (Whitley & Gooderham 2016).Limited studies have been conducted in this dimension. The study suggested that educators having a basic understanding of MHP however they are less confident in teaching students having MHI's. The study also suggested that in future educational courses and programs should be developed in a way that it may enhance educator's competency in dealing such students.

A research conducted on Tanzanian teachers (2016), also explored a teacher's training approach based on its MHL curriculum. The study adopted Canadian MHL resource as an African Guide, MHL resource. Training workshops were conducted to evaluate the impact and effectiveness of resource on teachers. Pre and post tests were led to check the effect of resource on knowledge and attitude about MHL The study suggested that classroom based resources integrated with MHL are effective and sustainable ways of increasing MHL of Tanzania teachers (Kutcher et al., 2016). It also acknowledged the previously conducted research interventions in Malawi and Canada. Same findings were observed in all these researches. Researches can also be conducted in other geographical locations and on different population. So that it may get a universal standard to be implemented in all over the world.

Kutcher, Wei and Coniglio (2016) conducted a study on past, Present and Prospect of MHL. Study presented a refined view of MH understanding, its development over the years as well as suggested to develop appropriate interventions. The study suggested future researches to explore this construct in more in-depth ways.

A study on Constant developments in learner's MHL due to the use of MH curriculum in Canadian Schools was conducted. The study explored the effectiveness of high school MH

curriculum in improving MHL in Canadian schools. For this purpose, they analysed the survey in which students had previously participated in MH course carried out by their own instructors. Student's MHL evaluation was done through pre and post classroom implementation and after 2 months' follow-up as well. The result of pre-test and post-test showed that student's knowledge about MHI's improved; similarly their attitude towards mental health issues was also significantly higher. The study concluded that Mental Health Curriculum (The Guide) which was applied by usual class room teacher improved students' interest and knowledge towards MHI's. The study suggested that MH curriculum needs to be added in studies so that students' knowledge and attitude towards MHI's may get improved (Mcluckie, Kutcher, Wei & Weaver, 2014).

Lam (2014) conducted study on MHL and MH status among youngsters. The study investigated the association between MH status and MHL on depression among adolescents. MHL was assessed by Australian National MHL while stigmatization was assessed through Youth Survey. Similarly, depression was measured through DSM-IV scale of depression. The results showed that out of 1678 students, only 16.4% had sufficient MHL and were able to identify depression correctly. The study explained that there was great association between MHL and MH status.

In Pakistan Faize, Idrees and Sohail (2023) conducted a study on ''Assessing mental health literacy in Pakistani youth using case-vignettes'' in which they used six case vignettes related to depression, mania, psychosis, obsessive compulsive disorder (OCD), conversion disorder (CD), and post-traumatic stress disorder (PTSD) to evaluate mental health literacy (MHL) in the general public. There were nine MHL-related items in every vignette. 4,590 young adults who were conveniently chosen from Pakistani twin cities made up the sample. To determine

MHL levels, the participant responses were transformed into percentiles and percentages. Findings of the study showed that for depression, the men's MHL was moderate, but for the other five disorders, it was insufficient. For mania, psychosis, OCD, and PTSD, the women had moderate MHL, but not adequate MHL, while for depression, they demonstrated appropriate MHL. When comparing the participants' comprehension of each item, it was evident that they were sufficiently aware of the illness's identification, potential victims, and treatment options. But they found it difficult to recognize the ailment, learn about it, know how to treat it, and find the right doctor to treat it. Present study has also compared mental health literacy on the basis of gender however MHL parameters were different from previous study.

Similarly, Aziz and Naz (2023) studied ‘‘Mental Health Literacy, Mental Health Status and Psychological Wellbeing among University Students: A Cross-Cultural Study in Pakistan’’ They studied university students' psychological wellbeing, mental health status (such as depression and anxiety), and level of mental health literacy. Data was gathered from students at all of Pakistan's public universities using a survey study design. 1628 students, 1163 men and 465 women completed the poll in total. According to the findings, participant’s mental health and wellness were negatively correlated with their elevated levels of stress, anxiety, and depression. The study emphasized the importance of MHL among college students in Pakistan.

A study of Najmi (2021) on ‘‘A Communicative Assessment of Mental Health Literacy in Pakistan’’has demonstrated how mental health literacy has expanded and resulted in the further advancement of mental health literacy research. The study aimed to examine the components of mental health literacy and its extent in Pakistan, as well as to raise awareness

of mental health literacy and take more steps to prevent it. Additionally, incorporating human interest—the centrality of the research topic—into a study is made possible by the application of interpretive research. Due to the shortage of information in Pakistan, people lack sufficient and accurate knowledge about mental health. The study contained all the guidelines that could distinctly explain how to promote mental health literacy on both an individual and Muslim level in Pakistan.

Another study of Akhtar (2020) on ‘‘Mental health literacy scale: Translation and validation in Pakistani context’’ validated and translated the 35 items of Matt O'Conner's Mental Health Literacy Scale (MHLS) into Urdu. (2015). The Hambleton & Zenisky (2011) methodology was utilized for the purpose of translating and validating MHLS within the Pakistani context. Experts in the field translated and examined the scale. The experts were able to modify the scale with the assistance of feedback and suggestions gathered during the pilot study. 335 questionnaires were examined in the end. For statistical analysis, the SMART-PLS 3 was employed. The scale with 34 items was confirmed by PLS results for Cronbach's Alpha, Average Variance Explained, Composite Reliability, Internal Consistency, Face Validity, Convergent and Discriminant Validity, Factor Loading, and Cross Loading. Due to poor dependability, only one item about drug use for mental health awareness was removed. The 34-item scale in Pakistan is a suitable and reliable tool to assess the mental health literacy of Pakistani citizens, and its application is advised to identify gaps in the country's health information management system.

In recent years a study on ‘‘Systematic review of Mental Health literacy in Pakistan was conducted (Munawar, Abdul Khaiyom, Bokharey, Park & Choudhry, 2020). Their study aimed to promote early detection of mental disorders, reduce stigmatization and encourage

help-seeking behavior. From nine electronic databases 613 studies were retrieved and 59 underwent review. Out of which 43 discussed mental health knowledge, 13 examined help-seeking behavior, 18 examined reliability and 43 mentioned mental health outcome measures. Furthermore, there was a great deal of heterogeneity and limited validity in the MHL measures' results. Because there was insufficient MHL, no meta-analysis was done.

Another study on ‘‘Mental Health literacy and help-seeking among unemployed people with mental health problems’’ in Germany revealed that unemployed people most often do not avail mental health services when required (Waldmann, Staiger, Oexl&Rüsch, 2019). Their study intended to explore how MHL influences the intentions and behaviors of unemployed individuals experiencing mental health problems to seek assistance.

For this purpose 301 unemployed people having mental health issues were studied. The results of the study showed a positive correlation between MHL Scales and their intentions towards formal and informal help seeking. Their study recommended official and informal assistance programs to enhance their mental health.

Shah, Khalily, Ahmad and Hallahan (2019) studied ‘‘Impact of Conventional beliefs and social stigma attitude towards access to Mental health services in Pakistan’’. It examined the ways in which societal stigma and conventional wisdom influence perceptions about mental health care accessibility. The Perceived Public Stigma Scale and an extensive semi-structured interview were utilized to collect data from fifty cares. The majority of patients (86%) with significant symptoms of a major mental illness had visited a traditional healer prior to using mental health services. However, cares generally thought that friends and coworkers who struggled with mental illness were trustworthy and capable individuals.

Similarly a study on ‘‘Embracing mental illness: do education and contact make any difference in help-seeking intention among Pakistani students’’ studied whether students' attitudes vary depending on the courses they have taken and their prior interactions with mentally ill people. For this study, 236 students from seven departments at the University of Karachi were chosen using the purposive sample technique. Based on their educational background, they were split into three groups: the "psychology group," the "allied group," and the "other group." Participants were given a demographics sheet and the Community Attitude towards Mental Illness (CAMI) Scale. The results showed that psychology students' attitudes were higher on the community mental health ideology subscale and lower on the authoritarianism and social restrictiveness subscales when compared to the other two groups (Zaidi & Ali, 2017).

A study on ‘‘Parents perspectives on care of children with autistic spectrum disorder in south Asia-views from Pakistan and India’’ was conducted by Minhas et al. (2015). Their study examined the attitudes and behaviors related to the care of children with Autism spectrum disorder (ASD) in order to inform intervention strategies. In Pakistan, 15 parents were interviewed in-depth to collect primary data, and in India, a narrative review of earlier studies was conducted. The results show that the mother takes on almost all of the caregiving duties, which increases her stress levels. A delay in diagnosis and appropriate treatment results from family members and primary care providers not knowing enough about the illness. There is a lot of stigma and discrimination against kids with autism. Study revealed that specialized services are limited, concentrated in urban areas, and unaffordable for the majority of people. Their study recommended establishing support networks within the family and community is one intervention strategy that can be used to provide a break for the primary career. In the

absence of specialists, community members, such as community health workers, conventional practitioners, and even motivated family members, could be trained to recognize and provide evidence-based interventions. Moreover using task-shifting strategies along with awareness campaigns will help achieve greater diversity.

Keeping in view the above mentioned studies, current research has conducted a gender based comparison of Mental Health Literacy of Secondary School Teacher's. Researcher selected this topic, as this was a widespread area and many researchers have explored many dimensions of this area. In previous studies, researchers either have focused on Pre-Service teacher's MHL or they have identified self-efficacy and Help-giving behaviour of primary teachers. Studies have also investigated MHL of teachers at High School in Japan. Similarly, effectiveness of online MHL modules was checked on Canadian pre-service teachers. Moreover, teacher's self-efficacy towards Inclusive Practices, MHL measures and evaluated attitudes, knowledge and help-seeking behaviour of the individuals is also researched. Studies have also explored MHL and help-giving response of primary school teachers. Systematic review on ''Child mental health literacy training programmes for professionals in contact with children'' are also been conducted. Furthermore mental health literacy existing challenges and coming directions are also been explored. Wellbeing of boarding school students and MHL among Pre-service educators has also been studied. Mental health curriculum and its impact, mental health status and literacy among youngsters and higher education level have also been studied. These studies have covered different dimensions of the phenomenon however secondary school level is neglected in these studies. Secondary school level is the time of adolescence and psychologist consider it as ''an age of storm and

stress''. Majority of mental health issues occurs at this stage therefore it is the most crucial time for youngsters to get proper guidance and counselling from their teachers.

According to estimates, currently 104 million Pakistanis are under the age of thirty (Thommesen, 2010) which means majority of them were, are or will be at secondary level. Similarly, secondary level is the most crucial phase in a child's life. At this phase they have to decide their careers as well as they under go through many physical changes. Therefore counselling and mental health literacy is most important at this phase. This would only be possible when their teacher will have sound knowledge about mental health. In Pakistani scenario studies have been conducted to assess mental health literacy in general youth as well as university students' psychological wellbeing, mental health status (such as depression and anxiety), and level of mental health literacy. Moreover studies have also demonstrated how mental health literacy has expanded and resulted in the further advancement of mental health literacy research in Pakistan, similarly impact of 1st-year undergraduate college students on educational and social stressors and mental health has also been explored. Moreover factors effecting MHI of Pakistani university students has also been explored. Studies have also examined the ways in which societal stigma and conventional wisdom influence perceptions about mental health care accessibility in Pakistan. Furthermore, studies have also examined the attitudes and behaviors related to the care of Pakistani children with Autism spectrum.

However, despite the established importance of mental health literacy (MHL), little is known about the MHL of teachers in Pakistan. While there was MHL research, it does not focus on secondary school teachers. The purpose of this study was to close the gaps in the literature that currently exist, giving mental health professionals and other community leaders a better understanding of how to enhance MHL in teachers especially at secondary school level.

Teachers low MHL are less likely to seek mental health services, and those who do so risk major repercussions if they fail to seek care for their mental health issues or delay doing so. Gaining more insight into the connections among MHL and gender was the aim of this study. Similarly, area of public sector teacher's MHL was also unexplored. So, there was high need to conduct study in this area.

1.3 Statement of the Problem

Mental health literacy is very crucial part of teaching learning process. A well aware teacher maintains a composed personality and also deals students in the same manner. A teacher with sound knowledge of MH problems will not only be able to deal with erroneous beliefs or MH stereotypes present among students but he/she can also play a vital role in eliminating these stereotypes from society by creating awareness among his pupils. Similarly through first-aid skills and help-seeking behaviour he/she can not only maintain personal MH but can also assist learners in enhancing coping skills and making them flexible for help-seeking behaviour in case of psychological need. Moreover he/she can improve his/her self-help strategies and can also help students and society to increase their self-help strategies. Furthermore, the most vulnerable period for falling in MHI's is the teen age in which child observes physical and psychological changes. Therefore present study intended to explore MHL of teachers at secondary school level. It has compared MHL of male and female secondary school teachers. Further it has explored the knowledge about MH problems, Erroneous beliefs/Stereotypes, first aid skills and help seeking behaviour and self-help strategies of male and female secondary school teachers. Study has also counter verified the facts given by respondents through conducting semi-structured interviews of secondary schools heads.

1.4 Research Objectives

Following objectives were designed to complete the proceedings of the study.

1. To examine the mental health literacy of secondary school teachers.

2. To compare the mental health literacy of male and female secondary school teachers.

   2a. To compare the Knowledge of mental health problems of male and female secondary school teachers.

   2b. To compare the Erroneous beliefs/Stereotypes of male and female secondary school teachers.

   2c. To compare the first aid skills and help seeking behaviour of male and female secondary school teachers.

   2d. To compare the self –help strategies of male and female secondary school teachers.

1.5Null Hypotheses

Following Research Hypotheses were designed to complete the proceedings of the study.

$H_0$1.There is statistically no significant difference between mental health literacy of male and female secondary school teachers.

   $H_0$1a. There is statistically no significant difference between the Knowledge of mental health problems of male and female secondary school teachers

   $H_0$1b. There is statistically no significant difference between the Erroneous beliefs/Stereotypes of male and female secondary school teachers.

   $H_0$1c. There is statistically no significant difference between the first aid skills and help seeking behaviour of male and female secondary school teachers.

   $H_0$1d. There is statistically no significant difference between the self –help strategies

of male and female secondary school teachers.

1.6 Theoretical Framework

Mental health literacy model was given by Pedro Dias, Luísa Campos, Helena Almeida &Filipa Palha (2018) in their research Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy.

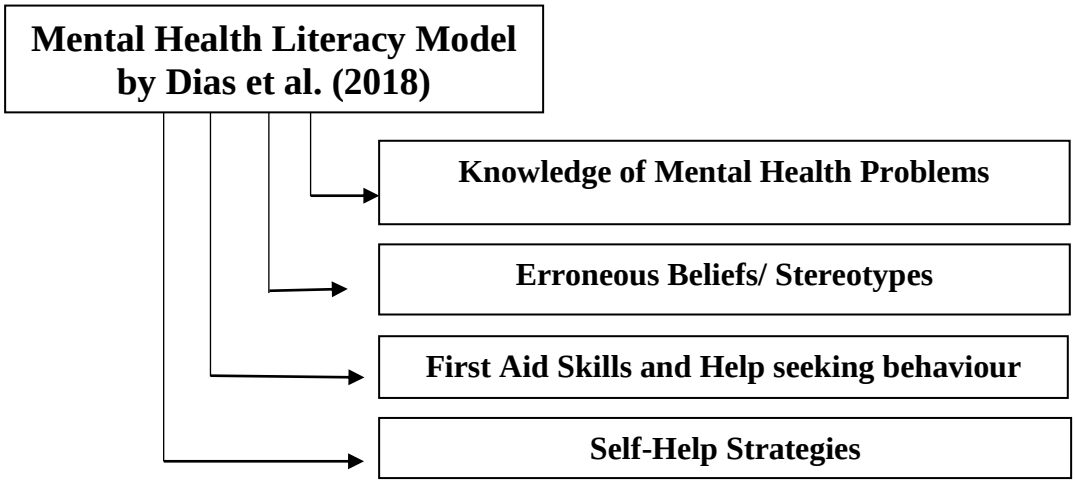

Figure 1.1 Theoretical Framework of the study by Dias et al. (2018)

1.6.1 Mental Health Literacy

MHL includes the early detection of mental diseases, lessen stigma, and improve help-seeking behavior. It also includes the ability to identify particular disorder, knowledge and ideas about attaining guidance, professional treatment, and self-healing. More recently, the capacity to give and provide MH first aid skills to someone presented with a MH condition has been added (Dias, Campos, Almeida & Palha, 2018).

At the individual, community, and institutional levels there is a high need to update information regarding MH and MD, encourage people and society to get help for treatment, similarly to decrease the erroneous beliefs against mental illness we may

encourage early detection of mental disorders. Further we need to increase the use of mental health services.

1.6.2 Knowledge of Mental Health Problems

Knowledge of MHP includes basic information about mental disorders. This includes knowledge about internalizing problems such as anxiety and depression, phobias, OCD, Panic attacks and some other disorder. Knowledge about MH is related to ideas, which collectively shape attitudes (like reluctance to seek professional treatment), therefore literacy in this area goes beyond simply knowing the facts (Dias, Campos, Almeida & Palha, 2018).

In school setup teachers who are aware of and sensitive to the requirements of children's MH are in a unique position to spread encouraging messages about MH and wellbeing to all students. This can be done formally in the classroom or through the delivery of a social emotional curriculum that is based on research, and it can help youngsters become more literate about their own mental health. Moreover, teachers' attitudes on child's MH and their perceptions of their own ability to assist may have an impact on how much support they provide.

1.6.3 Erroneous beliefs/Stereotypes

The assessment of knowledge and beliefs about MHI enables the detection of the stereotypes attached to them, which is thought to be one of the major obstacles to early detection and intervention. Erroneous beliefs and MH stereotypes are the social taboos about MH. People tend to have myths and ill beliefs about mental health issues (Dias, Campos, Almeida & Palha, 2018).

Through MHL people get awareness about mental stereotypes and erroneous beliefs and move towards a more sound, healthy and positive life. Additionally, identifying misconceptions and knowledge gaps about MH concerns paves the way for the creation of interventions targeted at fostering MHL (Dias, Campos, Almeida &Palha, 2018).

1.6.4 First-Aid skills and help-seeking behavior

People having MHI's and those who deal with those sufferers should have the knowledge about mental first aid skills. Through mental first aid skills one can control an awkward situation and help people in dealing that situation (Dias, Campos, Almeida & Palha, 2018).

Similarly those who suffer from mental health problems tend to hide their symptoms and disorder from other and most often reluctant to seek help due to the fear that people will criticize or mock them however a person who is well aware about mental health problems will not hesitate to seek help. Moreover, he can play a vital role in creating awareness about help-seeking behavior (Dias, Campos, Almeida & Palha, 2018).

In school scenario teachers' abilities to provide MH first aid and their confidence in help-giving can be improved through MHL. A wide range of training programs have been created, including web conferences, educational videos, lectures, group discussions, and awareness campaigns. These programs attempt to improve teachers' understanding of disorders affecting children and adolescents' MH and their

confidence in their ability to offer support, while lowering stigmatizing attitudes and behaviors toward afflicted pupils.

1.6.5 Self-Help strategies

People use different coping strategies when they encounter MH. Some people use to ignore their issues, some try to hide while some discuss their problems with close ones. Some people try to escape from the situation by using different drugs while others move towards a healthy routine e.g. walk, exercise, sports, healthy diet and healthy sleep routine. Positive self-help strategies lead people towards a normal routine and prevent the situation from getting worse (Dias, Campos, Almeida & Palha, 2018).

In school setting teacher's positive self-help strategies have a great impact in classroom. It not only helps teacher's in maintaining a composed personality but it also improves classroom environment, student-teacher relationship and helps teachers to understand their students psychological needs and their self-help strategies.

1.7 Significance of the study

Present study will benefit educational stakeholders in understanding the significance of MHL among teachers. A teacher contributes a lot in personality growth of students and if teachers would have knowledge about MH of students, they would deal students accordingly. Thus a physically and mentally healthy individual would be produced in the society. Present study would benefit higher authorities of curriculum wing in developing curriculum as per the MHL of teachers. Study would give another dimension to curriculum wing to consider while setting new curriculum. It would also help training institutions and higher authorities of

education sector to create policies of MHL among teachers. Through this study higher authorities would be able to get an idea about MHL of teachers. Resultantly they could take necessary measures to enhance teacher's MHL by conducting trainings and organizing seminars etc.

This study would also help MH professional's e.g. psychiatrists and psychologist to take collaborative measures to reduce MHI's in teenagers. Usually at secondary school level teenage students face frequent mental health issues. If the teacher is trained and well aware of mental health issues, he/she with the help of MH professional can deal mental health issues of students and can save the life of students from major psychological problems.

The study would be helpful for teachers, as they would get the idea about their own MHL expertness and they will be able to improve the knowledge about MH. Similarly, on individual level they would be able to deal their own MHI's in better way and on collective level; they would be able to spread awareness of MHI's and ways to deal them. It would also help teachers to understand the challenges and possible ways to handle MHL. Resultantly, this would be an important role to reduce the stigmatization of MH problems in society as well as among students. Moreover, teachers having MHL would deal students in better way in and outside the classroom.

This study would also be very effective for students. As teacher's MHL directly affect the psyche and overall personality of students. When teachers deal students according to their MH, their mental and physical growth would be inclined in a positive manner and they would become a fruitful member of the society.

The study would also benefit parents in dealing their children. Parents too would get an idea about MHL and if they would deal their children in the proper way, they would be successful in raising a sound mind with sound body.

Current research study would be significant addition in the literature of education and psychology. As in Pakistani context, topic of MHL and especially in school scenario was a less explored area and current study has added significant literature in these areas as well as it also has guided future researchers to explore other dimensions of this area.

1.8Methodology

1.8.1 Research Approach

On the basis of research objectives and hypothesis the researcher has used quantitative research approach. It involved interpretation of the collected data by using numbers. Researcher had prioritized this method as it estimates problem through creating numerical data which can be converted into useable statistics and facilitate more structured research patterns.

1.8.2 Research Design

This research study followed descriptive research design. Further comparative style was adopted. Researcher collected data by personally visiting the respondents. Researcher was interested in gender based comparison of MHL of SST's.

1.8.3 Population

The study's population is a collection of individuals who share one or more of the traits being researched. Present study's aim was to investigate the MHL of male and female secondary school teachers. 797Public sector Secondary school teachers serving in

Tehsil Rawalpindi during session 2022 was the population of current study. However for in-depth view of the phenomenon, researcher also conducted semi-structured interviews of secondary school heads therefore 163 heads of secondary schools were also included as population of the study. List of schools was taken from Punjab School Information System (SIS Punjab, 2022) website which is attached in Appendix B, J &K).

Following is the detail of the population.

Table No 1.1

Population of Study

Sr #	Population of study	Female	Male	Total
1	Secondary School Teachers	381	416	797
2	Secondary School Heads	87	76	163

Table1.1explained number of gender wise secondary school teacher's and heads population presently serving in Tehsil Rawalpindi session 2022-23.

1.8.3.1 Population A Secondary School Teachers

Population A of the study include 797 Secondary school teachers. Out of which female secondary school teachers were 381 and male secondary school teachers are 416.List of schools was taken from School Information System, Punjab (SIS Punjab 2022) website which is attached in Appendix B, J & K).

1.8.3.2 Population B Secondary School Heads

Population B of the research study included 163 Secondary school Heads. Out of which female secondary school heads were 87 and male secondary school

heads were 76. However this was not the main population of the study and it was added only to counter check the information provided by the population A.

1.8.4 Sampling Technique

Sampling technique identifies the specific process through which respondents of the sample are selected. Results obtained through sample are generalized on the whole population (Babbie, 2015).Present study was comparative in nature so there were two strata of male and female secondary school teachers. Therefore, researcher used stratified sampling on the basis of gender. Moreover, the number of male and female strata was not equal so, researcher used proportionate stratified sampling technique. Similarly, convenient sampling was used for the sample of heads of secondary schools. However, it was not the main sample and it was used only for triangulation purpose.

Table No. 1.2

Sampling Techniques of the study

Sr #	**Sample**	**Sampling Technique**
1	Secondary School Teachers	Proportionate stratified sampling
2	Secondary School Heads	Convenient sampling

Table 1.2 explained sampling techniques of the study.

1.8.5 Sample Size

Krejcie and Morgan (1970) table was used to determine the sample size. From 797 population, 260 was total sample of the study. For gender based sampling, Proportionate stratified sampling technique was adopted.

So following sample was considered for the study

Table No. 1.3

Sample of the study

Sr #	Gender	Population	Sample	Sample Percentage	Rate of Return	Rate of Return Percentage
1	**Female Secondary Teachers**	381	123	30%	107	86.99%
2	**Male Secondary teacher**	416	137	30%	119	86.88%
3	**Total**	797	260	30%	226	86.92%
4	**Female Heads**	87	08	9.19%	04	50%
5	**Male Heads**	76	08	10.52%	04	50%
6	**Total**	163	16	9.82	08	50%

1.8.5.1 Sample A Secondary School Teachers

Sample A of the research study includes 260 Secondary school teachers. Out of which 123 were female teachers while 137 were male teachers.

1.8.5.2 Sample B Secondary school Heads

Sample B of the research study include 16 Secondary school Heads. Out of which female secondary school heads were 8 and male secondary school heads were 8. However, this sample was used only for triangulation purpose.

1.8.6 Instrumentation

The data was collected with the help of a questionnaire and a semi structured interview. The first instrument was an adapted tool on mental health literacy model, initially given by Dias, Campos, Almeida and Palha (2018) in their research study ‘‘Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy Questionnaire’’.

Researcher adapted Mental Health Literacy tool on the basis of theoretical framework of the study. Tool consisted of close ended statements. Statements were divided into four dimensions. Researcher used Five-Point Likert scale to collect responses. The researcher used Mental Health Literacy Scale based on Mental Health Literacy Model presented by Dias et al. (2018). The tool was initially developed by Dias, Campos, Almeida and Palha (2018). The research tool was openly accessible under terms and conditions of the Creative Commons Attribution. However, for ethical consideration researcher had also corresponded with authors, for formal permission. They shared the adult version of the tool with the researcher. Further the researcher made some minor changes according to the participants of the research and developed the tool based on 34 items to collect data.

Another tool was semi-structured interview of secondary school heads to know the inside view of secondary school teachers MHL.As the MHLS was based on self-reported data and there may be a chance of biasness in their responses; therefore in order to eliminate error of self-reported data researcher chose to conduct semi-structured interviews of secondary school heads to counter verify the data reported by secondary school teachers.

1.8.6.1 Mental Health Literacy Scale

This tool intended to explore the four dimensions of MHLS of secondary school teachers. Each dimension had 10,9, 8 and 7 questions subsequently.

Table No. 1.4

Description of Mental Health Literacy Scale (MHLS)

Sr #	Variables	Sub Variables	Items
1	Mental Health Literacy	I. Knowledge of mental health problem	1-10
		II. Erroneous beliefs/Stereotypes	11-19
		III. First aid skills and Help seeking behavior	20-27
		IV. Self-Help strategies	28-34

1.8.6.2 Semi-Structured Interview Tool for Secondary school Heads

The researcher conducted semi-structured interviews from heads of secondary school after the validity of interview tool. The interview tool consisted of 20 semi-structured questions that intended to explore the inside view of secondary school teacher's MHL.

Table No. 1.5

Description of Interview sheet for Heads of Secondary schools

Sr #	Variables	Sub Variables	Items
1.	Mental Health Literacy		1-4
		i. Knowledge of mental health problems	5-8
		ii. Erroneous beliefs/Stereotypes	9-12
		iii. First aid skills and Help seeking behavior	12-16
		iv. Self-help Strategies	16-20

1.8.7 Validity of Instrument

To check the validity of instruments, researcher consulted subject experts of psychology and Education. On expert's suggestion researcher did some amendments and removed irrelevant questions from the instruments.

1.8.8 Pilot Testing

To assess the reliability of instrument, researcher did pilot testing. A small portion of the population was selected for the pilot trial. Teachers at public secondary schools in the Khayaban-e-Sir Syed Sector provided the data. Total 68 questionnaires were distributed among the secondary school teachers while

received 56 questionnaires in complete form. Data was collected by personally visiting the respondents.

1.8.9 Reliability of the Instrument

In order to examine the reliability of instrument, tool was applied on 56 secondary school teachers. In pilot testing Cronbach alpha and correlation of the items was calculated. Teacher's MHL Scale was found reliable at 0.916 Cronbach's Alpha which indicates that questionnaire was reliable in terms of total item Co-relation. There were four subsections of the MHLS as Knowledge of MH problems, Erroneous beliefs/stereotypes, First Aid skills and Help-seeking behaviour and Self-Help Strategies with reliability 0.86, 0.66, 0.62 and 0.86 respectively.

1.8.10 Data Collection

Data was collected by conducting survey on secondary school teachers through personal visit by the researcher. The researcher briefed teachers about the questionnaire. Most of the teachers filled the questionnaire on the same day while few took 3 to 4 days. Total 260 questionnaires were distributed. Out of which 226 were received. Rate of return was 86.92%.

Similarly data from Secondary school heads was collected through conducting semi-structured interviews. 16 heads of the secondary institutes were approach for interview. However only 8 heads responded and gave their valuable time and answers of interview questions.

1.8.11 Data Analysis

Data was analysed by using Statistical product and service solution (SPSS 20th Edition) Statistical techniques such as Mean and independent-sample t-test was used to analysis data. Similarly interview data was analysed through thematic analysis. Results of interpreted data were later on discussed in Chapter 5 while table 1.6 shows test applied for data analysis.

Table No 1.6

Research Objectives, Hypotheses and Statistical Analysis Techniques

Sr #	**Objectives**	**Hypotheses**	**Statistical Analysis Techniques**
1	To examine the Mental Health literacy of secondary school teachers.		Mean
2	To compare the mental, health literacy of male and female secondary school teachers.	No significant difference between mental health literacy of male and female SST's.	independent -sample t-test

1.9 Operational Definitions

The researcher used the operational terms in following meaning.

1.9.1 Mental Health (MH)

Mental Health is defined as having a balance between an individual's emotional, psychological and social well-being. A person with sound MH can perform the entire routine task without the support of others.

1.9.2 Mental Health Literacy (MHL)

Mental health literacy is defined as having sound knowledge about MH problems as well as having a sound idea about erroneous beliefs/stereotypes related to MH. It also includes first Aid skills and help-seeking behaviour and self-help strategies.

1.9.3 Mental Health Problems

All the activities that disturb the normal emotional, psychological and social functioning of an individual are called MH problems.

1.9.4 Knowledge about Mental Health Problems

Having a general concept of mental health problems that may help in recognition, prevention and management.

1.9.5 Erroneous Beliefs/Stereotypes

Having untrue and unfair beliefs about mental health problems.

1.9.6 First Aid Skills and Help-Seeking Behaviour

Person's ability to provide support to another person facing mental health problems. Whereas, Help-seeking behaviour is defined as an action to seek help open-heartedly from a senior person or health care service at the time of need.

1.9.7 Self-Help Strategies

A person's ability to manage minor MH problems himself.

1.10 Delimitations

Due to limited time constrain and resources, following were the delimitations;

1. Study was delimited to secondary school teachers of Rawalpindi city only.

2. It was also delimited to Public sector secondary school teachers of Rawalpindi city only.

3. Further, it was delimited to regular/permanent secondary school teachers only.

4. Moreover it was delimited to secondary school teachers of Punjab government only.

CHAPTER 2

REVIEW OF THE RELATED LITERATURE

This part provides an inclusive review the literature, related to MHL in general as well as among teachers with special focus on secondary school teachers. The researcher has elaborated the major concepts of MHL with the support of existing literature followed by models and theories of MHL. Later on a concluding review on related literature has been given. Mainly this chapter has been divided into following 3 sections:

2.1 Overview of research objectives

2.2 Introduction to MHL.

2.3 Theories and models of mental health literacy

2.4 Researches on mental health literacy

2.5 Critical perspective on Mental Health Literacy

2.1 Overview of Research Objectives

The research is built on its objectives since without them; the researcher is unable to accomplish their goal or target. The foundation of each research study is on its objectives. For the aim of examining current study's problem, the researcher selected two main objectives. The following list includes the objective of the research study:

2.1.1 To examine the mental health literacy of secondary school teachers

To attain this objective researcher has adopted a Mental Health Literacy Scale of 34 items based on four parameters. The data will be collected from secondary school teachers through mental health literacy scale. However, for cross verification of the data interviews from heads of secondary school teachers will also be taken. Through

statistically and thematic analysis of the data, level of Mental Health Literacy will be interpreted.

2.1.2 To compare the mental health literacy of male and female secondary school teachers

In order to achieve this objective, researcher has used quantitative approach and has adopted the tool having four dimensions of mental health literacy. Researcher has analysed the mental health literacy on the four parameters.

2.1.2.1 To compare the Knowledge of mental health problems of male and female secondary school teachers.

2.1.2.2 To compare the Erroneous beliefs/Stereotypes of male and female secondary school teachers.

2.1.2.3 To compare the first aid skills and help seeking behaviour of male and female secondary school teachers.

2.1.2.4 To compare the self –help strategies of male and female secondary school teachers.

2.2 Introduction to Mental Health Literacy

This section has introduced all the terms that would help readers to clarify the concept MHL.

2.2.1 Mental Health Definition

Dictionary meaning of Mental Health is “The absence of Mental Illness, including a person’s experience, behaviour, individuality and social wellbeing’’ (Szasz, 1960). In the beginning mental health was considered as absence of mental illness, however in recent decades’ mental health definition has been conceptualized. Rosenfield and Mouzon (2013) defined mental health as: ‘‘it affects physical health, interpersonal

relationships as well as day to day life activities including behavioural, cognitive and emotional well-being. Mental health refers to the state how people behave, think and feel’’. According to Thommesen (2010), maintaining a strong and stable mental state is the key to achieve personal happiness throughout routine activities. Accordingly, World Health Organization (2010) has defined MH a condition in which people recognizes their latent potential and is able to adapt to everyday stressors, work productively, and enhance their surroundings. According to Thornicroft (2008), MH is "the capacity for fulfilling relationships, the maintenance of adaptive behaviour and thinking, the possession of coping mechanisms, and the presence of good self-esteem". The convergence of social, emotional, and mental health activities is defined as mental health (Keyes et al., 2012). Similar to this, Thommesen (2010) claimed that having a strong mental state is a way for someone to be content with their everyday routine tasks. As World Health Organization(2010) stated that MH is "a condition of well-being in which the individual recognizes his or her own strengths, can cope with the usual demands of life, can work successfully and fruitfully, and is able to make a contribution to his or her community".

Mental Health (MH) is an instance of mental and passionate welfare when a person can use their enthusiastic and cognitive abilities, work in the public light, and fulfil the standard necessities of ordinary day to day existence (Papish et al., 2013). Culture, which is reflected in the strict judgments of the general public and cultural standards, is also a factor that affects health and prosperity. A sound body has a sound mind. Mental Health (MH) guides us to remain flexible, or the capacity to adapt to

life pressures, emotional prosperity and inner quality. It enables us to adapt to the demand of daily life (Petersen, Lund & Stein, 2011).

Understanding that mental illness is a clinical problem that affects a person's emotions, feelings, thinking, behaviour, and relationships with others is important in light of the aforementioned definitions. Hall (2016) stated that 21% of MH difficulties worldwide involved people who were disabled. According to World Health Organization (2010) report, depression was a major contributor to impairment in 26 different nations. Similar to this, the World Health Organization (2014) found that 76% to 85% of people in underdeveloped nations and 35% to 50% of people in advanced countries face MH difficulties.

2.2.2 Development of term Mental Health Literacy

2.2.2.1 Origin

Health literacy, which attempts to improve knowledge of physical care, illness, and treatment, is where the idea of mental health literacy originated (Parker, 2000). Similarly, Jorm (2000) coined the term "mental health literacy" and described MHL as the understanding of and attitudes about mental disease that aid in the identification, treatment, and prevention of mental health problems.

2.2.2.2 Future developments in term Mental Health Literacy

Jorm (2012) resurrected the definition of mental health literacy. Additionally, he offered information that may help an individual or an entire community, like first aid skills for aiding others and awareness about preventing and recognizing mental illnesses. Therefore, the four elements of MHL were:

1. Knowledge of mental health
2. Recognition of mental diseases
3. Self-help techniques
4. First Aid knowledge.

In addition, MHL needs to be created appropriately and linked with social and organizational setup (Kutcher et al., 2015). Interventions in MHL should also be appropriately adapted. MHL interventions should be assessed and proven to enhance all aspects of MH, such as awareness of MHI, ability to recognize them, use of self-help techniques, and first aid training (Kutcher, Wei, McLuckie& Bullock, 2013).

2.2.3 Mental Health Literacy dimensions

Stress in everyday life can range in severity. Anxiety, stress, depression, and other mental illnesses are among the most prevalent. The World Health Organization (2014) states that eating disorders, anxiety, stress and depression frequently go unrecognized.

2.2.3.1 Stress and depression

Uncertainties exist regarding the relationship between stress, anticipated stress, and depression symptoms. While stress raises the risk for depression, depression on the other hand also increases a person's sense of powerlessness in confronting difficult situations, especially those that affect them either completely or mostly (Liu & Alloy, 2010). Two models have been created to illustrate this:

1. The stress presentation model
2. The stress age model of depression

The stress presentation paradigm assumes that humans can latently withstand upsetting life occurrences (Hammen, 2005). This suggests that individuals have no influence over the distressing occurrences in their lives as opposed to being dependent on life occasions whose occurrence a person can mostly control. Take the death of a family member as an illustration. According to the stress age concept, individuals are active agents who have the potential to initiate or regulate upsetting life occasions (Liu & Alloy, 2010). Numerous segment features, such as gender, have been discovered to affect the stress age. It has been discovered that the stress age varies depending on certain segment characteristics, like gender. The concept further explains that individuals who are more defenceless against depression are more likely to encounter unpleasant life situations. This applies more so to occasions that are in some manner controlled by the person in question than to unrestricted occasions or unrestricted events. Moreover, certain characteristics also affect how such incidents are handled. Maladaptive behaviours involving more helpless individuals may increase the severity of stress associated to basic life occasions (Hammen, Kim, Eberhart & Brennan, 2009). Likewise subordinate life events are more predictive of burdensome episodes than autonomous life events, so the ability to manage subordinate life events has an impact on the management of current disorder as well as the repetition of the resulting burdensome situations (Chaudary, 2017). Stress age may cause Depression indicators as well as be connected to several clusters, such as irritability and anxiety (Liu & Alloy, 2010). One of the most prevalent Mental Disorder worldwide is Depression

(Bruffaerts et al., 2012). Females are reported to be more susceptible to Depression than men, despite the fact that it can be difficult to identify typical examples of its dispersion over different zones (Levinson, 2006). Furthermore, those who undergo Depression episodes are likely to experience another disorder, and the helplessness toward subsequent events expands dynamically (Harkness, Bruce & Lumley, 2006). Therefore, it is crucial to understand the relationship between stress and Depression in order to study the causation as well as the consistency of Depression symptoms. Scholarly literature has extensively documented the link between stressors, stress, and Depression (Thoits, 2010). Distressing life experiences have been found to precede severe depression episodes in a few studies using the experimental study design (Hammen et al., 2009). In contrast to that, Chaudary (2017) argued that Depression patients are more likely to experience stressors, and Depression in 80% of cases, due to a follow-up unpleasant life occurrence. Whatever the case, it's important to understand whether the unpleasant occasions were entirely or partially the person's fault. The unpleasantness of the situation is determined by how the person observes the stressor and how it is handled. In a similar vein, specific personal traits and conditions might be a big clue that stress is turning into something difficult to handle. There have been some successes in objectively classifying the stressor's level of stressfulness. One such strategy, as described by Brown and Scheid (2010), is the effective dissection of the circumstances surrounding the occasion and the events that occurred there. The severity of stress was then fairly understood using these data. In this way, it

became possible to determine how a person would ordinarily behave in the face of an occurrence under identical circumstances.

The literature study on stress and depression also reveals that two techniques have been the main focus of evaluations for the most part. On the one hand, there are studies that identified groups that were divided depending on the presence or absence of the stressor before to the Depression episode and then examined the signs and symptoms to see if they were due to biological/hereditary (endogenous Depression) or social factors (exogenous Depression). However, some factors determined whether the pressure was felt before the onset of adverse effects by dividing groups based on endogenous and exogenous indications (Hammen, 2005). Although the findings of these studies have not always been credible, there is universal agreement that stressors are responsible for both endogenous and external discouragement. However, there have been some unique circumstances, and some research has suggested that endogenous Depression side effects are less likely to be preceded by a positive stressor than exogenous indicators. However, endogenous side effects were thought to be more bizarre and associated to worry in subsequent episodes than the external indications (Chaudary, 2017). Because of the complexity involved in operationalizing these concepts, studies focused on endogenous and external indications and their relationship to stress are limited. For instance, it is accepted that older patients were more experience endogenous indications, a complex variable that is challenging to manage (Hammen, 2005). Furthermore,

other studies that contribute to the limitations of this association, address the validity of proportions of distressing life occasions.

2.2.4 Worldwide focus on Mental Health Literacy

Mental Health has directly or indirectly affected many people, with a lifetime risk of over 25% (WHO, 2001). Mental disorders actually account for 12% of all diseases worldwide. In the World Mental Health (WMH) Survey, up to 50% of confirmed cases of psychological instability in developed countries and 85% of confirmed cases in less developed countries had received no therapy in the year prior. The situation is made worse by prolonged periods of violent political turmoil in under developed countries (Al-krenawi, 2005)

2.2.5 Knowledge, Attitude and Beliefs regarding Mental Health Literacy

In general, physical illnesses will be associated with fewer stigmatizing signs than Mental Illness (Raguram & Weiss, 2004). Different countries have archives of similar scientific results. A Nigerian study that was conducted in the provincial town of Karfi looked at persons in rural areas' knowledge, attitudes, and beliefs regarding the causes, symptoms, and management of Mental Illness (Kabir, Illiyasu, Abubakar & Aliyu, 2004). The will of God (19%) and soul ownership (18%) came in second and third, respectively, with more than 33% of respondents believing that drug addiction and abuse is a key cause of Mental Illness. An important percentage of respondents (34%) endorsed profound spiritual healers, despite the fact that 46% of respondents recommended clinical medications. Social viewpoints and convictions have a strong relationship to cause attributions of Mental Illness and can influence how care is provided. Another study examined clinically stable outpatients with practical MH

concerns who were travelling with family members to assess beliefs regarding the cause of Mental Illness (Choudhry, Mani, Ming & Khan, 2016). All of the patients and their families believed in strange causes for their illnesses. It was discovered in Malaysia that people with mental illnesses who believe in supernatural causes are compelled to seek out spiritual healers and are less likely to consent to medical care and prescriptions. Thus, for various Mental Illnesses, Ethiopians favoured using black magic, cultivation, and sacred water than medical care. As a result, traditional healers are frequently chosen to provide MH care in many underdeveloped countries.

2.2.6 Mental Health Literacy in Pakistan

Around 97% of the people of Pakistan are Muslims, making it a predominantly Muslim country. Pakistan also boasts the largest population of people between the ages of 15 and 29 on the planet, estimated at roughly 54 million (UNICEF, 2013). According to estimates, currently 104 million Pakistanis are thirty years old (Thommesen, 2010). An accurate assessment or a lack of reporting could be to reason for Pakistan's previous low record of MH concerns. Although there have been a drastic change in detailing since the mid-1990s, Mental Illness is still a taboo topic. Because of this, the careful handling of factual data with regard to MH is permitted and accepted by the public, and this has led to a joyful response due to the necessity and recognition of the treatment (Khan, Bower & Rogers, 2007). MH is a very underdeveloped field in Pakistan. There are only about two or three proficient specialists for every million people working as social workers, clinicians, or other specialists in the sector (Bruffaerts et al., 2012). Despite the fact that a sizable portion of Pakistan's population lives in rural areas, the major part of these professionals is

concentrated the country's largest urban centres. According to one analysis, Baluchistan, which is likely the largest province in terms of territory, has no female psychiatrists or psychologists (Shahid et al., 2009).The beneficial outcome of the de-regulation and de-centralization process in development is the shift on the focus of MH by providing mental refuges to demonstrate emergency clinics to the goal of reaching the doorsteps of effective people (Ahmed & Reddy, 2007).

Religion has immense power in Pakistani culture. Although Islam predominates, many people maintain incredibly complicated belief frameworks. Imams who are strong and profound have a huge following of admirers. The belief in dark magic, the stink eye, and Jinni (evil presences) possession are widespread in Pakistani society, possibly as a result of the country's poor levels of training and knowledge. Many people believe that heavenly forces are blame to seek assistance for their physical and Mental Illness from faith healers and other elective professionals as a result. This propensity to enter a deep state of relaxation has emerged as a potent technique for controlling stress and dealing with the many problems people of this region of the world encounter (Gachingiri, 2015). Numerous of these faith healers and optional professionals lack conventional education, including adequate Quranic or Sunnah training. They frequently express self-developed beliefs that are distinct from those of the traditionally religious. People are aware of these and use them to deceive visitors who come for religious reasons. In their practice, faith healers offer ideas for the statistics and broad generalizations related to psychological maladjustment. People in South Asia who deal with harsh socioeconomic situations, basic levels of education,

psychological warfare, violence, and widespread stigma against MH concerns continue to be heavily dependent on healers for their care (Irfan, 2016).

2.2.7 Mental Health Care in Pakistan

Only 0.4 percent of Pakistan's small health spending budget is designated for MH (WHO, 2010). Compared to other Asian countries, the health ministry of Pakistan spends a fairly small amount of money. In Pakistan, there is no social protection plan in place for mentally ill patients. Only five MH facilities exist, and the rate of roughly 2 beds per one lac (100000) people is shockingly low (WHO, 2010). In total, mental patients spend roughly 50 days in emergency rooms, with 84% of them leaving the facilities within a year. There are 400 psychiatrists in Pakistan, or 0.23 per one million people, according to statistics on human resources (Javed, Khan, Nasar& Rasheed, 2020).

Pakistan was administered by the 1912 Act, which the British passed during the period of the pilgrimage and provided benefits for mental health. A MH Ordinance was authorized in 2001, despite the fact that it was mostly constrained by the pressure of universal commitments (WHO, 2009). This Ordinance brought about significant changes to the legal system in handling and caring the property of people with mental health disorders. In 2003, the MH strategy and plan were modified in light of this Ordinance (WHO, 2009). While the Mental Health Ordinance's arrangements and associated strategies and plans were in effect, the Ordinance was cancelled in 2010 as a result of the 18th Constitutional Amendment (WHO, 2015). The provinces had to create their own legislation because the alteration made health administrations a common problem. In this way, Punjab, Pakistan's largest province, adapted the

Mental Health Ordinance in 2014 with no changes. Only Sindh, out of the sizable number of areas, implemented its administrative system, known as the mental Act 2013 of Sindh (Tareen &K.Tareen, 2016). In general, the implementation of MH legislation and agreements is at best sluggish and doesn't seem to be a necessity for administrative action in any jurisdiction.

Pakistan has a young population, with almost half of the population under the age of 25. The number of drug users in the country is predicted to be 3 million. In the last couple of years, the rate of suicide has increased substantially. In 2012, there are predicted to be 13,377 suicides, and the rate of unrefined self-destruction is predicted to be almost 8 per 100,000 people (WHO, 2014). Another one to two percent of the population suffers from serious Mental Health, which includes bipolar disorder and schizophrenia. Around 15% of children are estimated to have MH problems (Mian, 2013). Spending on public health is consistently less than 1% of the GDP (Jakovljevic&Getzen, 2016). Financial planning for MH is the same as for physical health. No medical insurance is provided. There are only 400 psychiatrists in Pakistan (Javed, Khan, Nasar& Rasheed, 2020), which results in a distressing ratio of one therapist per 500,000–1,000,000 people. While most specialists work in metropolitan areas, 60% of the population resides in rural areas of the nation. According to Mian (2013) MH is the area that Pakistanis avoid the most. Regular healthcare services are available. Four thousand five hundred and fifty-five dispensaries and nine hundred and forty-six emergency clinics, health centres, and units are available. There are 300 and 400 active therapists and psychiatrists in Pakistan, respectively. Pakistan has a

fairly small number of MH experts working there compared to other nations (Hassan,Ventevogel, Jefee-Bahloul, Barkil-Oteo&Kirmayer, 2016).

2.2.8 Mental Health Stigma and Awareness in Pakistan

People with MH disorders still perceived as being ill-equipped, reckless, and flighty, which makes them avoidable in the network (Henderson, Evans-Lacko& Thornicroft, 2013). People who struggle with Mental Illness are therefore put to the test by both their illness and the stigma and stereotype attached to it. As was previously said, a large number of people in Pakistan have little to no formal education, struggle to make ends meet, and must deal with a wide range of problems on a daily basis. The unusual idea is overflowing, and belief in strong causes of disease (such as black magic, an adversarial look, or Allah's purpose) can act as a barrier to understanding. . Additionally, mental patients are stigmatized as crazy and many people agree that they cannot be treated (Jadoon,Yaqoob, Raza, Shehzad & Zeshan, 2010).

According to Kakuma et al. (2010) awareness is essential to managing the problems of stigmatizing mentally ill people as well as to modifying open viewpoints and practices. This understanding must be maintained by structural attention. Mental Illness is neither preventable nor caused by strong forces. By dispelling some of the myths surrounding Mental Illness and pursuing the best possible outcome, it should become common knowledge that people also have rights of having good health and Mental Illness needs to be consider similar to a physical illness. A private Karachi medical clinic reported the results of a brief introduction that raised awareness of MHI's. Results showed that 25% of the participants suffered from self-stigmatizing

shame, but they delayed seeing a therapist or clinician because they didn't want to draw attention to it. Additionally, 60% of the members expressed the open shame or taboo associated with MH treatment, meaning that speaking with a professional or clinician meant openly admitting to being upset. The most surprising finding was that while almost 80% of members agreed that there was a requirement for MH benefits in Pakistan, there was a lack of awareness among both the general public and human service providers working outside the MH sector. The majority of the members turned to unhealthy coping mechanisms to deal with their stress, including alcohol, drugs, detachment, inactivity, and separation from loved ones, all of which contributed to Mental Illness (Irfan, 2016). The term "pagloonkisehat," which means "strength of frantic," is frequently used in Pakistan to describe MH concerns. The treatment of people who are mentally ill is hampered by this stigma and generalization.MH is a crucial component of overall wellbeing. Anyone having a neuro-biochemical difference may be affected, and it always ensures a suitable treatment (Hassan et al., 2016).

2.3 Theories and Models of Mental Health Literacy

Health literacy, which has typically focused on the impact of people's basic reading and numeracy ability on health results, gave rise to MHL (Berkman, Sheridan, Donahue, Halpern & Crotty, 2011). As a multi-develop hypothesis MHL enables to maintain the constructs of MH knowledge, help-seeking viability and stigma separately and collectively (Shaffer, DeGeest& Li, 2016). Despite this, there are no psychometrically robust measurements or understandings of the concepts that give rise to MH information (Wei, McGrath, Hayden & Kutcher, 2015). Over 60% of those with Mental Illness don't receive treatment, making it a

major problem in the country. MHL theory indicates knowledge, attitude, and beliefs (KAB) concerning the accompanying Mental Illness areas: causes, recognition, how to look for information and sources of assistance are all listed before causes (Bamgbade, Harrision & Barner, 2014).

2.3.1 Biopsychosocial Model

George Engel (1977) first proposed the idea of the biopsychosocial model. It states that in addition to biological factors, psychological and social factors should also be taken into account in order to comprehend a person's medical condition.

1. Physiological pathology

2. .Psychological (thoughts, feelings, and actions, such as attribution, fear/avoidance beliefs, psychological distress, and present coping mechanisms).

3. Social (economic, socio-environmental, and cultural aspects, such as problems at work, family dynamics, and financial benefits).

   According to this model, pain is a psychophysiological behavioral pattern that cannot be solely attributed to biological, psychological, or social factors. It is suggested that in order to address all of the elements that go into the experience of chronic pain, physiotherapy should incorporate psychological treatment.

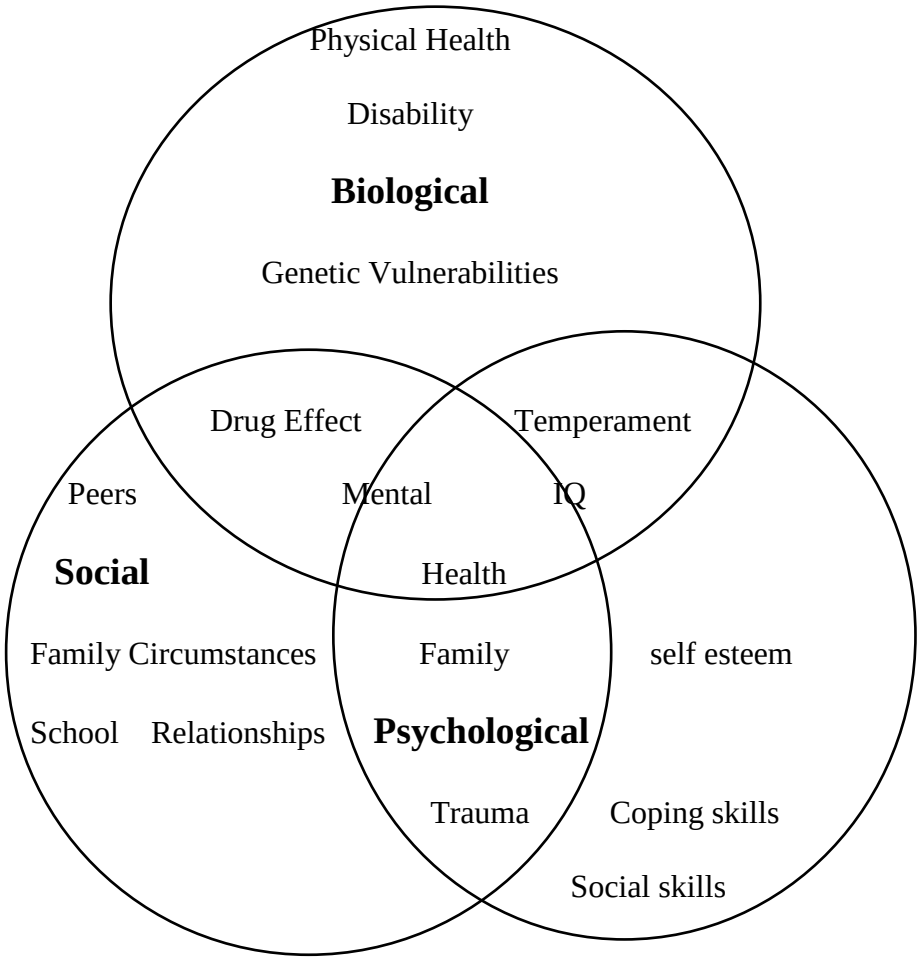

Figure 2.1 George Engel's Biopsychosocial model

Since the brain, neuro anatomy, and related bio chemicals are all physical things that interact to mediate psychological processes, the biological model is predicated on the concept that addressing any mental illness must be physical or biological. This concept draws in part upon a wealth of data on the principal neurotransmitter serotonin, suggesting that major psychological diseases such as bipolar disorder and anorexia nervosa are caused by unusually low brain levels of serotonin.

2.3.2 Behavioral model

The behavioural model concept was introduced by Bandura (1986). According to the behavioural paradigm, every maladaptive behaviour is fundamentally learned through one's surroundings. As a result, psychiatrists who adhere to this model's principles would place more emphasis on behaviour modification than on figuring out what causes dysfunctional behaviour. According to this approach, the primary treatment for psychiatric disease is aversion therapy, which combines the stimulus that causes the dysfunctional behaviour with a second stimulus in an attempt to modify the patient's response to the first stimulus by drawing on the experiences of the second. Systematic desensitization is another useful technique, particularly when phobias are involved. This is intended to lessen the first phobia's perceived fear, anxiety, etc. as compared to the second phobia. Although this approach is quite effective in treating phobias and obsessive disorders, it ignores the underlying root of the condition.

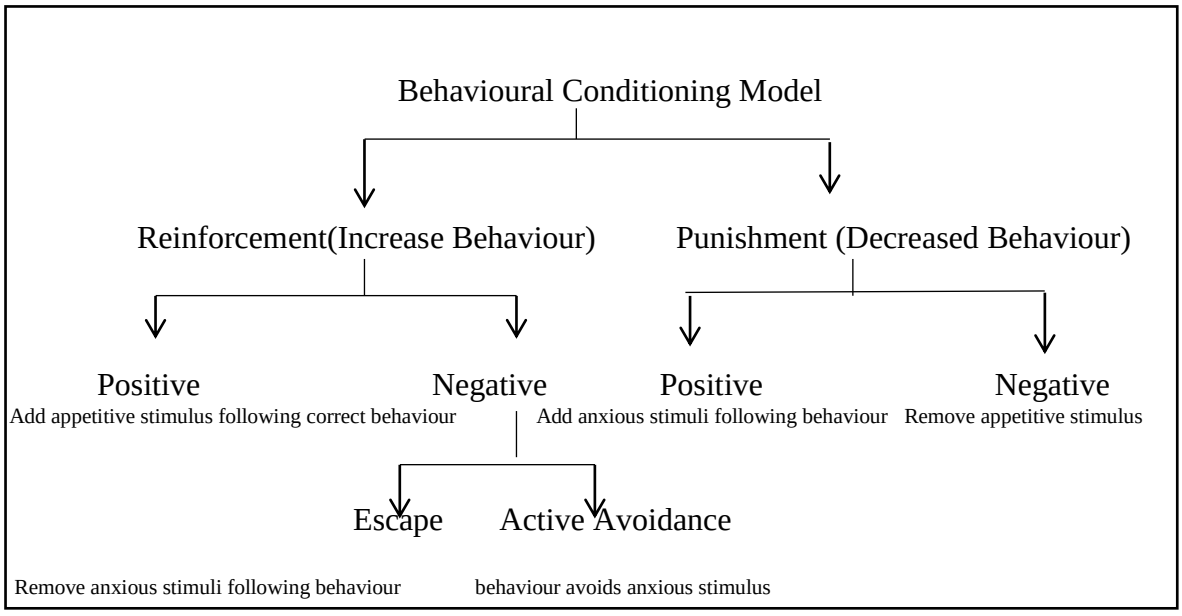

Figure 2.2 Bandura's Behavioural model of mental health

2.3.3 Cognitive model

Ulric Neisser established the cognitive model of mental health (1967). It focuses on cognitive deficits, especially the lack of adequate planning and mental processes, as well as cognitive distortions or dysfunctions. According to this concept, these factors are the root cause of many psychological diseases. Psychologists that adopt this perspective also attribute abnormalities to irrational and negative thinking, with the central tenet being that thought governs behaviour. A key component of the cognitive model of mental health is the assessment of inborn mental functions like perception, attention, memory, and problem-solving. In particular, the process enables psychologists to create therapeutic approaches and interventions and to understand how mental illnesses arise and the relationship between cognition and brain function.

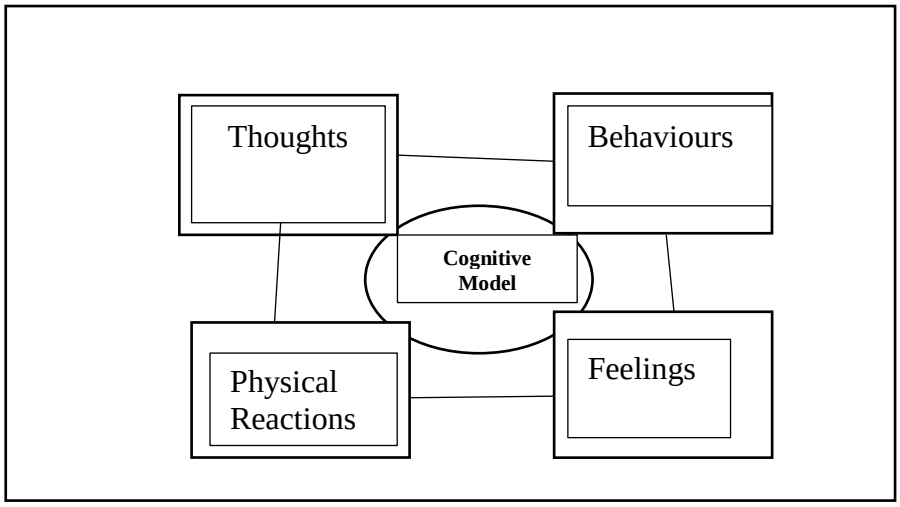

Figure 2.3 Ulric's Cognitive model of mental health

2.3.4 Labelling Theory (LT)

Labelling Theory (LT) is based on the idea that if people define their circumstances as certain, then their conclusions will also be certain (Scheff, 1974). Thus, labelling some people as intellectually ill and treating them accordingly in society can result in

Mental Illness in those people. To further explain, the Labelling Theory asserts that violations of socially determined traits and standards are seen as expressions of Mental Illness by a larger society. Because good and evil are perceived very differently in different cultures, a person who is regarded as intellectually ill in one may not be in another. Labelling theory postulates that those regularizing rules that separate what is normal from what is abnormal may be changed in order to forecast or manage Mental Illness. It is stated that the labelling hypothesis supports essential methods for addressing social issues, which may help as an initial point for comprehending the effects of labelling and the institutional significance of acceptable and unacceptable behaviour. The hypothesis recognizes that while deviant behaviour can initially be attributed to a variety of causes and conditions, when people are labelled as deviants, they are exposed to a slew of new issues that arise as a result of their own and other people's reactions to contrary shame that are made about them.

2.3.5 Social Learning Theory (SLT)

Bandura (2006) prompt defence cannot accurately represent a wide range of learning as a result; he added a social element to his theory.

Recent advancements indicate that the social learning hypothesis is increasingly acknowledged as a crucial aspect in encouragement of conduct improvement (Muro & Jeffrey, 2008). It suggests learning through interactions with others in a social setting. People independently create comparable behaviours depending on the habits of others. Once someone has witnessed another person's behaviour, they become accustomed to it and follow it (Muro & Jeffrey, 2008). These social learning theory concepts can be applied consistently throughout life. Any age can engage in

observational learning. It is always possible to learn new things through modelling to the extent that presentation to fresh, innovative models that manage assets is possible at the existence stage (Newman, Lohman & Newman, 2007).

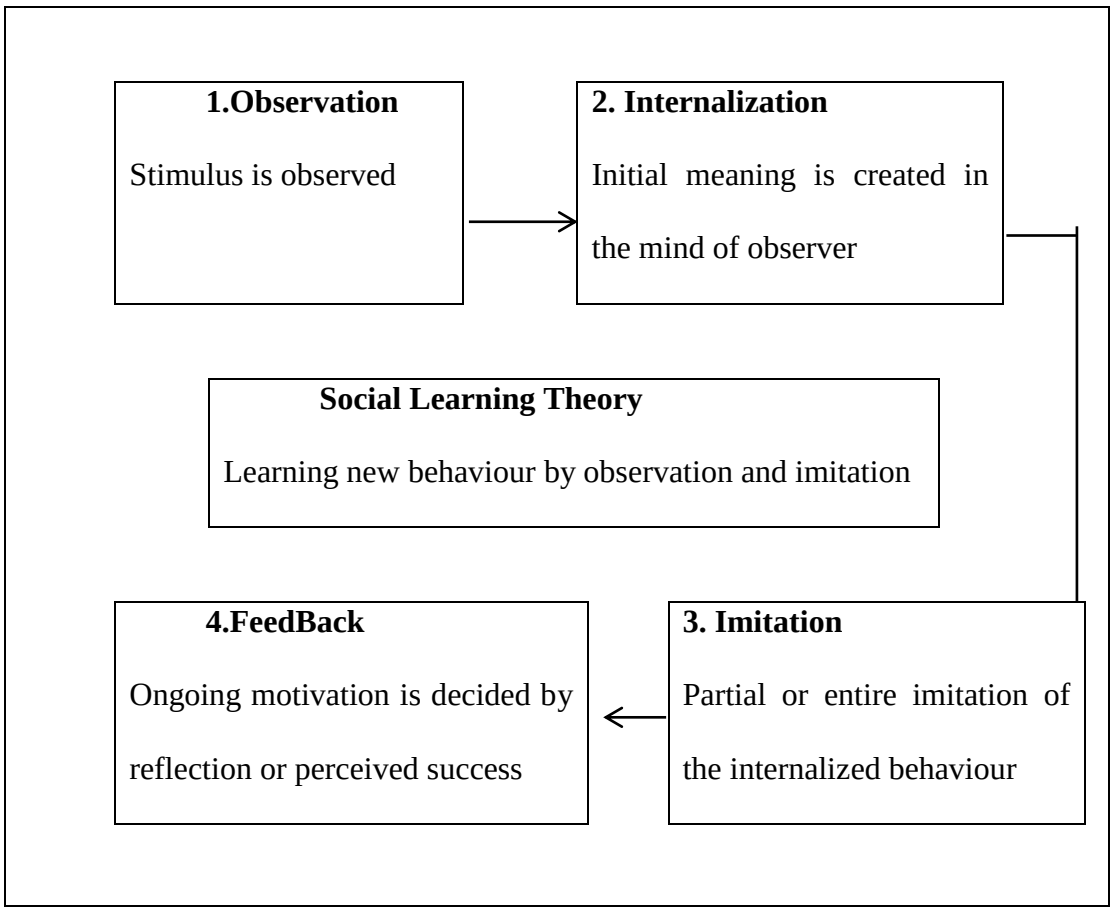

Figure 2.4 Bandura's Social Learning Model

According to Social Learning theory people benefit from one another by using perception, imitation and modelling. These common norms enable learning to feel without a change in behaviour. Behaviourists argue that learning requires a sustained change in behaviour, whereas social learning specialists argue that since people can acquire solely through perception (Bandura, 2006). They established that judgement

has a solid place in learning, and social learning theory has become more subjective in how it perceives human learning over the past 30 years (Newman et al., 2007).

2.3.6 Social Cognitive Learning Theory (SCLT)

This theory suggests that people learn through observing others and that perspectives from other people are crucial to the formation of personalities. Bandura's research had taken on a more comprehensive tone, and his investigations tended to present a more complete picture of social learning and human awareness. Because of the concept he expanded from the Social Learning Theory, the social-psychological theory was created (Bandura & Walters, 1977).

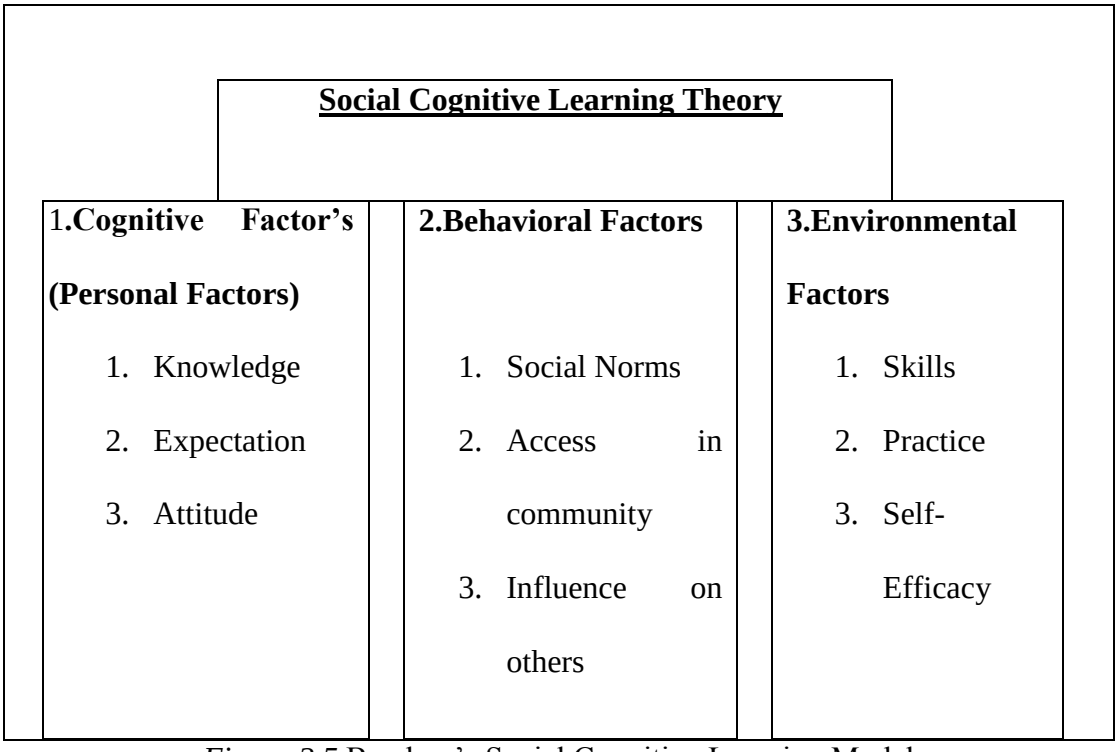

Figure 2.5 Bandura's Social Cognitive Learning Model

A framework for comprehending, predicting, and influencing human behaviour is provided by this theory (Khan, & Ecklund, 2013). The Social Cognitive learning

theory hypothesis also focused on how adults and children perceive social interactions and how such perceptions influence their behaviour and development. Through observing how others behave, people learn new skills and ways of thinking, even though these gains may not necessarily be stronger (Khan & Ecklund, 2013). In light of their studies Marwaha and Johnson (2004) offer some fundamental doubts about

The Social Cognitive Learning Theory of Bandura which asserted that:

1. Learning is an inward process that has the potential to alter behaviour
2. Learning is possible even in the absence of a behavioural shift

Research analysts Betancourt and Khan (2008) supported Bandura's major assumptions of the Social Cognitive learning theory hypothesis and drew attention to that:

1. Cognition takes on a role in learning
2. Behavior is organized toward certain goals

Thus, some studies looked into how discipline and support affect learning and behaviour indirectly (Nabavi, 2012).

2.3.7 Association between Social Learning & Social Cognitive Learning Theories

Bandura (2006) renamed SLT into SCLT. SCLT had been maintained since the 1960s, actually grew out of a more accurate representation of the Social Learning Theory. Later on Green and Peil (2009) claimed that they have attempted to apply psychological theory on worldwide issues like population control and environmental preservation.

2.3.8 Theory of Mind (TOM)

Mind-Body Theory is the ability to attribute mental state to oneself and other people is known as theory of mind (TOM) in psychology study (Premack & Woodruff, 1978). The behaviour of "mind-perusing" or "metalizing" (Leekam & Perner, 1991), is essential to enhance social interaction. In reality, it has come to appear as the safeguard of cognition due to the notion that social interaction involves mind-perusing. However, there is an "agreement that any decent cognitive science should consider itself accountable for defining the advancement of notably social-cognitive boundaries" (Slater & Rouner, 1996). Premack and Woodruff (1978) first coined the term "TOM" while researching the primates' capacity for intentionality. The concept of Theory of Mind (TOM) explains the progress of social awareness (Perner & Wimmer, 1985). It also explains mental clutters like chemical imbalance and schizophrenia (Frith & Corcoran, 1996).

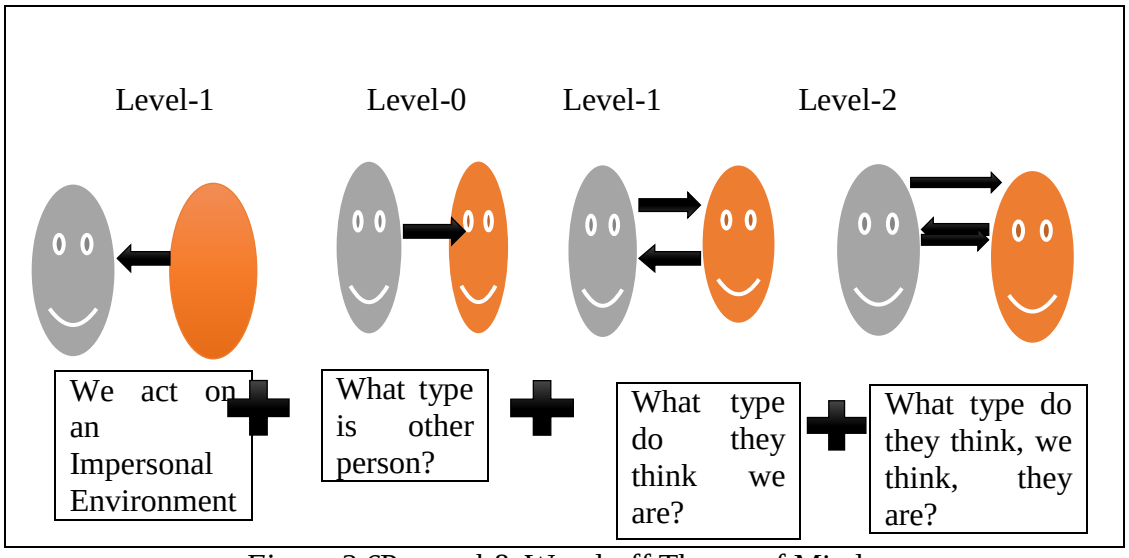

*Figure 2.6*Premack& Woodruff Theory of Mind

2.3.9 Attribution Theory

The goal of attribution theory (AT), a subfield of social psychology is to explain how people choose the causes of an event or behaviour as well as the impact of those decisions on subsequent behaviour. The fundamental hypothetical framework, first proposed by Heider (1958) then later on it was modified by Kelley (1967). Since then, Attribution theory has expanded beyond social research psychology and is now used in many areas of executive science. The concept of "gullible (niece) psychological research," which Heider invented in 1958, serves as the basis for Attribution theory. Its objective is to observe how believers determine the causes of specific situations. A number of Attribution theories have been developed from this first step. These include Kelley's model which has gained widespread acceptance in scholarly writing.

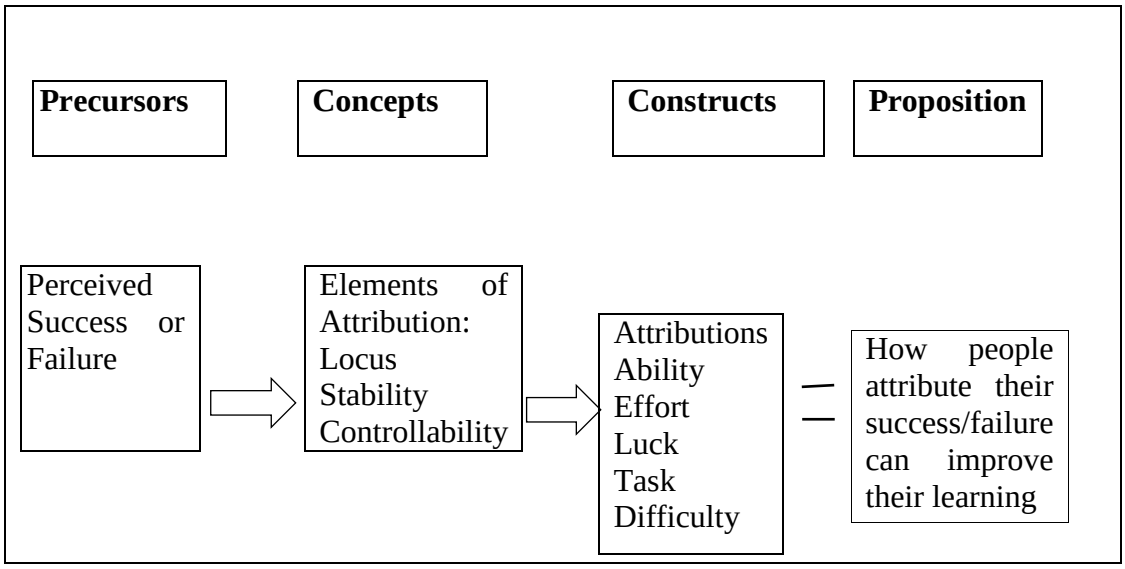

*Figure 2.7*Heider's Attribution Theory

2.3.11 Kelley's Model

According to Kelley & Michela (1980), when observing someone else's behaviour prior to a specific upgrade at a particular occasion, one can attribute that behaviour to

three different causes: the person in question, the improvement (also referred to as the substance), and the conditions existing apart from everything else. An influence is attributed to one of its potential causes whose covariance it changes with over time in this type of attribution, which is done using the covariance rule. Covariance is defined by three factors: consistency, agreement, and uniqueness. Consistency is the question of whether a person consistently behaves in a certain way before comparable improvements at different points in time (does this individual showcase comparative conduct when faced to various boosts). Viewers will attribute explanations for someone else's behaviour to either internal (suitable to the individual) or external (appropriate to the world) causes depending on the degree of consistency, agreement, and originality.

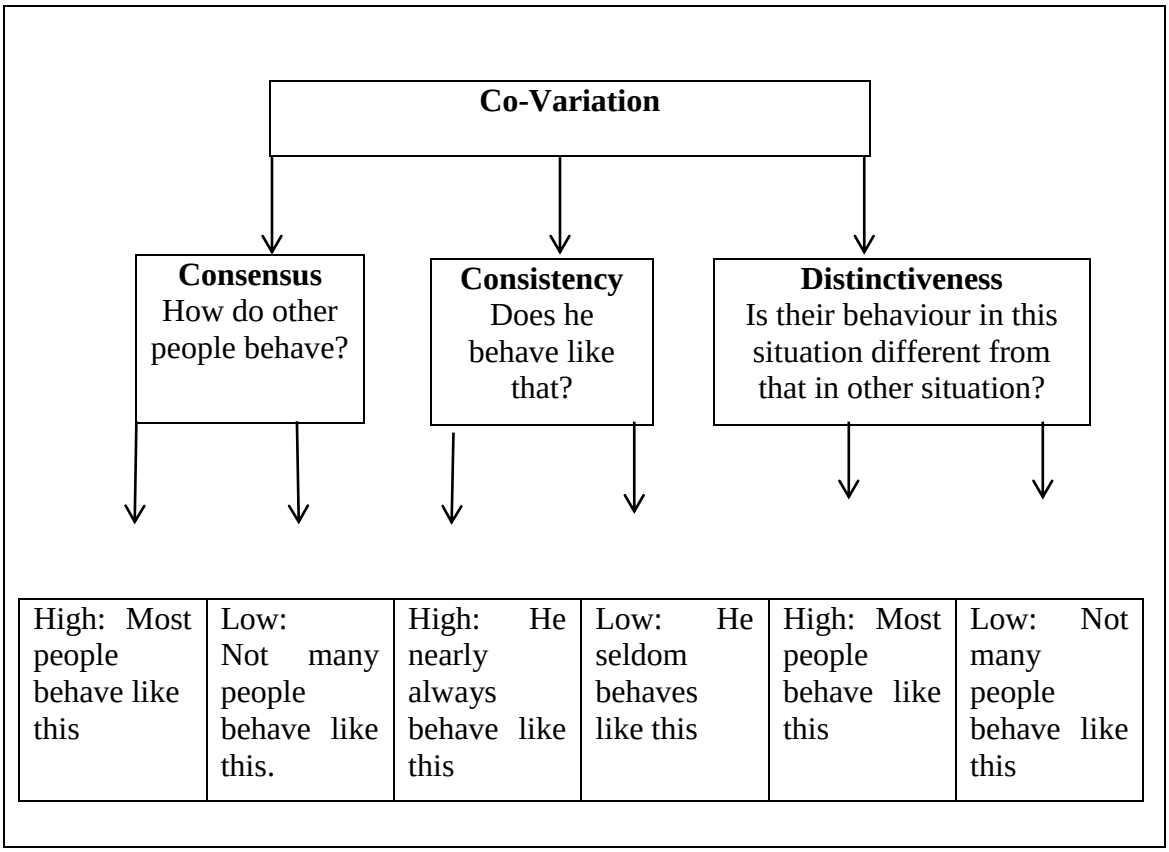

*Figure 2.8*Kelley's Attribution Model

2.4 Researches on Mental Health Literacy

Many researchers have studied different dimensions of MHL. A research study conducted in Australia explored Effectiveness of MHL questionnaire in young adults, its adaptation and psychometric properties (Dias, Campos, Almeida & Palha, 2018). The study identified knowledge gaps among young adult as well as checked erroneous belief about MH. They developed an intervention that aimed to promote MHL and evaluation of intervention. In the developed questionnaire four types of factors were included. Items concerned with knowledge about mental health problems, items related to erroneous beliefs, items related to first aid skills and help seeking attitude and items related to self-help. This study conducted survey on young adult in random social setting; however there is need to conduct a study in school setting as well as on other population. Another study conducted a survey on MHL of teachers serving in Japan (2021). The study concluded that MHL in Japanese teacher appeared to be very low. Study recommended that there is need to develop and implement educational programs that may increase MHL of teacher as well as help them to develop a help-providing attitude in students (Yamaguchi et al., 2021).

In Japan numerous MHL programs are designed for teachers, but only few found to be effect. If we relate this study with our current scenario, where MHI's are still stigmatized and psychological wellbeing is not the focus of attention. We may conclude that our teacher's MHL level is behind Japanese's teacher's MHL level. So there is a strong need to explore this area and conduct studies on MHL of teachers. In Canada effectiveness of online MHL modules was checked on pre-service teachers. It also studied teacher's self-efficacy towards Inclusive Practices. For this purpose, online modules were embedded in pre-service teacher's B. Ed course.71 pre-service teachers completed the course. They also

completed a pre and post survey during the completion of the course. The study suggested the effectiveness of online MHL module through B. Ed course (Gilham et al., 2021).

Another study conducted a review on MHL measure (2021). The study evaluated attitudes, knowledge and help-seeking behaviour of the individuals. It also identified many gaps in MHL measures, including unbalanced MHK application, stigmatization and helping attitude. The study also suggested future researchers to conduct studies on quality of psychometric interventions (Wei, 2017). A study on MHL scale was conducted on people of Iran. It modified previous MHLS and introduced a new kind of MHLS that included twenty nine items and six attributes. The study used cross-sectional design and multi stage sampling for its data collection (Nejatian et al., 2021). In Ireland, a study explored MHL and help-giving response of Irish primary school teachers. It explored primary teacher's MHL as well as their help-giving response. A total 356 participants responded to questionnaires having three vignettes: two clinical, one controlled and a non-clinical vignette. Mixed method was adopted to assess teacher's ability of recognizing a disorder. Result showed that 71% teachers correctly identified depression while 84 % correctly identified anxiety cases. The results explained that female teachers were more concerned about affected students (Ní Chorcora & Swords, 2021). Similarly, teachers having more teaching experience were less concerned about help-giving response. Jennifer et al. (2021) conducted a systematic review on ''Child MHL training programs for professionals in contact with children'' It explored the effectiveness of professional MHL programs. The study suggested to check its MHL Programs effectiveness through different modes including face to face and digital training program.

Spiker and Hammer (2019) conducted a study on ‘‘mental health literacy as theory: current challenges and future directions’’. The study identified that how development in MHL has hindered the growth MHL research. It also aimed to identify theory development in MHL and how theory development will reduce current challenges in this area. For this purpose, they conducted an inclusive study. It suggested that MHL need to be conceptualized as a theory. A theory on MHL construct will lead future scholars towards a clear path of research. Similarly, it will help practitioners in improving MHL at individual as well as community level.

A study in Australia explored the wellbeing of boarding school students and also recommended measures to strengthen the capacity of teachers (Heyeres et al., 2019). Study indicated that in order to meet the social as well as emotional learning needs of the students, teachers and school capacity is very critical. The study delivered multifactor social and emotional learning (SEL) training to an Australian boarding school staff. An action research consist of 13 months’ duration was conducted on participants. Results of the training, survey and interview concluded improvement in MH of staff and provide support for wellbeing of students. Despite challenging work environment, the staff showed positive behaviour towards the study as well as they were dedicated towards helping students. They also acknowledged the need for change in our attitude towards mental wellbeing of individuals. The study also explained the wellbeing of boarding school students and training of the staff accordingly (Heyeres et al., 2019). However, there is need to explore the wellbeing of boarding staff as well as to know their ways of dealing their own MHI’s.

A study conducted in university of Ottawa (2016), also explored the MHL among Pre-service teachers. In the research 186 pre-service teachers completed an intervention and the results showed that pre-service teachers have less efficacy when dealing with externalized type of students. In case of internalized behaviour, their self-efficacy is moderate (Whitley, Smith & Vaillancourt, 2013). Limited studies have been conducted in this dimension. The study suggested that educators have a basic level understanding of MH problems however they are less confident in teaching students having MHI's. The study also suggested that in future educational courses and programs should be developed in a way that it may enhance educator's competency in dealing such students.

A research conducted on Tanzaian teachers (2016), also explored a teacher's training approach based on its MHL curriculum. The study adapted Canadian MHL resource as an African Guide, MHL resource. Training workshops were conducted to evaluate the impact and effectiveness of resource upon teachers. Pre and post tests were organized to check the effect of resource on knowledge and attitude about MHL. The study suggested that classroom based resources integrated with MHL are effective and sustainable ways of increasing MHL of Tanzania teachers (Kutcher et al., 2016). It also acknowledged the previously conducted research interventions in Malawi and Canada. Same findings were observed in all these researches. Researches can also be conducted in other geographical locations and on different population. So that it may get a universal standard to be implemented in all over the world. Kutcher, Wei, and Coniglio (2016) conducted a study on past, Present and Future of MHL. They presented refined outlook of MH understanding, its development over the years as well as suggested to develop appropriate interventions. The study suggested future researches to explore this construct in more in-

depth ways.

Mcluckie et al. (2014) conducted another study on Constant developments in learner's MHL through MH curriculum of Canadian Schools. The study explored the effectiveness of high school MH curriculum in improving MHL in Canadian schools. For this purpose, they analysed the survey in which students had previously participated in MH course. Student's MHL evaluation was done through pre and post classroom implementation and after 2 months' follow-up as well. The result of pre-test and post-test showed that student's knowledge about MHI's were improved, similarly their attitude towards MHI's was also significantly higher. The study concluded that MH Curriculum (The Guide) which was applied by usual class room teacher improved students' knowledge as well as approach towards MHI's . The study suggested that MH curriculum needs to be added in studies so that students' knowledge and attitude towards MHI's may get improved.

In an Australian Metropolitan university, Reavley et al. (2012) conducted a study on MHL of students at university level. They selected age group from 18-24 years' young students and conducted a survey on students as well as on staff, to explore their MHL regarding depression, help-seeking attitude, stigmatization and belief about intervention. Results showed that over 70% of staff and students were able to recognize depression, 0ver 80% of respondents showed willingness to seek help when encountered with any MHI, however only 26% students were willing to seek help from MH practitioners and only 10% agreed to share their MH problems with student's counsellor. Thus, the study concluded that there is high need of MH intervention at student level, especially on young male students with low level of education (Reavley et al., 2012).

Furnham et al. (2011) studied MHL among university students. Study explored MHL knowledge of 90 MHI labelled in DSM-IV, on over 400 university students. Students had to rate disorders on six level; if they have heard of disorder, or know someone having this disorder, or can define it, or can explain the cause of disorder, or is it curable or not and is it common disorder or not. The study found that only one-third students have heard about MHI's. It also found that emotionally intelligent and students, who have studied relevant subject, have better knowledge about MHI. Thus, the study explored the understanding of university students about MH disorders and found that students have only one-third knowledge about MHI's.

Chaudary (2017) conducted a cross-sectional study on Pakistani university students to explore factors effecting MHI. The data was collected from 1308 randomly selected students between the ages of 15 and 29 from three selected state-funded colleges in the province of Punjab, Pakistan, using a multi-stage group inspection technique. A pre-coded self-controlled survey was used to collect the data. There were six distinct portions in the poll. The primary focus of the poll was on the respondents' educational backgrounds and subgroup specifics. The next section of the study involved questions about the students self-reported health status, habits that support health, and psychosomatic health complaints. The fourth section evaluated the understudy perceived academic and non-academic pressures. The fifth segment evaluated the academic exhibition and level of fulfilment with the numerous daily issues. While sixth segment was able to modify the systems used by students to moderate. Students were dissatisfied with the offices at their institutions because it seemed that there was a gap between their needs and the strategies

developed by university organizations. Similar tests that emphasize MH advancement and disease avoidance may be used to teach MH techniques at the college level.

Irfan (2016) conducted research on the variables affecting Pakistani university students' MHI's. This investigation looked into possible factors that can contribute to MH in Pakistani college students. The dad's shine, extraversion against self-esteem, and friend connections were the specific factors selected for analysis. In order to determine potential correlations with MH disorders, two elements; sexual orientation and socio-economic status were also examined. Information was gathered using a quantitative study design, with participants completing five different normalized overviews. 314 college students from different offices who were attending one institution in Karachi made up the group. The results depicted a positive association between extraversion and MH as well as significant sex differences: male understudies displayed higher levels of positive MH than female understudies. Additionally, there was a tendency for students from the parental pay bracket with the lowest income to report lower mental health levels. Furthermore, it was predicted the greatest degree of changeability in MH scores among the components studied. These findings provide a few clues about how understudies perceive their MH and other contributing elements.

In Kenya, Bener and Ghuloum (2011) did research on the traditional shamans' assistance with mental health. The overarching objective was to establish whether traditional healers treat mental disorders and whether they are aware of protected innovation rights. Kibera, Kangemi, and Kawangware are urban locations where this examination was conducted. Snowballing procedure was used. Each traditional shaman participated in a top-to-bottom meeting that was concluded. Along with the mini plus, a comprehensive consultation with

every patient of the traditional shaman was also conducted to cross-examine the conclusions reached by the traditional healers. Self-created questions were used to collect information for the social section, as well as top to bottom meetings and the mini plus for adults. Spellbinding insights were used to cope with the information, and some of them were subject to subjective analysis. People from the network offer conventional shamans advice for a variety of illnesses, including Mental illness, so they shouldn't be disregarded. Instead, they should be effectively suppressed to improve our understanding of mental illness, their analysis, and prospective referrals while also discouraging dangerous practices. Traditional healers, however, have a limited understanding of mental illness, which leads to inaccurate diagnosis, inadequate analysis, and negligible suitable decision. Counselling is a therapy option offered by traditional shamans. The patients' perception that someone is available to engage in conversation with them is what typically prompts them to visit again. Because of the enormous amount of unfinished business facing the healthcare professionals and the resulting lack of time, this strategy isn't available in health communities. Training on getting their herbs tested by a recognized body, like Kemri in Kenya, is important if conventional healers want to ensure the wellness of the treatment methods when herbs are used as a treatment. But this needs to be accompanied by absolute assurance that their academic data will be protected. The traditional healers obtain their medications from nearby areas as a result of the need for natural preservation, as well as from plants in the forests and anywhere else that is readily available. Schoonover et al. (2014), researched on Gujrat's traditional perceptions of healing and the mental illness. The goal of this investigation was to determine how patients, their families, and people in their support networks felt about self-efficacy recovery mental illness,

including what kind of intercessions they thought were necessary and how satisfied they were overall with the treatment. The study also looked into prospects for improving MH care in rural Gujarat as well as the breadth of care provided in the network. At Dhiraj General Hospital and in 8 surrounding towns, 49 people were encountered by the investigation in July 2013. Self-efficacy (SLE) opinions regarding recovery from Mental illness (MI) and other illnesses were elicited during a structured subjective meeting. A grounded hypothesis approach was used to accomplish the subjective evaluation on the completed informational index. The test was conducted with mental patients, their family members, or neighbours, as well as members of the sound network who declared not to be familiar with mental illness. The examiner reasoned that although the Subjects' interactions with traditional shamans left them largely unsatisfied, mending is still an incredibly common first-line practice in Gujarat. A collaborative effort between Self-efficacy (SLE), shamans, and clinical researchers is necessary because shamans are such essential parts of their social circle and are frequently sought out. Collaboration between Self-efficacy (SLE), shamans, and clinical professionals would offer remarkable promise as a way to benefit patients as shamans are such vital components of their social circle and are frequently sought out.

A study on the impact of religion on offenders' MH was conducted. It determined whether religion is linked to negative emotions and courage in prisoners. Also think about whet her the connections can be drawn from a prisoner's sense of significance, logic, and values in daily life. It was believed that depressive feelings Depression, tension, and the desire to engage in relational hostility were all linked to religion in particular. Study further intends for existential Self-efficacy (SLE) to interfere with these connections in terms of the

significance, purpose, and virtues of life (empathy, absolution, appreciation, the motivation behind God and appreciation to God). The findings indicate that religion will have a positive influence among offenders in prison because it may help them find meaning and purpose in their daily lives and develop a high moral standard, which is anticipated to lessen alternate in prison (i.e., MH disorders) and reoffending after release. The recent discoveries also demonstrate that criminals are existential beings who require self-extraordinary significance and reason in everyday life, much like anyone else, especially when they are exposed to extreme suffering like detention. Additionally, this investigation suggests that those who commit crimes are fundamentally moral creatures in that they not only have desires, convictions, and sentiments but also the aptitude and personality to form sound judgements about their desires, convictions, and emotions that hold the potential to change them from what they did previously. Accordingly, it is suggested that detention centres serve as "good organizations" that teach restraint while holding inmates accountable for "becoming righteous beings and exhibiting moral goodness," whereas a "high-minded jail" would not be acceptable for all criminals. Such detention facilities would place a considerable emphasis on religion or religious projects (Jang, Johnson, Hays, Hallett & Duwe, 2018).

A study on the impact of socioeconomic status (SES) on people's MH was conducted in Sweden (Molarius et al., 2009). It investigated how SES has affected MH in Sweden. The study relies on a postal overview survey that was distributed to a random sample of adults aged 18 to 84. In general, there were 64% of reactions. The study area includes five regions in the central part of Sweden with a combined population of about one million. The sample of the study includes (42448) respondents. Depression symptoms that were

self-announced were estimated for Mental Health. Multivariate multinomial strategic relapse models were used. Findings suggested a balance between interpersonal relationships in residential work, in job, and in the local economy. Additionally, independent of socio-economic variables, lifestyle factors like physical inertia, being underweight, and occasional alcohol use seem to be connected to MH symptoms. When planning exercises to prevent these symptoms, which are incredibly common in everyone while advancing MH, it is important to take into account all of these everyday concerns. Furthermore, if a person has a large number of reassuring elements, they will be more likely to be able to face psychological emergency situations.

A study on the differences between mental disorders in urban and rural settings was undertaken (Peen, Schoevers, Beekman & Dekker, 2010). The main goal of the study is to compare mental scatters between urban and rural areas in order to determine why urban rates for despair may be slightly higher and definitely greater in urban areas. Pooled results, however, are not available. The study's meta-analysis comparing urban to rural differences in prevalence was based on data from 20 population review studies published since 1985. For the absolute predominance of mental issues and unquestionably for the state of mind, tension, and substance use issue, combined urban and rural were calculated. It is noteworthy that combined urban and rural was discovered for the utterly prevalent nature of mental issue, state of mind issue, and anxiety issue. There was no significant connection between urbanization and substance use problems. The urban to rural was only slightly modified for various covariates. Urbanization may be taken into account while allocating MH administrations.

A study on the depression level in urban and rural areas of the USA was undertaken (Probst et al., 2006). The investigation's main goal is to evaluate the depression levels of rural and urban households in the USA. The inquiry used data from the 1999 NHIS to conduct a cross-sectional analysis of the prevalence of depression. It produces data that shows there are no organized, everyday adults in the US population. The link between unexpected frailty and a positive depression screening suggests that family practitioners may likely encounter people who need depression care. Rustic medical professionals must develop solutions to this problem. In order to identify patients with depression while limiting doctor time, provincial doctors can try assigning nonphysical employees to first psychological evaluation. Creating connections both inside and outside the network that can provide rural residents with sufficient, evidence-based consideration for depression is the final step that network arranged family doctors need to take in order to change the networks in which they serve.

A disparity study on MH facilities was conducted in rural and urban locations (Solmi, Dykxhoorn & Kirkbride, 2017). The investigation's main goal is to evaluate the evidence for three major mental disorders configurations in rural, urban, and geographical contexts: schizophrenia and related psychiatric disorders, normal mental disorders including depression, and unease and self-destruction. Every survey's continuous writing that has addressed these topics discusses the main strengths and limitations of the available evidence. With increasingly combined evidence that is consistent with normal mental disorders, it is discovered that the most reliable evidence for rural and urban preferences in MH chance exists for schizophrenia and self-destruction. They then review the key hypotheses put forth to reflect the rural and urban kinds of chance for schizophrenia and

self-destruction. Regular mental disorders displays no consistent direction of relationship with urban or rural living, which may be partially due to heterogeneous investigation strategies, difficulties with case discovery, and various types of predispositions specific to reading common conditions for which members of the network may occasionally seek assistance. . Psychiatric disorders were more prevalent in urban populations and self-destruction was generally elevated in a more rural civilization, but insane clutters and self-destruction showed a more grounded, increasingly predictable association with nature, albeit in inverse directions. It was considered to what extent these examples were causally determined, i.e., due to the introduction as opposed to due to invert causation, and for the two outcomes, there is logical proof to ensnare social and natural variables in the aetiology of these MH results. These can occur at a variety of levels depending on an individual's qualities, such as impoverishment, unemployment, and social class, as well as at the family and neighbourhood levels. Further study suggested an upward social versatility may help in determining whether ecological designs are primarily relevant or merely compositional for both insane issue and self-destruction. The event of schizophrenia and self-destruction may be reduced with efforts to increase introduction to unfavourable psychosocial tragedies in the world, such as hardship and social isolation, but these efforts should be directed at different networks. When it comes to self-destruction, the strong country tendency toward risk may be partially predicted by the availability of resources and simpler preventive measures. Due to the availability of methods and simpler preventive measures, it may be good to remember more strictly regulated access to firearms and pesticides when considering self-destruction. This is in contrast to the strong country tendency associated to risk.

2.4.1 Various Factors Affecting Mental Health

A study on MH among adults found multiple factors including the father's friendliness, parental style, self-efficacy, sexual orientation, financial situation, moral character, and friend support (Rohner, Khaleque & Cournoyer, 2012).

2.4.1.1 Self-Esteem

The development of a person's self-idea and MH is significantly influenced by self-esteem (SLE). From the 1960s until the 1990s, by self-esteem (SLE) was a well-known study topic in Western countries. The social cognitive theory of Bandura and Walters (1977) asserts that each person has a self-framework that enables them to exercise a measure of control over their thoughts, feelings, behaviours, and inspiration and that allows them to judge their ability to execute tasks. People's beliefs and evaluations of themselves determine what they do, who they are, and what they can become (Burns, 1979). These steadfast inner beliefs contribute to how people sustain and guide themselves through life, to their internal compass and the supervision of their behaviour. Such feelings and concepts are typically labelled as self-esteem (SLE). These feelings, as well as the power to influence events and overcome obstacles, are typically described in writing (Irfan, 2016). According to studies, high self-esteem (SLE) is a protective factor and low self-esteem (SLE) is a risk factor for risky behaviours. Self-esteem (SLE) has an impact on both physical and mental health, so research on it should take priority in efforts to promote health (Erol & Orth, 2011)

The improvement of self-esteem (SLE) during maturity depends on a large range of psychosocial and intra-singular elements. The only real motivating factors are self-perceived competence in the relevant field and recommendation, especially from parents and friends. Parental support and connection are essential during the self-advancement phases. This is a proportionate method since a person with severe self-esteem (SLE) may find it easier to hide their good viewpoint of someone who is being critical of them. For instance, a study of college freshmen revealed that poor parenting leads to low self-esteem and depression, which in turn affects students' decisions about their careers (Zimmerman, 1999).

According to empirical data, SLE is a crucial element that significantly affects MH, physical health (PH), and overall life satisfaction for everyone (Richardson, Jones, Evans, Stevens & Rowe, 2007). Studies have shown links between self-efficacy and high self-esteem shares, as well as significant shifts in people's levels of happiness and mental prosperity (Zimmerman, 1999). It has consistently been shown that self-efficacy is the best overall predictor of happiness. Positive self-esteem fosters ambition and following rules, which effectively boosts prosperity in contrast to low self-esteem, which encourages disillusionment and maladjustment (Erol & Orth, 2011). In light of this, self-esteem is the essential element of MH for young people (Irfan, 2016).

Numerous studies on self-esteem and educational performance in people have been conducted all around the world. Positive self-esteem has shown increase in self-confidence and achievement in people, acting as a predictor of

academic success (Erol & Orth, 2011). Results of a long-term research showed that young individuals have with high self-esteem are more mentally stable and have higher subjective abilities and ambition compared to those who have low self-esteem. In addition, studies have shown that centre self-assessments made in adolescence and early adulthood are related to development, job satisfaction, and prosperity in middle age (Adams, O'Brien & Nelson, 2006). However, few scholars have studied about these relationships within a Pakistani background. Poor self-esteem can have many different effects. It may result in a decline in self-worth and gratitude, which may lead to social problems, mental numbness, and risky behaviour. According to empirical data, there are three distinct categories of adverse outcomes that are merely due to self-esteem: weak psychosocial outcomes externalizing, such as brutality or forceful behaviour and instructive disappointment or avoidance; and dangerous health behaviour, such as substance or medication misuse (Irfan, 2016).

Low self-esteem is the reason of many MH problems. People with low self-esteem may find it difficult to deal with daily concerns if they lack confidence and self-assurance. This will prevent them from reaching their full potential, which could result in a distressing decline in mental and physical health (Mann, Hosman, Schaalma & De Vries, 2004). A demise in MH resulted in obscuring problematic behaviour, such as stress, melancholy, eating issues, and ultimately self-destruction (WHO, 2014). Even though the connection to self-esteem and MH has received a lot of attention in the literature, there is

hardly any test facility provided in Pakistan that genuinely addresses the experience of college students.

2.4.1.2 Gender

The mental health of a person is significantly influenced by their gender. The ability of individuals to deal with stressors and adversities is promoted by gender-specific processes as well as mechanisms that protect and promote mental wellbeing. Mental diseases, as opposed to gender-specific determinants, have acquired significant acknowledgment as a cause of illness (WHO, 2009). Gender orientation, in particular, determines the different influence and control people have over the financial stimulus of their MH, lives, their status and their social position, how they are treated in public, their helplessness, and their awareness of particular MHI's, especially in underdeveloped countries. Gender disparities frequently appear, especially in the context of common mental illnesses like depression, anxiety disorders, and psychosomatic conditions. About 1 in 3 people in society are affected by the mental disorders, which is primarily a MHI that is increasing in women. By 2020, depression, which affects women more frequently than males, is predicted to be the main contributor to the problem of global handicaps (WHO, 2014).

According to a study hostility, savagery and conduct toward emotional wellbeing difficulties found gender difference that people are experiencing, especially in poor countries (Miranda & Patel, 2005). Similar to this, not much research has been done on mental health concerns and gender

inequalities in universities. A substantial amount of empirical data demonstrates that both Western and developing countries adult populations are significantly affected by MHI.

The current data on the global burden of illnesses reveals that the mental health problem accounts for 4 or 5 of the top 10 causes of Disability Adjusted Life Years (DALYs) for those aged 15 to 19 and those aged more than one, respectively. This information also shows that women endure more hardships than men (Gore et al., 2011).It also revealed serious burden of sickness as well as the fact that early adulthood has been linked to the onset of a significant amount of mental health issues that have been studied in adulthood, similar to the risk and progression of long-term mental illness (Gore et al., 2011) Mental disorder is found common in among females in the same age group as it is among the general population, according to research that focuses on individuals (Tsai, Chen, Sun, Liu & Lai, 2014). 30% of the associates evaluated beyond the clinical cut-off for discouragement in a study involving 78 people last year, and increasingly female undergraduates were impacted (Hafen, Reisbig, White & Rush, 2008). A study of 2,785 people in the USA indicated that 15.6% of 24 people tested positive for clinical depression in the study, and that women were more likely than men to have suicidal tendencies (Eisenberg, Gollust, Golberstein & Hefner, 2007). The impact of stress on medical students was the focus of a significant portion to the available research that showed distinction in MH among persons.

A Sweden study on college students MH found that girls reported higher degrees of tiredness than males. 45% of women satisfied the criteria for burnout, poor self-esteem, and depression (Dyrbye, Thomas & Shanafelt, 2010). Additional studies supported these findings by indicating that 49.6% of women had experienced burnout. The study's findings show that mechanical engineering, medicine, and law are the three fields in which undergrad college students struggle academically and mentally the most. They found that female law students and men showed slightly higher levels of academic anxiety.

Another study looked at the impact of 1st-year undergraduate college students on educational and social stressors and mental health, females were more stressed due to non- cooperative behaviour of family and social support (Irfan, 2016). The empirical data on MH and gender change appear to be accurate, representing that the impact of gender difference status on MH is far more significant in developing countries than in countries with higher wages (Howell & C. Howell, 2008).

2.4.1.3 Socioeconomic Status

In terms of a person's or a family's financial and social standing in comparison to others, socio-economic status (SES) is an aggregate sociological and financial percentage based on factors including location, monthly income, education, and occupation. The negative correlation of the higher the MHI's, the lower the socio-economic status (SES) of an individual has been one of the sociology's most consistently replicated findings in Western study.

Nevertheless, contradictory findings have been made regarding this relationship's causal structure. A study by Marmot (2005) suggested that socio-economic status (SES) (measured by family occupation, income, and education) and its effects on people's perceptions of prosperity and educational choices. The findings suggested that socio-economic status (SES) influence instructional decisions. According to McMurran, and Christopher (2009), impact of MH concerns affect people, as well as a secondary effect through its connection to the poor social and economic circumstances experienced by lower-income groups.

In five developed countries relationships between MH and persons was examined. The findings showed that coming from a low-pay group and being a lonely female (regardless of whether separated, isolated, or bereaved) are consistently linked to worse favourable MH outcomes. Four out of five countries saw a strong connection between education and MH (Das, Do, Friedman, McKenzie & Scott, 2007). In a separate study, it was found that people who dislike people from middle or high socio-economic status (SES) tend to be depressed and withdraw more and more. Results for other socio-economic status (SES) pointers, such as work and pay, were becoming more merged (Patel et al., 2016).

Different socio-economic status (SES) components were found to be ensured in distinct ways in two South African investigations. Education strongly helps to protect and defend the factors related health status, but it has no effect on depression or other MH problems. Resources appear to be a protective

measure against depression, but they are not effective against unexpected weakness. One of the most reliable discoveries of MH examination is that the risk of MH disorders increases with age and other socio-economic status (SES) characteristics, such as neediness, lack of social support, and low educational achievement (WHO, 2015). Status is a crucial factor in determining a person's MH and prosperity, as one might anticipate.

2.4.1.4 Prevention and Promotion of Mental Health

MH is sensitive to genuine problems that occur on a wide scale, such as poverty, unemployment, and higher living standards (Mittelmark, 2003). Furthermore, MH progression is linked to behavioural problems like smoking, substance abuse, and unlawful sexual activity (Sebena, El Ansari, Stock, Orosova & Mikolajczyk, 2012). The advancement of MH has been considered a combating of MI. This most certainly applies to the crucial preventative interventions when the goal is to increase MH harmful circumstances and increase vulnerability to illness. Aggregate activity is organized in this way with the improvement of health in mind, as well as avoiding risk factors for diseases (Knapp, McDaid & Parsonage, 2011).

2.5 Critical Perspective on Mental Health Literacy

Keeping in view the above mentioned studies, current research has conducted a gender based comparison of Mental Health Literacy of Secondary School Teacher’s. Researcher selected this topic, as this was a widespread area and many researchers have explored many dimensions of this area. In previous studies, researchers either have focused on Pre-Service

teacher's MHL or they have identified self-efficacy and Help-giving behaviour of primary teachers. Studies have also investigated MHL of teachers at High School in Japan. Similarly, effectiveness of online MHL modules was checked on Canadian pre-service teachers. Moreover, teacher's self-efficacy towards Inclusive Practices, MHL measures and evaluated attitudes, knowledge and help-seeking behaviour of the individuals is also researched. Studies have also explored MHL and help-giving response of primary school teachers. Systematic review on ''Child mental health literacy training programmes for professionals in contact with children'' are also been conducted. Furthermore mental health literacy existing challenges and coming directions are also been explored. Wellbeing of boarding school students and MHL among Pre-service educators has also been studied. Mental health curriculum and its impact, mental health status and literacy among youngsters and higher education level have also been studied. These studies have covered different dimensions of the phenomenon however secondary school level is neglected in these studies. Secondary school level is the time of adolescence and psychologist consider it as ''an age of storm and stress''. Majority of mental health issues occurs at this stage therefore it is the most crucial time for youngsters to get proper guidance and counselling from their teachers.

According to estimates, currently 104 million Pakistanis are under the age of thirty (Thommesen, 2010) which means majority of them were, are or will be at secondary level. Similarly, secondary level is the most crucial phase in a child's life. At this phase they have to decide their careers as well as they under go through many physical changes. Therefore counselling and mental health literacy is most important at this phase. This would only be possible when their teacher will have sound knowledge about mental health. In Pakistani scenario studies have been conducted to assess mental health literacy in general youth as well

asuniversity students' psychological wellbeing, mental health status (such as depression and anxiety), and level of mental health literacy. Moreover studies have also demonstrated how mental health literacy has expanded and resulted in the further advancement of mental health literacy research in Pakistan, similarly impact of 1st-year undergraduate college students on educational and social stressors and mental health has also been explored. Moreover factors effecting MHI of Pakistani university students has also been explored. Studies have also examined the ways in which societal stigma and conventional wisdom influence perceptions about mental health care accessibility in Pakistan. Furthermore, studies have also examined the attitudes and behaviors related to the care of Pakistani children with Autism spectrum. However, area of MHL at secondary school level in Pakistan was unexplored. In Pakistani context there were fewer studies on MHL of teachers. Moreover, teenage period is the most vulnerable stage regarding MH. In today's world most cases of MH occur in adolescents and adults. So it is in great need to explore MHL of teachers at secondary school level that are dealing those teenagers who might have encountered any MHI. Therefore, present study has analysed MH among teachers. Similarly, area of public sector teacher's MHL was also unexplored. So, there was high need to conduct study in this area. It has also compared gender-based MHL of SST's. To eliminate error of self-reported data, semi-structured interviews from heads of secondary school institutes were also taken.

CHAPTER 3

METHODS AND PROCEDURES

The methods and approaches used to carry out this study are covered in this chapter. It comprises the research design, research methodology, population that will be studied, sample strategies, instrumentation, collection of data and techniques of data analysis.

3.1 Research Approach

According to Babbie (2015) research approach aims to establish the basis of the study plan and direct the research to the best techniques. Research approach can be viewed as both a tool for understanding the connection between observation and logic and as a deterrent to the various instruments used in scientific inquiry applications. The strategy for conducting research is known as the research approach. A research approach is, to put it simply, a method and strategy for conducting research.

Quantitative research approach was used for the current investigation. This approach was chosen primarily for its ability to produce an accurate analytical view. It estimates the problem by generating numerical data that may be transformed into practical statistics. Researcher had prioritized this method to collect the data in structured forms. The researcher has examined secondary school teacher's MHL. Data was gathered by the researcher using questionnaire. However for more accurate view semi-structured interviews from heads of these secondary school teachers were also conducted.

Maximum sample size was examined for a better representation of the population. The data was collected in the form of graphs, tables, statistics and thematic analysis which were then further arranged into figures. Survey was employed by the researcher to gather responses from respondents through "Five Point Likert Scale". As a result, the responses were

classified ranging from 5 to 1 as strongly agree to strongly disagree. Data analysis was done through statistical test. In order to endorse the data obtained through secondary school teachers open ended questions were asked from secondary school heads.

3.2 Research Design

It is an organization of variables for data collection and analysis that integrates the relationship between the research's objective and procedural economy (Gachingiri, 2015). This study employed descriptive research design. Additionally comparative style was adopted. The researcher examined secondary school teacher’s MHL and compared the MHL of male and female secondary school teachers. Though, additional effort was put for in depth study of phenomenon.

3.3 Population

The study population consisted of group of individuals who share characteristics about which the researcher was interested. This research sought to conduct a gender based comparison of MHL of teachers at secondary school level. 797 Public sector Secondary school teachers serving in Tehsil Rawalpindi during session 2022 was the population of current study. Following was the demographic detail of the population. However for in-depth view of the phenomenon, researcher also conducted semi-structured interviews of secondary school heads therefore 163 heads of secondary schools were also taken as population of the study. List of schools was taken from School Information System, Punjab (SIS Punjab, 2022) website which is attached in Appendix B, J & K).

Following is the detail of the population.

Table No 3.1

Population of the study

Sr #	Population of the study	Female	Male	Total
1	Secondary School Teachers	381	416	797
2	Secondary School Heads	87	76	163

Table 3.1 explained number of gender wise secondary school teacher's and heads population presently serving in Tehsil Rawalpindi session 2022-23.

3.3.1 Population A Secondary School Teachers

It includes 797 male and female teachers serving at secondary school level. Out of which 381 are female teachers while 415 are male teachers.

3.3.2 Population B Secondary School Heads

It includes 163 Secondary school Heads. Out of which female secondary school heads are 87 and male secondary school heads are 76. This is the secondary population and it is selected only for triangulation purpose.

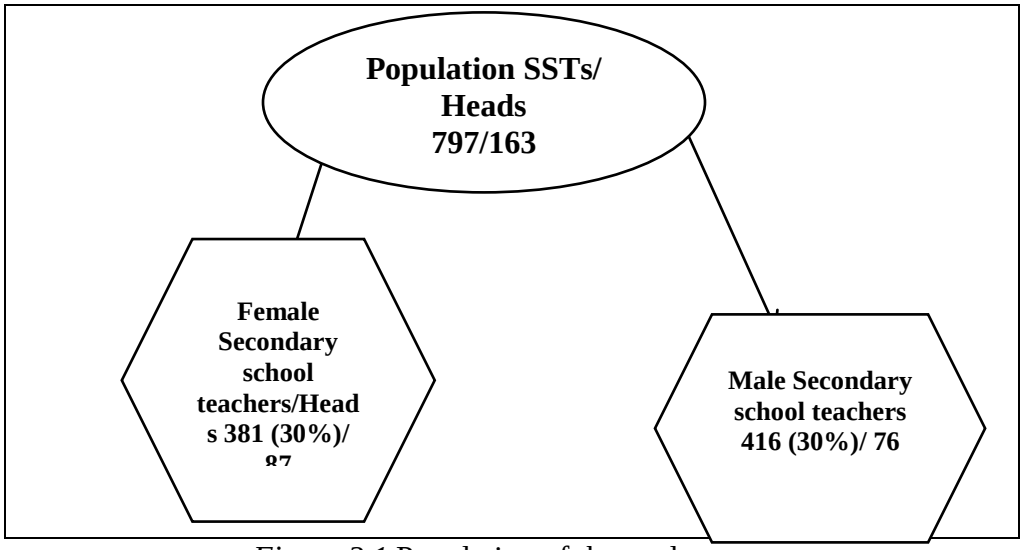

Figure 3.1 Population of the study

3.4 Sampling Technique

Sampling technique is used to collect data from a particular location, which is its primary and most significant goal. Mainly the sampling technique is used for area specification because it is not feasible to get data from the entire population. The goal of the sample is to pick respondents from a particular location that will provide the researcher with the data. According to Fraenkel, Wallen and Hyun (2012), Sampling technique is the process of gathering demographic representation from the broader population based on the goals of the study, the amount of time, money, and effort available for data collection. Sampling technique allows researchers to easily gather data from sample and draw generalizations in studies when a huge population makes it difficult to reach every participant. Therefore stratified sampling technique was used to collect data. According to Babbie (2015), stratified sampling, is employed when there is a ready list of universes whose members are divided into certain categories, positions, or classifications. It is possible to confirm from the provided information that a stratified sampling system involves choosing a group, subdividing it into smaller groups based on the pre-existing categories, and then taking an equal sample from each of the two subgroups. Moreover, proportionate and disproportionate stratified sample are two types of stratified sampling. In proportionate sampling, the same and equal sampling ratio needs to be equal and same in each stratum while this is not viable in disproportionate stratified sampling. As the present study was comparative in nature, there were two strata of male and female. Therefore, researcher used stratified sampling on the basis of gender. Similarly, the number of male and female strata was not equal so, researcher used proportionate stratified sampling technique. As in proportionate stratified sample, size of sample strata was in proportion to population size. Similarly, convenient sampling

technique was used for the sample of heads of secondary schools.

3.5 Sample Size

Krejcie and Morgan (1970) Table was used to determine sample size of the present study. From 797 populations, 260 was the total sample of the study. For gender based selection of sample proportionate stratified sampling technique was used.

Table No. 3.2

Sample of the Study

Sr#	Gender	Population	Sample	Sample Percentage	Rate of Return	Return rate Percentage
1	**Female SST's**	381	123	30%	107	86.99%
2	**Male SST's**	416	137	30%	119	86.88%
3	**Total SST's**	797	260	30%	226	86.92%
4	**Female Heads**	87	08	9.19%	04	50%
5	**Male Heads**	76	08	10.52%	04	50%
6	**Total**	163	16	9.82	08	50%

Table 3.2 shows sample of male and female secondary school teacher's and heads sample.

3.5.1 Sample A Secondary School Teachers

Sample A of the research study includes 260 Secondary school teachers. Out of which female secondary school teachers were 123 and male secondary school teachers are 137.

3.5.2 Sample B Secondary school Heads

Sample B of the research study include 16 Secondary school Heads. Out of which female secondary school heads were 8 and male secondary school heads were 8. This is the secondary sample and it is used for counter verification of primary sample A.

3.6 Tool Construction

The data was collected with the help of a questionnaire and a semi-structured interview. The first instrument was an adapted tool on MHL model, initially given by Dias, Campos, Almeida and Palha (2018) in their research study ‘‘Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy Questionnaire’’.

Researcher adapted Mental Health Literacy tool on the basis of theoretical framework of the study. Tool consisted of close ended statements. Statements were divided into four dimensions. Researcher used Five-Point Likert scale to collect responses. The researcher used Mental Health Literacy Scale based on Mental Health Literacy Model presented by Dias et al. (2018). The tool was initially developed by Dias, Campos, Almeida and Palha (2018). The research tool was openly accessible under terms and conditions of the Creative Commons Attribution. However, for ethical consideration researcher had also corresponded with authors, for formal permission. They shared the adult version of the tool with the researcher. Further the researcher made some minor changes according to the participants of the research and developed the tool based on 34 items to collect data.

Another tool was semi-structured interview of secondary school heads to know the inside view of secondary school teachers MHL.As the MHLS was based on self-reported data and there may be a chance of biasness in their responses; therefore in order to eliminate error of

self-reported data researcher chose to conduct semi-structured interviews of secondary school heads to counter verify the data reported by secondary school teachers.

3.6.1 Mental Health Literacy Scale

This tool intended to assess four dimensions of MHLS of secondary school teachers. Each dimension had 10, 9, 8 and 7 questions subsequently. The tool had total 34 items including one demographic section and 4 sub domains. The research tool is attached in Appendix.

3.6.1.1 Demographics

Demographics included gender, age, Spousal Position, Academic and professional Qualification, Teaching Experience and School Name.

3.6.1.2 Scale Content

There were total 34 items in MHLS along with four dimensions. Including;

1. Knowledge of Mental Health Problems
2. Erroneous beliefs/Stereotypes
3. First aid skills and help seeking behavior
4. Self-help strategies

Table No. 3.3

Description of Mental Health Literacy Scale (MHLS)

Variables	Sub Variables	Items	Codes
Mental Health Literacy	1. Knowledge of mental health problems(K)	1-10	K1-K10
	2. Erroneous beliefs/Stereotypes(EB)	11-19	EB1-EB9
	3. First aid skills and help seeking behavior (FA)	20-27	FA1-FA8
	4.Self-help strategies (SH)	28-34	SH1-SH7

3.6.2 Scoring Procedure

Five-point Likert scale was used for the quantitative analyses of ‘‘Mental Health Literacy Scale’’. The responses of the respondents were expressed through ‘‘Five – Point Likert Scale’’ as; strongly disagree (SD) = 1, Disagree (D) = 2 Neutral (n) =3 Agree (A) =4 strongly agree (SA)=5

For research analysis of semi-structured interviews thematic analysis was used.

3.6.3 Semi Structured Interview tool for secondary school Heads

Semi-structured interviews were conducted from heads of secondary schools. Interview sheet contained 20 open ended statements intended to explore the inside view of secondary school teachers MHL.

Table No. 3.4

Description of interview sheet for Heads of Secondary schools

Sr #	Variables	Sub Variables	Items
1.	Mental Health Literacy		1-4
		v. Knowledge of Mental Health Problems (K)	5-8
		vi. Erroneous Beliefs/ Stereotypes (EB)	9-12
		vii. First aid skills and Help seeking behavior(FA)	12-16
		viii. Self-help strategies (SH)	16-20

3.6.4 Research Tool Validation

For the purpose of tool validity researcher consulted subject expert of psychology and education. On expert's suggestion researcher did some amendments and removed irrelevant questions from the instruments.

The researcher had adapted tool on MHL, initially given by Dias, Campos, Almeida and Palha (2018) in their research study ''Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy Questionnaire''. After adapting the tool according to the requirement of the study, the researcher provided the adapted tool to the subject experts for validation of the tool.

Similarly Self-developed semi-structured interview tool was also provided to subject experts for validation. Four subject experts were consulted for this purpose. Subject experts had given valuable suggestions for the improvement of both instruments. Thus tools were rearranged and updated for data collections as per the suggestions of subject experts.

Following subject experts honoured researcher with their valuable suggestions:

Table No 3.5

Validation Experts Information

Sr #	Expert	Validation Expert	Specialization Area	Designation & Name of University
1	Expert 1	Dr. Syed Yasir Ali Gilani	Educational Psychology	Assistant Professor Department of Education Fatima Jinnah Women University, RWP.
2	Expert 2	Dr.Qaisara Parveen	Educational Psychology	Associate Professor Department of Education PMAS Arid Agriculture University, RWP.
3	Expert 3	Dr. Muhammad Imran Niazi	Teacher Education	Assistant Professor Department of Education PMAS Arid Agriculture University, RWP.
4	Expert 4	Dr.Asghar Ali Shah	Clinical Psychology	Chairperson Department of Psychology FSS Islamic International University, ISL.

Suggestions of subject experts are as follows:

Table No. 3.6

Subject Experts suggestions for Tool Validation

Sr #	Subject Expert	Type of Instrument	Suggestions
1.	Expert 1	Questionnaire	Name of disorders is not the criteria of MHL. Causes and effect needs to be elaborated.
		Interview	In question 5teacher's sufficient knowledge about MH problems should be asked.
2.	Expert 2	Questionnaire	In item 1 of Knowledge of MH problems (K1) add depression on mental illness with depression.
		Interview	Instead of knowing about the MH stereotypes, its impact on teachers should be asked in question 9.
3.	Expert 3	Questionnaire	In item 8 of Knowledge of MH problems (K8) replace affects with effects in.
		Interview	In question 14 ask about which help-seeking behaviour they adopt when they encounter MHI's.
4.	Expert 4	Questionnaire	Instead of Psychiatrist use the term MH consultant in item 1 of First Aid skills (FA1). Revise first aid skills item 8 and self-help strategies item 1.
		Interview	In question 10, instead of asking about how Mental first aid skills affect teachers ask about any performance difference among secondary school teachers with first aid skills.

The above table 3.6 shows the suggestion of the subject experts who validated the tool. The researcher consulted 3 subject experts from Education department having the background of psychology while 1 subject expert was consulted from Psychology department. As the topic was more concerned with Psychology so expert opinion from the subject of Psychology was also needed. The researcher visited and requested subject experts for tool validation.

Expert 1 suggested that instead of using names of mental disorder cause and effect of mental disorders needs to be elaborated in tool. Expert 2 suggested that in the first item of knowledge of MH problems word depression should be added with mental illness. Expert 3 suggested that in the item number 8 of knowledge of MH problems word effect should be replaced with affect. Similarly, expert 4 suggested that in item number 1 of first aid skills, the term psychiatrist should be replaced with MH consultant. Moreover, item number 8 of First aid skills and item number 1 of self - help strategies should be revised. Thus valuable suggestions of the experts were incorporated and validity certificates were then collected.

In self-developed semi-structured interview tool Expert 1 suggested that in question 5 of the tool instead of asking about MH knowledge of teacher, teacher's sufficient knowledge about MH problems should be asked. Expert 2 suggested that Instead of knowing about the MH stereotypes, its impact on teachers should be asked in question 9. Expert 3 suggested that in question 14instead of asking what help-seeking behaviour of teachers is asked about which help-seeking behaviour they adopt when they encounter MHI’s. While expert 4 suggested that in question 10, instead of asking

about how mental first aid skills affect teachers ask about any performance difference among secondary school teachers with first aid skills.

3.6.5 Pilot Testing

Prior to collect final data, the researcher used pilot testing to decide the instrument and test the hypothesis in advance. A small portion of the population was tested in pilot trial. Teachers at public secondary schools in the Khayaban-e-Sir Syed Sector were taken as pilot trial sample. Total 68 questionnaires were distributed among the secondary school teachers while received 56 questionnaires in complete form. The researcher took data collection permission from the concerned authorities. Data was collected by personally visiting the respondents with face to face method. The researcher interacted with teachers and personally briefed them about the questionnaire. The respondents were co-operative. Statistical Product and service solutions (SPSS) 20th Version was used to analyse the collected data.

3.6.6 Reliability of the Research Tool

It is a procedure through which we get consistent results that reflect the expected output (Babbie, 2015). In pilot trial reliability was ensured by using ‘‘Cronbach Alpha Coefficient’’ which assisted in collecting internal consistency of the research tool. Teacher’s MHLS was found reliable at 0.916 Cronbach’s Alpha. There were four subsections of the MHLS as; Knowledge about Mental Health Problems (K), Erroneous Beliefs/Stereotypes (EB), First Aid Skills (FA) and Self Help Strategies (SH) respectively.

Table No. 3.7

Reliability of Mental Health Literacy Scale (MHLS) (n=56)

Tool	Sub Sections	Reliability	No. of Items
Mental Health Literacy of Secondary School Teachers		0.91	34
	1.Knowledge of mental health problems(K)	0.86	10
	2.Erroneous beliefs/Stereotypes (EB)	0.66	9
	3.First aid skills and help seeking behaviour (FA)	0.62	8
	4.Self-help Strategies (SH)	0.86	7

Table No. 3.7 indicates questionnaire's overall reliability as 0.91, which is assumed a good reliability of an instrument. Whereas reliability of sub variables was as; knowledge of mental health literacy (K) was 0.86, Erroneous beliefs/stereotypes (EB) was 0.66, First aid skills and help-seeking behaviour (FA) was 0.62 and Self-help strategies was 0.86.

Table No. 3.8

Item-total Correlation of Mental Health Literacy Scale (MHLS) (n=56)

Item	Correlation	Item	Correlation	Item	Correlation	Item	Correlation
K1	0.681**	K10	0.611**	EB9	0.719**	SH1	0.705**
K2	0.790**	EB1	0.474**	FA1	0.631**	SH2	0.639**
K3	0.794**	EB2	**0.163**	FA2	0.673**	SH3	0.807**
K4	0.619**	EB3	0.433**	FA3	0.697**	SH4	0.829**
K5	0.674**	EB4	0.386**	FA4	0.403**	SH5	0.710**
K6	0.489**	EB5	0.584**	FA5	0.505**	SH6	0.712**
K7	0.699**	EB6	0.643**	FA6	0.594**	SH7	**0.828****
K8	0.524**	EB7	0.697**	FA7	0.281		
K9	0.785**	EB8	0.685**	FA8	0.579**		

**Correlation is significant at 0.01 level (2-tailed).

*Correlation is significant at 0.05 level (2-tailed).

Table No. 3.8 indicates the item-total correlation of the instrument. Item 7 of Self Help strategies (SH7) had the highest item correlation 0f 0.828** whereas item 2 of Erroneous beliefs/Stereotypes (EB2) has the lowest correlation of 0.163. Similarly correlation of item 2 of Erroneous beliefs/Stereotypes (EB2) was 0.163 and correlation of item 7 of First Aid Skills (FA7) was 0.281 which was less than 0.30. Thus item 2 of Erroneous beliefs/Stereotypes (EB2) and item 7 of First Aid Skills (FA7) were redefined.

Table No. 3.9

Inter-Section Correlation of Mental Health Literacy Scale (n=56)

Section	Knowledge of mental health problems	Erroneous beliefs/ Stereotypes	First Aid Skills	Self-help Strategies	Mental Health Literacy
Knowledge of mental health problems	1				
Erroneous beliefs/Stereotypes	.659**	1			
First Aid Skills	**.501****	.682**	1		
Self Help Strategies	.561**	.609**	.740**	1	
Mental Health Literacy	.853**	**.861****	.826**	.838**	1

**Correlation is significant at 0.01 level (2-tailed).

*Correlation is significant at 0.05 level (2-tailed).

Table No. 3.9 indicates that overall correlation was significant at 0.01. Similarly all sub variables of instrument were significantly correlated with each other. Correlation between Knowledge of mental health problems (K) and First Aid Skills (FA) had the lowest correlation of 0.501** while Mental Health Literacy (KEBFASH) and Erroneous Beliefs/ Stereotypes (EB) had the highest correlation of 0.861** .

3.6.7 Research Tool Revision

After pilot trial, changes were made in research tool. Item 2 of Erroneous Beliefs/ Stereotypes (EB2) and item 7 of First Aid skills (FA7) correlation was less than 0.30, therefore these items were reorganized and redesigned.

Table No. 3.10

Revision of research tool's weak items

Item No.	Weak Item	Revised Item
EB2	In my view depression is a true mental disorder.	Depression is a serious mental health issue.
FA7	If someone close to me had a mental disorder, I would listen to him/her without judging or criticizing.	If a person is having mental problem, I will try to understand his/her situation.

Table No. 3.10 indicates 2 items of the tool and revised items in replacement of weak items.

3.7 Data Collection

After pilot trial and revision of the tool, data collection process started. For this purpose the researcher obtained a reference letter from National University of Modern Languages Department of Education (Appendix attached). During the process of data collection, reference letter was shown to concerned authorities where required. The researcher personally visited schools for data collection and collected data through face to face method. The researcher briefed teachers about the questionnaire and ethical aspect of data collection were also discussed with them. Most of the teachers filled the questionnaire on the same day while few took 3 to 4 days. 260 questionnaires in total were distributed whereas 226

questionnaires were returned. Data from Secondary school heads was collected through conducting semi-structured interviews. 16 heads of the secondary institutes were approached for interview. However only 8 heads responded and gave their valuable time and answers of interview questions.

3.8 Data Analysis

After the collection of data through questionnaires, it was later on analysed through SPSS 20th version. Statistical techniques of Mean and t-test were used to analysis data. Similarly interview data was analysed through thematic analysis. Data was analysed in a sequential manner from questionnaire to interview. Results of interpreted data were later on discussed in Chapter 5 while table 3.11 shows test applied for data analysis.

Table No. 3.11

Statistical tests applied for Data Analysis

Objectives	**Hypotheses**	**Statistical Techniques**
1. To examine the mental health literacy of secondary school teachers.		Mean
2. To compare mental health literacy of male and female secondary school teachers	There is no significant difference between mental health literacy of male and female secondary school teachers.	independent-sample t-test.

Table No. 3.11 indicates the statistical test applied for analysis of each objective of the study. First objective was achieved through Mean while second objective was achieved through independent-sample t-test and thematic analysis.

3.9 Ethical Consideration

In present study the researcher has placed the highest focus on ethics. Secondary school teachers from various schools have participated in the study. They have received assurances from the researcher that the information they have shared will only be used for this study. The researcher ensured that no participant was forced into taking part. Prior to requiring each participant to participate in the study, they were all made to feel at ease. Researcher distributed the questionnaire among the participants and they were given free time to respond as per their convenience. Moreover, researcher has only explained the questionnaire in front of participants and no influence was used to get the desired response.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

This chapter has covered statistical data analysis and its interpretation in detail. To explore the MHL of SST's, a questionnaire and a semi-structured interview was used for assessment and comparison of teacher's MHL. Thus quantitative research approach was used in present study. Study framework was adapted. For collection of responses from male and female secondary school teachers' five-point likert scale was used. In order to endorse the results of quantitative analysis and for in-depth study of secondary school teacher's mental health literacy, semi-structured interviews from heads of these secondary school teachers were also taken. The data taken from SST's was analysed by using statistical tool for mean scores and t-test. While thematic analysis was used to analyse interviews. Thus the chapter is divided into following five sections.

4.1 Section I Tool Reliability and Validation

First section of present chapter comprised of data analysis along with validation of tool, reliability and correlation between sub variables. In this section reliability, item-total correlation and inter-section correlation of items is discussed in detail.

4.2 Section II Demographic Presentation of the Sample

Demographic details and its interpretations are discussed in detail in this section. Demographic data of the respondents disclosed significant information about respondent's background. That is why researcher added this discussion in this section. The instrument had the demographics to get the information of gender of respondents.

4.3 Section III Mental Health Literacy of Secondary School Teachers

This section was based on objective No. 1 of research study that was to examine the MHL of SST's. This objective was achieved on four sub-variables. It was tested by using Mean score.

4.4 Section IV Gender based comparison of secondary school teacher's mental health literacy

This section was based on Objective 2 of the research study, which was to compare the MHL of male and female SST's. For this purpose secondary school teacher's mental health literacy was examined on four sub-variables including knowledge of MH problems(K), Erroneous beliefs/ Stereotypes (EB), First-aid skills and help-seeking behaviour (FA) and Self-help strategies (SH). Independent sample t-test was used for gender based comparison of the variables.

4.5 Section V Secondary school teacher's mental health literacy Assessment through Semi-Structured Interview from Head of Institutes

This section was based on Objective 2 of the research study, which was to compare the MHL of SST's. For this purpose male and female SST's MHL was examined by conducting semi-structured interviews of head of their institutions. The interview questions were open-ended.

4.1 Section I Tool Reliability and Validation

Table No. 4.1

Cronbach's Alpha Reliability of Mental Health Literacy Scale (MHLS) (n=226)

Tool	Sub Sections	Reliability	No. of Items
Mental Health Literacy of Secondary School Teachers		0.81	34
	1. Knowledge of mental health problems	0.82	10
	2. Erroneous beliefs/ Stereotypes	0.69	9
	3. First Aid Skills and help seeking behaviour	0.66	8
	4. Self-help strategies	0.73	7

Table No. 4.1 show Cronbach's Alpha reliability of overall questionnaire was 0.81 which is considered good reliability of research tool. Similarly reliability of four sub variables was as; Knowledge of mental health problems (K) was 0.82, Erroneous beliefs/ Stereotypes (EB) reliability was 0.69, First-aid skills and help-seeking behaviour (FA) was 0.66 and Self-help strategies was 0.73. The highest reliability score was found as 0.82 in Sub-Variable ''Knowledge about MH Problems''. Pilot study overall score was 0.91, whereas after final data collection, it got declined to 0.81. Similarly the reliability of Sub- Variable 'Knowledge of MH problems'' was 0.86 in pilot trial whereas in final data collection its reliability was 0.82. However reliability score of Erroneous beliefs/Stereotypes was 0.66 in pilot study, it

got increased in actual data collection as 0.69, furthermore reliability score of First Aid Skills and Help-seeking behaviour was 0.62. It also got increased to 0.66. However reliability score of Help-Seeking behaviour was 0.86 in pilot trial and it got reduced to 0.73. Thus in overall comparison, there was slight variation in results that indicate individual differences among respondents, variations in their view points and their level of understanding as well.

Table No. 4.2

Item-total Correlation of Mental Health Literacy Scale (MHLS) (*n*=226)

Item	**Correlation**	**Item**	**Correlation**	**Item**	**Correlation**	**Item**	**Correlation**
K1	0.482**	**K10**	0.539**	**EB9**	0.588**	**SH1**	0.553**
K2	0.546**	**EB1**	0.503**	**FA1**	0.372**	**SH2**	0.548**
K3	0.675**	**EB2**	0.358**	**FA2**	0.406**	**SH3**	0.612**
K4	0.600**	**EB3**	0.418**	**FA3**	0.518**	**SH4**	0.662**
K5	0.605**	**EB4**	**0.341****	**FA4**	0.453**	**SH5**	**0.690****
K6	0.493**	**EB5**	0.483**	**FA5**	0.470**	**SH6**	0.611**
K7	0.555**	**EB6**	0.506**	**FA6**	0.558**	**SH7**	0.647**
K8	0.595**	**EB7**	0.497**	**FA7**	0.504**		
K9	0.568**	**EB8**	0.536**	**FA8**	0.491**		

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table No. 4.2 indicates item-total correlation of Mental Health Literacy Scale (MHLS). Correlation of item 4 of Erroneous beliefs/Stereotypes (EB4) was lowest in score as 0.341 Whereas correlation of item 5 of Self Help strategies (SH 5) had the highest correlation of 0.690**.

According to Hinkle,Weirsma and Jurs (2003) acceptable positive correlation ranges from 0.30 to 0.50. While in present study all values of item-total correlation are above 0.30.Therefore all correctional values are accepted.

Table No. 4.3

Inter-Section Correlation of Mental Health Literacy Scale (n=226)

Section	**Knowledge of mental health problems**	**Erroneous beliefs/ Stereotypes**	**First Aid skills and help seeking behaviour**	**Self Help Strategies**	**Mental Health Literacy**
Knowledge of mental health problems	1				
Erroneous beliefs/Stereotypes	.533**	1			
First aid skills and help seeking behaviour	**.462****	.512**	1		
Self Help Strategies	.595**	.615**	.545**	1	
Mental Health Literacy	**.832****	.817**	.769**	.816**	1

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

Overall correlation of the tool was significant at 0.01. All the sub variables of the tool were significantly correlated with each other's. Correlation between knowledge of MH problems (K) and First aid skills (FA) had the lowest correlation of 0.462** while correlation between

knowledge of MH problems (K) and MHL (KEBFASH) had the highest correlation of 0.832** respectively.

4.2 Section II Demographic Presentation of the Sample

Table No. 4.4

Gender-wise distribution of the respondents (*n*=226)

Sr #	Gender	Frequency	Percentage
1	Male	119	52.7
2	Female	107	47.3
3	Total	226	100

Table No. 4.4 presents the demographic details of the tool. It shows Gender-wise distribution of respondents. Total respondents were 226 while119 were male SST's (52.7%) and 107 were female SST's (47.3%).

4.3 Section III Mental Health Literacy of Secondary School Teachers

Objective No.1: ‘‘To examine the mental health literacy of secondary school teachers’’.

Table No. 4.5

Mean Score of Secondary School teachers’ Mental Health Literacy (n=226)

Sr #	Variable	Sub Variables	*N*	Mean	Status
1	Mental Health Literacy Scale (MHLS)		226	3.98	Agree
		i. Knowledge of Mental Health Problems (K)	226	4.02	Agree
		ii. Erroneous Beliefs/Stereotypes (EB)	226	3.91	Agree
		iii. First-Aid Skills &Help-seeking behavior (FA)	226	3.87	Agree
		iv. Self-help Strategies (SH)	226	4.11	Agree

Table No. 4.5 shows Mean scores of MHL among SST’s. Overall mean of MHLS was 3.98. Mean value of four sub variables of MHL was; knowledge of MH problems was 4.02, Erroneous beliefs /Stereotypes was 3.91, First aid skills and help seeking behaviour was 3.87

and self-help strategies was 4.11. Sub variable of self-help strategies had the highest value of mean. The table indicates that teachers were agreed on all the sub variables of MHL. The table indicates that SST's have sound knowledge of MH problems and they are well aware about MH stereotypes. It also indicates that secondary school teachers are well aware about the first-aid skills and help-seeking behaviour of MHI's. Lastly, it shows that SST's are well aware about the Self-help strategies of MH.

Overall mean score of MHL was 3.98. It indicated that majority of secondary school teachers agreed with the items present in MHLS.

First domain of MHL ''Knowledge of mental health problems'' mean score was 4.02. It revealed that majority of secondary school teachers agreed to the following items;

Item 1 of first domain of MHL was People with depression face difficulty in maintaining daily routine. In hallucination people perceive things in a different way. Drug addiction causes mental health problems. Drug addiction causes mental health problems. Brain injury is a major reason behind mental illness. Highly stressful situation causes MHI's. In stress people often talk to themselves. People with anxiety disorder easily get angry in any situation. Duration of any MH issue affects its treatment. Doing some enjoyable hobbies contributes to good MH. Loss of interest in daily activities is a sign of depression.

Second domain of MHL ''Erroneous beliefs/ stereotypes'' mean score was 3.91. It revealed that most of SST's agreed to the following items;

Financial issues often affect people's mental health. Depression is a serious MHI. MHI's can occur at any stage of life. MH affects a person's overall behaviour. The sooner mental disorder are identified and treated, the better it is. Mental health problem affects a person's feeling of containment. People with anxiety disorder may get disturbed in fear provoking

situations. People facing MHI needs to be listened without judgement or criticism. Spiritual growth of a person is linked with his/her MH.

Third domain of MHL ‘‘First-Aid skills and self-help strategies’’ mean score was 3.87. It revealed that most of the SST’s agreed to the following items;

To refresh my mind, I will spend time with my family. I encourage people around me to look for professional help in case of any MHI. If I had a mental disorder I would seek mental health consultant help. If I had a mental disorder I would seek my friend’s help. If a person close to me had a mental problem, I would spent time with him/her. If a person close to me will face MH problem, I will help him to focus on positive things in his life. If a person is having MH problems, I will try to understand his/her situation. If I face mental stress, I will relax my mind with my favourite melody.

Fourth domain of MHL ‘‘Self-help strategies ’’ mean score was 4.11. It showed that most of the secondary school teachers agreed to the following items; Balanced diet contributes to good MH. Daily walk helps to refresh the mind. Sound sleeping contributes to relax mind and body. Engaging oneself in healthy activities leads to sound mental and physical health. Meditation improves one’s mental health state. I can easily forget painful moments of my life and move on. I have good friends with whom I can share my problems.

4.4 Section IV Gender based comparison of secondary school teacher's mental health literacy

4.4.1 Gender-based comparison of secondary school teacher's mental health literacy

Objective 2: ''To compare the mental health literacy of male and female secondary school teachers.''

$H_0$1. ''There is no significant difference between mental health literacy of male and female secondary school teachers.''

Table No. 4.6

Gender-based comparison of secondary school teacher's mental health literacy (n=226)

Major Variable	**Groups**	***n***	**Mean**	**t**	**df**	**Sig.**
Mental health literacy	Male	119	137.45	1.67	224	0.10
	Female	107	133.72			

** $P < 0.05$*

Table No. 4.6 shows comparison between male and female SST's MHL. There was no statistically significant difference (t= 1.67) between male and female SST's MHL as the p-value (0.10) was greater than 0.05. Thus $H_0$1There is no significant difference between MHL of male and female SST's is accepted.

4.4.2 Knowledge of mental health problems

Objective 2a: ‘‘To compare the Knowledge of mental health problems of male and female secondary school teachers.’’

$H_0$1a. ‘‘There is no significant difference between the Knowledge of mental health problems of male and female secondary school teachers.’’

Table No. 4.7

Gender-based comparison of secondary school teacher's Knowledge of mental health problems (n=226)

Sub Variable	**Groups**	***n***	**Mean**	**t**	**df**	**Sig.**
Knowledge of mental health problems	Male	119	40.46	0.23	224	0.82
	Female	107	40.26			

** P < 0.05*

Table No. 4.7 shows comparison between male and female SST's Knowledge of MH problems. There was statistically no significant difference (t= 0.23) between male and female SST's knowledge of MH problems as the p-value (0.82) was greater than 0.05. Thus $H_0$1a There is no significant difference between the Knowledge of MH problems of male and female SST's is accepted.

4.4.3 Gender-based comparison of secondary school teacher's Erroneous beliefs/Stereotypes

Objective 2b: ''To compare the Erroneous beliefs/Stereotypes of male and female secondary school teachers.''

$H_0$1b: ''There is no significant difference between the Erroneous beliefs/Stereotypes of male and female secondary school teachers.''

Table No. 4.8

Gender-based comparison of secondary school teacher's Erroneous beliefs/Stereotypes (n=226)

Sub Variable	Groups	*n*	Mean	t	df	Sig.
Erroneous beliefs/Stereotypes	Male	119	35.61	0.72	224	0.47
	Female	107	35.10			

**P <0.05*

Table No. 4.8 shows comparison between male and female SST's Erroneous Beliefs/Stereotypes. There was statistically no significant difference (t= 0.72) between male and female secondary school teacher's Erroneous Beliefs/Stereotypes as the p-value (0.47) was greater than 0.05. Thus $H_0$1b There is no significant difference between Erroneous Beliefs/Stereotypes of male and female SST's is accepted.

4.4.4 Gender-based comparison of secondary school teacher's First aid skills and Help-seeking behaviour

Objective 2c: ''To compare the first aid skills and help seeking behaviour of male and female secondary school teachers.''

$H_0$1c: ''There is no significant difference between the first aid skills and help seeking behaviour of male and female secondary school teachers.''

Table No. 4.9

Gender-based comparison of secondary school teacher's First aid skills and help-seeking behaviour (n=226)

Sub Variable	Groups	*n*	Mean	t	df	Sig.
First Aid Skills and	Male	119	31.99	2.60	224	0.01
Help-seeking behaviour	Female	107	30.23			

**P <0.05*

Table No. 4.9 shows comparison between male and female SST's First aid skills and Help-seeking behaviour. There was statistically significant difference between (t= 2.60) between male and female SST's First Aid skills and Help-seeking behaviour as the p-value (0.01) is less than 0.05. There was a significant difference between male secondary school teacher mean value (31.99) and female SST's mean value (30.23). Male SST's have higher level of first aid skills and help-seeking behaviour than female. Thus $H_0$1c There is no significant difference between the First aid skills and help-seeking behaviour of male and female SST's is rejected.

4.4.5 Gender-based comparison of secondary school teacher's Self Help Strategies

Objective 2d: ‘‘To compare the self –help strategies of male and female secondary school teachers.’’

$H_0$1d: ‘‘There is no significant difference between the self –help strategies of male and female secondary school teachers.’’

Table No. 4.10

Gender-based comparison of secondary school teacher's Self Help Strategies (n=226)

Sub Variable	Groups	*n*	Mean	t	df	Sig.
Self-Help Strategies	Male	119	29.38	2.49	224	0.01
	Female	107	28.12			

**P <0.05*

Table No. 4.10 shows comparison between male and female secondary school teacher's Self-help strategies. There was statistically significant difference (t = 2.49) between male and female secondary school teacher's Self-help strategies as the p-value (0.01) is less than 0.05. There was significant difference betweenmale secondary school teacher mean value (29.38) and female secondary school teachers mean value (28.12). Male secondary school teachers have higher level of self-help strategies than female. Thus $H_0$1dThere is no significant difference between Self-help strategies of male and female secondary school teachers is rejected.

4.5 Section V Secondary school teacher's mental health literacy Assessment through Interviews of Head of Institutions

The researcher conducted semi-structured interviews of the Head of the institutions for in-depth study purpose. The interview sheet had questions parallel with mental health literacy tool that examined and compared MHL of SST's. The reason of conducting these interviews is to justify the values received through male and female SST's MHL assessment. Semi-structured interview sheet had open-ended questions. Themes extracted from semi-structured interviews are as below:

Table No. 4.11

Extracted themes from semi-structured interview

Sr #	Construct	Theme	Sub Theme
1	Importance of Mental Health Literacy	1. Mental Health Literacy	i. Help
			ii. Stigma
			iii. Positive learning experience
			iv. Supportive classroom climate
			v. Appropriate action
			vi. Psychological Issues
			vii. Teacher's behavior

Sr #	Construct	Theme	Sub Theme
2	Awareness about the importance of Mental Health Literacy	1. Proper awareness of MHL	i. Supportive ii. classroom environment iii. Appropriate support iv. Effective strategy
3	Impact of secondary school teacher's MHL on students	1. Youngster 2. Teacher	i. Phase of life ii. Secondary school teacher iii. Hormonal change iv. Age group student v. Different psychological issue
4	Any other information related to MHL of teachers	Secondary level student	i. Lap of mother ii. Literacy for teachers iii. Need of fulfillment iv. Positive path

Sr #	Construct	Theme	Sub Theme
5	Teachers sufficient knowledge of mental health problems	1. Emotional support	i. Ability ii. Early warning sign iii. Inclusive teaching method
6	Effect of teacher's mental health knowledge on their teaching	1. Proper mental health literacy	i. Supportive classroom environment ii. Appropriate support iii. Effective strategy
7	Impact of teacher's knowledge of MH problems on students	1. Supportive classroom environment	i. Proper MH literacy ii. Appropriate support iii. Lap of mother
8	Any other information regarding knowledge of MH problems	1. Need of fulfillment 2. First need	i. Teaching duty ii. Background iii. Command

Sr #	Construct	Theme	Sub Theme
9	Perception about Mental health erroneous beliefs/ stereotypes among teachers	1. Mental Health Concern	i. Society ii. Person iii. Mental stereotypes iv. Mental health challenge v. Ability
10	Impact of MH stereotypes on teachers	1. Mental health challenge	i. Knowledge ii. Emotional support iii. Early warning sign iv. Inclusive teaching method
11	Effect of teacher's MH stereotypes on their students	1. Mental health problem	i. Art ii. Energy iii. Reason iv. Strategy

Sr #	Construct	Theme	Sub Theme
12	Any other information related to mental health stereotypes.	1. Lesson 2. Mental health promotion activity	i. Class ii. Strategy iii. Supportive classroom environment iv. Specific mental health need v. Appropriate accommodation
13	Performance difference among teachers with mental first aid skills	1. Mental first aid skill	i. Situation ii. Mental first aid iii. Behavior
14	Adopting Help-seeking behaviour	1. Behavior	i. Diversion ii. Classroom iii. Examples for students

Sr #	Construct	Theme	Sub Theme
15	Effect of help-seeking behaviour	1. Behavior of teachers 2. Believer of stereotypes	i. Person ii. Society iii. Youngster iv. Constantly told person v. Adverse effect vi. Activity
16	Any other information related to mental First aid skills and help-seeking behaviour	1. Skill 2. Mental first aid training	i. Problem ii. Severe mental issue iii. Mental first aid skill iv. Aggressive behavior
17	Major self-help strategies	1. Help Strategy 2. Self-help	i. Mindfulness ii. Boundary iii. Stress iv. Colleague

Sr #	Construct	Theme	Sub Theme
18	Effect of Mental health self-help strategies on teacher's performance	1. Boundary 2. Stress	i. Activity ii. Meditation iii. Mindfulness iv. Life balance v. Mental well being
19	Improvement in teacher's classroom behaviour due to self-help strategies	1. Help strategy 2. Self-help	i. Colleague ii. Effective time management iii. Healthy work-life balance
20	Any other information related to teacher's self-help strategies	1. Lesson 2. Activity	i. Energy ii. Ample information iii. Better option iv. Creative ability

In order to get the in-depth view of the study semi structured interviews were conducted. Questions of Interview were based on study's theoretical framework and by consulting experts. 20 open ended questions of semi-structured interview were developed after experts recommendations. Participants were approached through phone calls and face to face meeting. Total 16 heads of male and female secondary school were contacted while 8 heads responded with detailed interview.

Table No. 4.12

Demographic of the respondents

Sr #	**Respondent**	**Gender**	**Academic Qualification**	**Professional Qualification**	**Administrative Experience**
1	R1	Female	M.Sc	M.Ed	6-10 years
2	R2	Female	M.A	M.Ed	16-20 years
3	R3	Female	M.A	M.Ed	11-15 years
4	R4	Male	M.A	M.Ed	6-10 years
5	R5	Male	M.Sc	M.Ed	1-15 years
6	R6	Male	M.phil	M.Ed	11-15 years
7	R7	Male	M.Sc	M.Ed	11-15 years
8	R8	Female	M.phil	M.Ed	6-10 years

Table No. 4.12 shows demographic details of the interview respondents.

4.5.1 Data Analysis of Semi-structured interviews of Heads of Institutes

Firstly data obtained through interview was transcribed. All the important words were highlighted; word clouds, themes and sub themes were generated. After that thematic analysis was done.

4.5.1.1 Thematic Analysis

In interview various questions were posed in order to get the in-depth study of the construct. To find out the clear point of view of the respondents all the questions were open-ended.

4.5.1.2 Importance of Mental Health Literacy

Question No. 1 was about the importance of MHL among SST's. Most of the participants agreed that MH is basic and crucial point while teaching specially at secondary school level.

Figure 4.1 Word cloud of mental health literacy importance

According to the subthemes generated from the answers of the participants mental health literacy of teachers is crucial at the secondary level for several reasons such as early detection and intervention. Secondary school level is a critical stage in a student's life, and MHI's can emerge or worsen during this time. Teachers who are MHL can recognize the early signs of MH problems in students and take appropriate actions, such as referring them to the school counsellor or seeking additional support. Some respondents added that teachers with MHL can create a supportive and

empathetic environment in the classroom. They can better understand and respond to the emotional and psychological needs of their students, fostering a positive learning experience. Another respondent added that teachers can help reduce the stigma associated with MH challenges. They can promote open discussions and encourage students to seek help without feeling ashamed or judged. From the analysis of Question No. 1 it was clear that heads of SST's were well aware about the importance of MHL at secondary school level and both male and female SST's required equal opportunities to enhance their MHL.

4.5.1.3 Awareness about the importance of Mental Health Literacy

Question No. 2 was about the awareness of SST's regarding the importance of Mental Health literacy at secondary school level. Most of the participants agreed that teachers at secondary level have sufficient knowledge about MH.

Figure 4.2 Word cloud of awareness of mental health literacy importance

According to the sub themes generated from the answers of the participants mental health literacy of teachers is very crucial. At the secondary level teachers often promote MHL by Identifying signs of distress, Promoting help-seeking behaviour, providing initial support, Creating a supportive classroom climate, Collaborating with other professionals, Preventing and addressing bullying and enhancing overall well-being and

academic performance. Some participants considered that SST's often work as a source of early Detection and intervention. Other considered that their MHL plays a vital part in healthy, supportive and empathetic environment in the classroom. Another respondent said that SST's often understand and respond to the emotional and psychological needs of their students, fostering a positive learning experience. Often they are able to recognize signs of distress, provide appropriate support, and refer students to the necessary resources. Another one added that as MHI's can significantly impact students' academic performance and overall well-being, teachers who are well-versed in mental health often creates a safe and supportive classroom environment, implements effective strategies to promote mental well-being, and address MH concerns in a timely manner. From the analysis of Question No. 2 it was clear that heads of SST's consider that their teachers were well aware about the importance of MHL and they haven't found any gender difference among secondary school teachers regarding the said construct.

4.5.1.4 Impact of teacher's Mental Health Literacy on students

Question No. 3 was about the impact of SST's MHL on students. Most of the participants agreed that teacher's mental literacy had a positive impact on students.

Figure 4.3 Word Cloud of teacher's mental health literacy impact on students

According to the subthemes generated from Question No. 3 respondents have described that at secondary level students are entering into puberty age and there are a lot of hormonal changes taking place in their personalities, in their mind and due to these changes these youngsters become more conscious about being shy and saying anything. They are very emotionally unstable at this age. If anyone bullies them, they get annoyed in rapid speed as compare to children who are not from these age groups. They are more sensitive towards any kind of insult by their teacher or even by their peers. So the teachers have to be very careful and well informed about the mental state of these youngsters. Respondents further added that teachers not only deal with one or two youngster but a bunch of youngsters sitting in the classroom. MHLS of SST's has a positive impact on students' personalities and overall classroom behaviour. Teachers often efficiently deal with the problems or day to day matters of students. From the analysis of Question No. 3 it was clear that both male and female SST's are well aware about the specifications and the needs of each phase and its psychological demands. Thus they adopt teaching methods accordingly.

4.5.1.5 Any other information related to mental health literacy of teachers

Question No. 4 was about the any information related to MHL of SST's which their heads wants to share.

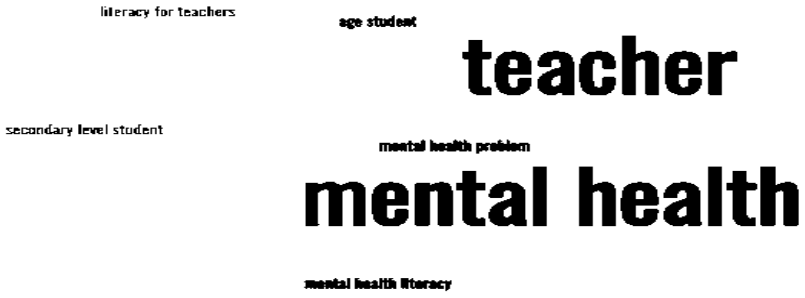

Figure 4.4 Word Cloud of any other information of mental health literacy

According to the sub themes generated from the answers of secondary school heads it is clear that MHL of teachers is important for all levels and especially at secondary level because at secondary level students are of teen age. At this age students actually leaves the lap of mother and enters towards maturity. Teacher who are well aware about MH lead them towards a right and positive path. Similarly MH is the first need of fulfilment of our teaching duties and command on topic. From the analysis of Question No. 4 it was clear that both male and female teacher at secondary school level have an equal better understanding about MH problems of their students and they try to resolve their issues as it may cause distraction.

4.5.1.6 Teachers sufficient knowledge of mental health problems

Question No. 5 was about the teacher's sufficient knowledge about the MH. Most of the secondary school heads agreed that teachers have sufficient knowledge about the MH problems.

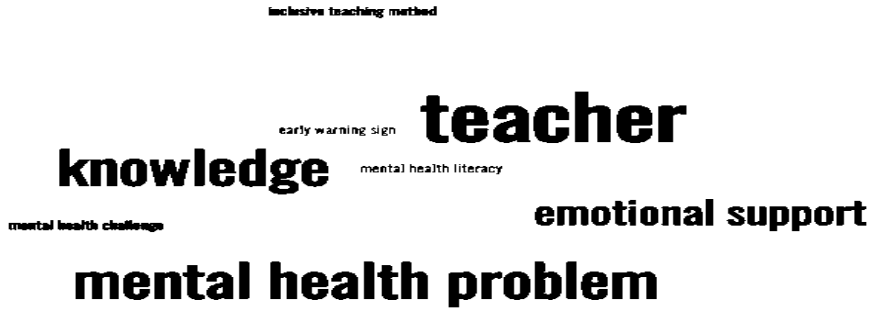

Figure 4.5 Word cloud of teacher's sufficient knowledge about mental health problems

According to the subthemes generated from the answers of respondents it is clear that teachers' knowledge about MH problems has enhanced their ability to create inclusive classrooms, adjust teaching approaches, recognize barriers to learning, build positive relationships, promote MHL, identify early warning signs, and collaborate with support services. This knowledge has empowered teachers to provide the necessary support and create an environment that fosters the well-being and academic success of all students. Respondents have added that teachers have adopted inclusive teaching methods that have accommodated students with mental health challenges, making the classroom environment more accessible for all learners. Similarly another respondent added that understanding of MH problems has enabled teachers to provide emotional support and encouragement to students who may be struggling, fostering a sense of

safety and trust in the classroom. From the analysis of Question No.5 it was found that regardless of any gender difference among SST's, teachers with sufficient knowledge about MH problems were more flexible in their approach to assignments and deadlines, considering the impact of MH on a student's ability to meet certain expectations.

4.5.1.7 Effect of teacher's mental health knowledge on their teaching

Question No. 6 was about the effect of teacher's MH knowledge on their performance. Most of the secondary school heads agreed that teacher's MH knowledge has positively impacted their teachings and overall performance.

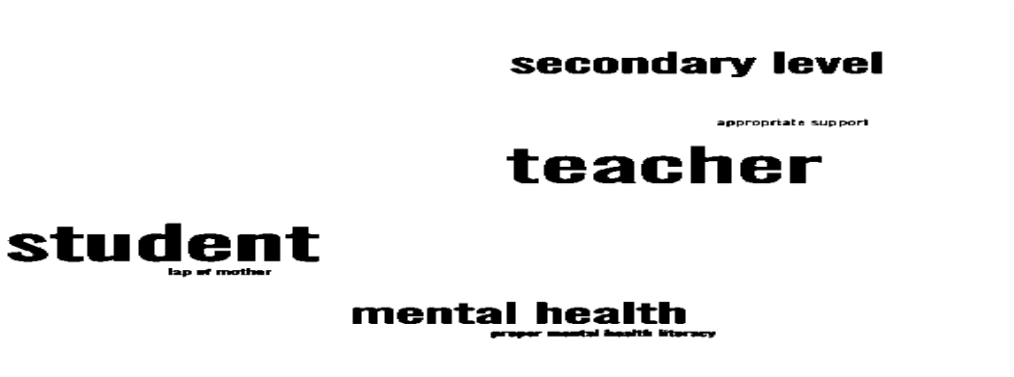

Figure 4.6 Word cloud of effect of teacher's mental health knowledge

According to the subthemes generated from the answers of the respondents MH knowledge of teachers at the secondary level has a great effect on their teaching. Teachers interact with students on a daily basis and play a significant role in identifying and supporting students who are experiencing MH challenges. Due to proper MH knowledge, teachers are able to recognize signs of distress, provide appropriate support, and refer students to the necessary resources. Similarly, MHI's

have significant impact on student's academic performance and overall well-being. Teachers who are well-versed in MH create a safe and supportive classroom environment, implement effective strategies to promote mental well-being, and address MH concerns in a timely manner. From the analysis of Question No. 6 it was clear that there was no significant difference between male and SST's performance due to the awareness about MH and their knowledge of MH problems has positive effect on their performance.

4.5.1.8 Impact of teacher's knowledge of mental health problems on students

Question No. 7 was about the impact of teacher's knowledge of MH problems on their students.

Figure 4.7 Word clouds of teachers of mental health knowledge impact on students

Respondents have described that teacher's knowledge of MH problems has a positive impact on their students. The respondents added that SST's deal with the age group students that are already facing huge changes in their physical appearance and mental state. Students observe hormonal change due to which they

face different psychological issues. They react fast and often get worried quickly. Basically they are in the state of transition at that time. They are moving from one phase of life towards other phase of life. Teachers' who are well educated about MH and are well aware about the specifications and the needs of each phase adopts teaching methods accordingly. An aware teacher tries to cope up with problem child so MHL is very important at secondary level. From the analysis of Question No. 7 we can conclude that teacher's knowledge about MH problems has a great and positive impact on their students overall personalities as well as on their performance and there was gender difference among SST's regarding the construct.

4.5.1.9 Any other information regarding knowledge of mental health problems

Question no. 8 was related to any other information related to SST's knowledge of MH problems.

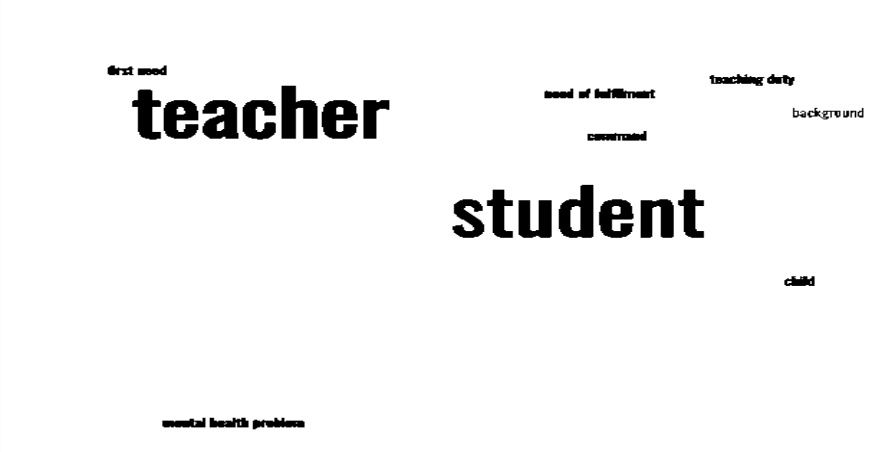

Figure 4.8 Word cloud of any other information related to mental health knowledge

Respondents have described that MH is the first need of fulfilment of our teaching duties and command on topic. Teacher often know about their students MH problems and try to resolve the issues as it may cause distraction. Teachers who are not having this kind of knowledge deal all the students alike. They don't consider the child's MH. In this way the students who are having some trauma or problem in background get neglected and often insulted for not preparing what is assigned. This leads to dropping out as well. From the analysis of Question no. 8 it was concluded that both male and female SST's have sufficient knowledge about MH problems and deals their students accordingly and there was no specific difference between male and female SST's knowledge of MH problems.

4.5.1.10 Perception about Mental health erroneous beliefs/ stereotypes among teachers

Question No. 9was about the heads perception regarding MH erroneous beliefs/ stereotypes among SST's.

Figure 4.9 Word Cloud of mental health stereotypes

Respondents have described that stereotypes surrounding MH often leads towards stigmatization, where individuals with MH concerns are negatively labelled or judged. This stigma makes it difficult for teachers to openly discuss and address MH concerns in the classroom. Teachers often feel hesitant or ill-equipped to support students who are experiencing MH challenges due to fears of perpetuating stereotypes or facing backlash. Sometimes stereotypes lead to misconceptions about students' abilities, behaviour, and potential, potentially hindering teachers' expectations and interactions with students. Another respondent added that teachers with MH aware takes mental stereotypes in an optimistic way and doesn't act in a narrow minded way. Some respondents consider that teachers often put great efforts to remove mental stereotypes from their students mind. Some respondents have described that teachers sometimes discuss students' MHI with them. Teachers have reported that sometimes student experience societal stereotypes. He is constantly told that he is useless; he can't do anything then after sometime he finds himself incompetent to do any major task. His potential gets down and he doesn't put any further effort to improve himself. A teacher in such scenario utilizes their full potential to motivate such student and tries to end these stereotypes from society. . From the analysis of the Question No. 9 it was clear that SST's were well aware about the stereotypes present in the society and they try to reduce these erroneous beliefs from their class as well as from society. No difference was found among male and female SST's perception regarding MH stereotypes.

4.5.1.11 Impact of mental health stereotypes on teachers

Question No. 10 was about the opinion of heads regarding the impact of MH stereotypes and erroneous beliefs on teachers. Majority of the respondents agreed that SST's are well aware about the stereotypes related to MH are present in society. Teachers at secondary school level deal such stereotypes in the most appropriate way.

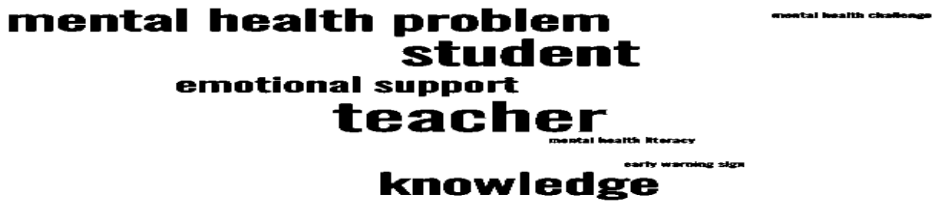

Figure 4.10 Word cloud of impact of mental health stereotypes on teachers

According to the sub themes generated from the answers of the participants, it was clear that teachers' MHL has enhanced their ability to create inclusive classrooms, build positive relationships promote MH, identify early warning signs, and collaborate with support services. This knowledge has empowered teachers to provide the necessary support and create healthy learning environment. Another respondent added that teacher's deals variety of students in classroom. Each student has individuality different from other. Behaviour of each student depicts his/her mental state. Teachers who are well aware about MH stereotypes will prepare lesson, assignments and other classroom tasks accordingly. Thus from the analysis of Question No. 10 we may conclude that teachers responds to MH stereotypes in the best possible manner. However there was no evidence of gender difference among SST's regarding the impact of MH stereotypes among SST's.

4.5.1.12 Effect of teacher's mental health stereotypes on students

Question No. 11 was about the influence of MH erroneous beliefs on teachers while dealing their students.

Figure 4.11 Word cloud of effect of teacher's MH stereotypes on students

Repodents have described that teacher's better uunderstanding of the MH stereotypes is a blessing for students. A student who is facing any psychological issue is socially tabooed in classroom. Well aware teachers often deal such cases in the most appropriate ways. He/she not only saves that students from victimization but also educates the whole class about MH and false beliefs regarding MH. From the analysis of Question No. 11 we may conclude that teacher's MH stereotypes can have a strong influence on students. Male and female SST's having MHL play a positive and impactful role in eliminating these stereotypes from classroom as well as from society.

4.5.1.13 Any other information related to mental health stereotypes.

Question no. 12 was asked about the any further detail secondary school heads want to add regarding MH stereotypes.

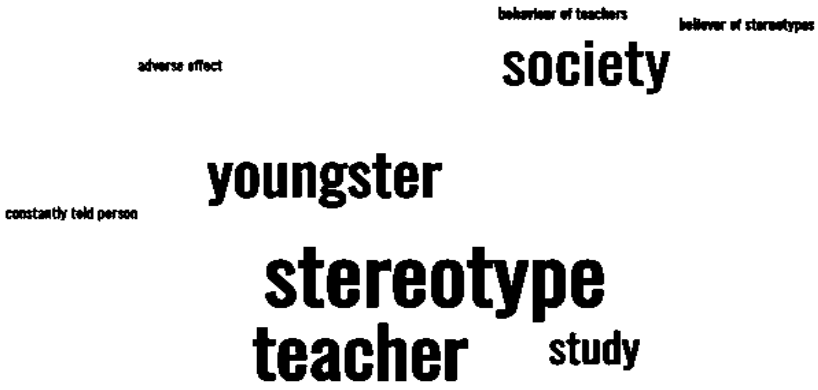

Figure 4.12 Word cloud of additional information related to MH stereotypes

Respondents have described that Teachers' better understanding of MH stereotypes can greatly influence their teaching strategies. With sound knowledge about MH, teachers can implement strategies that support the emotional and psychological well-being of their students. They can incorporate MH promotion activities, teach stress management techniques, create inclusive and supportive classroom environments, and adjust their teaching methods to accommodate students with specific MH needs. Additionally, teachers who are aware of MH challenges can provide appropriate support to students. We may conclude that male and female SST's are well aware about MH stereotypes and are creating awareness among students and society.

4.5.1.14 Performance difference among teachers with mental first aid skills

Question No. 13 was about any performance difference among teachers with mental first aid skills.

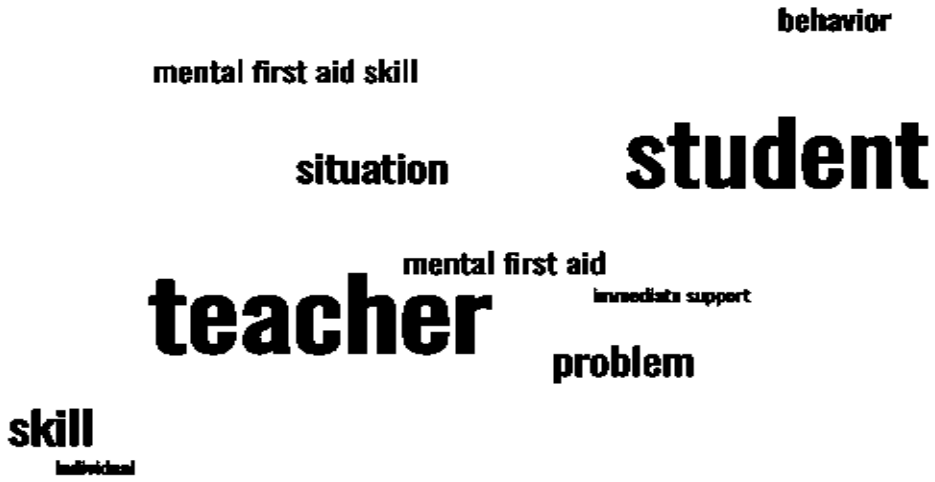

*Figure 4.13*Word Cloud of performance difference among teacher's with mental first aid skills

Respondents have described that Mental First Aid skills has empowered teachers to provide immediate support, create a safe and understanding environment, facilitate early intervention, and promote MH awareness. These skills has not only benefitted the well-being of students but has also contributed in the professional growth and resilience of teachers themselves. A respondent has added that male teachers apt to respond effectively to students in crisis, promoting safety and helping them access appropriate professional help. However female teachers minimize harm and prevent situations from escalating. Other respondents added that 'Mental First Aid' training boosts teachers' confidence in handling MHI's, making them more prepared for challenges in the classroom.

To conclude we can say that Mental First Aid skills have significantly benefitted teachers in supporting students' MH. Male SST's deal mental first aid among students in different ways than female teachers. Mental First Aid training equips teachers with the knowledge and skills to recognize signs of mental distress,

provide immediate support, and guide students to appropriate professional help. These skills have enable teachers to intervene early, prevent crises, and offer initial support until further assistance can be accessed. It has enabled teachers to create a safe and empathetic classroom environment by reducing MH stereotypes.

From the analysis of Question No. 13 we can conclude that SST's are well equipped with first aid skills and utilize it whenever it is required.

4.5.1.15 Adopting Help-seeking behaviour

Question No. 14 was about the opinion of heads regarding help-seeking behaviour teachers while encountering of MH problems.

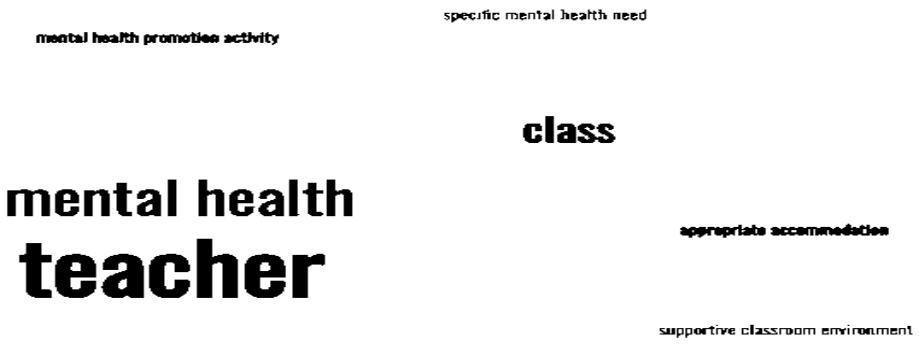

Figure 4.14 Word cloud of adopting help-seeking behavior

Respondents have described that teachers often seek help when they encounter any mental health issue. They do so by addressing their MH concerns to improve the overall well-being and to cope with stress and challenges. Seeking support from MH professionals or utilizing employee assistance provide teachers with the tools and resources they need to manage their own MH challenges and enables them to be more supportive for their students. Another respondent added that if a teacher

doesn't share anything with anyone in the professional life than those repressed emotions definitely affect his personality and his teaching as well. It is very important that a person must seek help from concerned person. Catharsis needs to be done and one should have the courage to share his problem with other and also should follow suggestions. However secondary school heads have reported a marginal difference between male and female SST's help-seeking behaviour. Male tend to easy seek help from their colleagues and frequently share their problems and also seek help however female teachers often feel reluctant to share their MH problems. From the analysis of question no. 14 we can conclude that teachers often adopt help-seeking behaviour however due to societal pressure and workload they sometimes avoid to seek any assistance.

4.5.1.16 Effect of help-seeking behavior

Question no. 15 was about how help-seeking behaviour was useful for teachers in terms of MH.

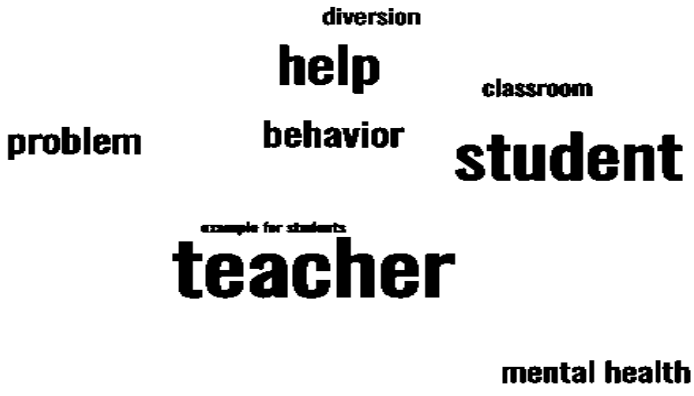

Figure 4.15 Word cloud of effect of help-seeking behaviour

According to the sub themes extracted from the answers it was clear that help-seeking behaviour was a very effective strategy for teachers. It not only maintained their own psychological health but they were able to deal their students in the best possible way. Respondents have added that definitely it has positive impact on teachers. Male teacher react differently to help-seeking behaviour while women have other ways to seek mental help.

From the analysis of question no. 15 we may conclude that help-seeking behaviour was adopted by the both male and female SST's. They have utilized this behaviour for themselves and their students and it has facilitated them in both ways.

4.5.1.17 Any other information related to mental first aid skills and help-seeking behaviour

Question No. 16 was about any additional information respondents want to share regarding first aid skills and help-seeking behaviour.

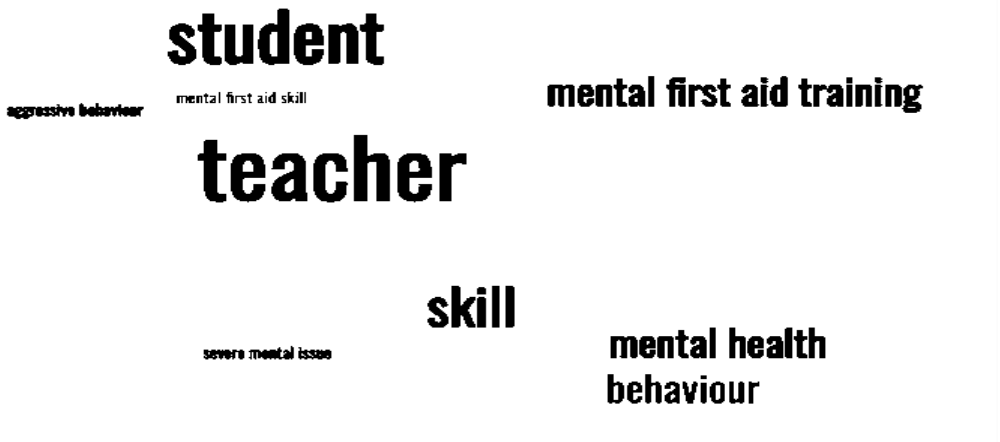

Figure 4.16 Word cloud of additional information related to first aid skills and help-seeking behaviour

Respondents have described that 'Mental First Aid' skills have significantly benefitted teachers in supporting students' MH. This skill has enabled teachers to intervene early, prevent crises, and offer initial support until further assistance can be accessed. It also has improved their professional skill, learn treatment for aggressive behaviour, development of peaceful environment etc.

However, unfortunately most of the teachers are not able to utilize their first aid skills. Many students face MHI's. Sometimes problem arise within the class but teachers are unable to deal with it due to lack of practice. Often they are aware about specific mental state but often they get panic or sometimes they don't empathize with students and consider it a drama.

4.5.1.18 Major self-help strategies

Question No. 17 was about the major self-help strategies often adopted by teachers.

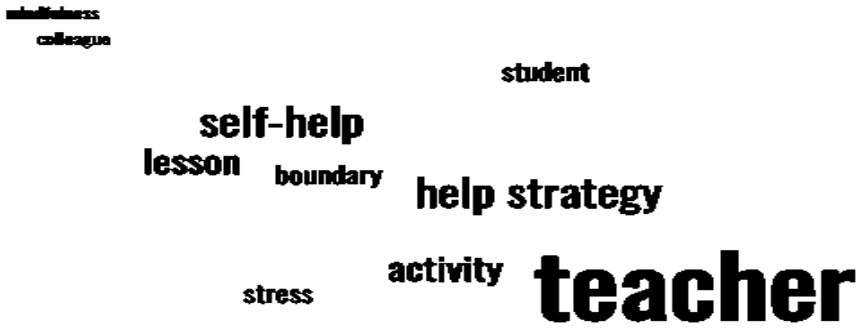

Figure 4.17 Word cloud of teacher's Self-Help Strategies

Respondents have described that teachers often adopt various self-help strategies to support their well-being and maintain their MH. Here are some major self-help

strategies commonly practiced by teachers. Female teachers improve their MH through regular exercise, getting enough sleep, maintaining a balanced diet, and setting aside time for hobbies or activities they enjoy. They engaging in mindfulness practices and meditation that help them to manage stress, improve focus, and promote emotional resilience. Another respondent added that by connecting with colleagues, friends, or support groups provides male teachers a valuable outlet for sharing experiences and receiving encouragement. Some respondents reported that sometimes efficient time management allows male teachers to reduce feelings of overwhelm and stress by prioritizing tasks and responsibilities. Similarly some respondents consider that pursuing hobbies and interests outside of work provides them a sense of fulfilment and enjoyment to promote overall well-being.

From the analysis of Question No.17 it was concluded that teachers adopt self-help strategies when they encounter MH problems. However there was a little difference in self-help strategies of male and female SST's.

4.5.1.19 Effect of Mental health self-help strategies on teacher's performance

Question No. 18 was about the effect of adopting MH self-help strategies on teacher's performance. Majority of the secondary school heads agreed that teacher's often adopt self-help strategies and most of the times it has improved their performance. However a gender difference was found among SST's regarding the ways of teaching.

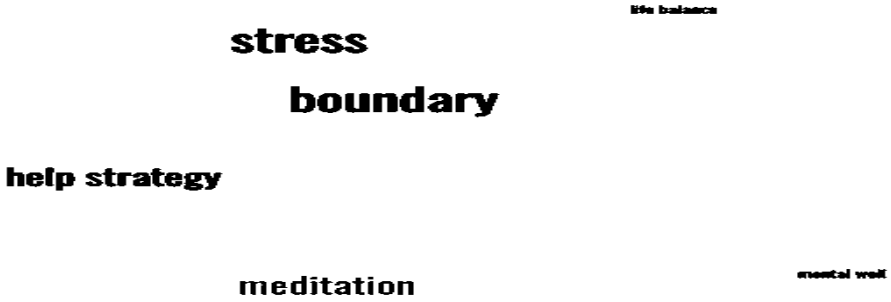

*Figure 4.18*Word cloud of effect of MH self-help strategies on teacher's performance

Respondents have described that teachers adopt various self-help strategies to support their well-being and maintain their mental health. However there are some major self-help strategies practiced by male and female SST's in different ways. Male SST's engage their selves in activities which enhance their physical, mental, and emotional well-being. This may include practicing regular exercise, getting enough sleep, maintaining a balanced diet, and setting aside time for hobbies or activities they enjoy. While female teachers practice mindfulness and relaxation techniques to reduce stress and promote mental well-being. It includes yoga, exercise, meditation and other relaxation activities, such as listening to music or taking nature walks. Similarly both male and female teachers establish healthy boundaries between their personal and professional lives. They set limits on work hours, dedicate time for personal activities and relationships, and avoid overcommitting or taking on excessive workloads. Establishing boundaries helps them to balance personal and professional life.

From the analysis of Question No. 18 we may conclude that SST's adopt various self-help strategies to maintain their mental well-being including mindfulness and

meditation, physical exercise, balancing workload and personal life commitments, connecting with colleagues, friends, or support groups, Pursuing hobbies and interests outside of work and efficient time management allows teachers to reduce feelings of overwhelm and stress by prioritizing tasks and responsibilities.

4.5.1.20 Improvement in teacher's classroom behavior due to self-help strategies

Question no. 19 was about the improvement in SST's class room behaviour due to adopting self-help strategies. Majority of the respondents agreed that it has improved teacher's classroom behaviour.

Figure 4.19 Word cloud of improvement in class room behaviour due to self-help strategies.

Respondents have described that teachers adopt various self-help strategies such as participating in professional development programs and up-dating their knowledge with current educational researches contributes in improving teacher's self-efficacy and well-being. They generally use self-help strategies like feedback, practice to

make lesson easier, discussion with colleagues. Mostly some old teachers develop a habit of reminder from others as it can be related to bad memory.

From the analysis of Question No. 19 we may conclude that teacher's self-help strategies have improved their classroom behaviour. Level of improvement and adoption of self-help strategies was different in both genders.

4.5.1.21 Any other information related to teacher's self-help strategies

Question no.20 was related to any additional information related to self-help strategies of teachers.

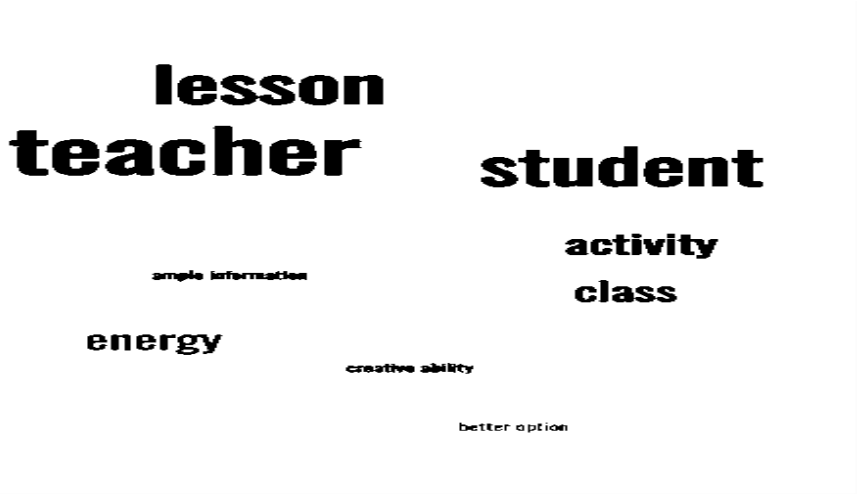

Figure 4.20 Word Cloud of additional information related to self-help strategies

Respondents have described that major self-help strategies could be whenever they are planning their lessons they should plan their lesson in such a way that they should divided the time that this is the teaching time and this is the time for certain activity. Since students at this age are full of energy, their creative

abilities energize them to do something. They want to be admired so the teachers can plan more creational activities where they can utilize maximum of students' energy and engaging strategies should be adopted whenever they are delivering a lesson. Instead of giving lectures of 40 or 50 minutes in one go, the teacher must split their lesson for certain activities, quizzes and questions so that, the students may stay attentive during the class. The teacher must announce in the beginning of the class that they may ask some questions or conduct activity during the lesson. Secondly our students are technology geeks. They are influenced by the social media. They have various interests. So the teachers have to be very up to date so that when they go into classroom, they have ample information which might be unknown to students. Teacher must be very tactful about planning the classroom lesson so that they engage students more and more. From the analysis of Question No.20 that we may conclude most often MH strategies adopted by the teachers are discussion of issue with colleagues and this opinion of colleagues lead to some fruitful results. Sometimes teacher face workplace issue, in that case they discuss with their head of the institutes and often the problem get solved or replaced with a better option. Sometimes teachers get engrossed in their class activities that they get a break from their mental issues.

CHAPTER 5

SUMMARY, FINDING, DISCUSSION

CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The research was conducted to achieve following two major objectives: To examine the mental health literacy of secondary school teachers and to compare mental health literacy of male and female secondary school teachers. The Null Hypothesis designed for present study was; there is no significant difference between mental health literacy of male and female secondary school teachers. Mental Health literacy theory was focused to design the study's theoretical framework. It was based on Mental Health literacy scale (MHLS) given by Dias, Campos, Almeida and Palha (2018)in their research study Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy Questionnaire. The four indicators that made up the mental health literacy model were knowledge of mental health problems, erroneous ideas and stereotypes, first aid skills and behaviour that involved seeking help, and self-help techniques. The research approach used for present study was quantitative. Study framework was adapted. Data was collected through five-point Likert scale from male and female secondary school teachers. For the in depth study of the construct 8 interviews from heads of secondary teachers were also taken. For this purpose an interview sheet was self-developed based on the study's theoretical framework.

Data collected from secondary school teachers was analysed by using statistical tool for mean scores, t-test and thematic analysis.Male and female secondary school teachers from

Tehsil Rawalpindi were the study's population. 30% sample was taken from population. Total 797 female and male teachers of secondary schools were working in tehsil Rawalpindi. Out of which 260 Secondary school teachers (137 male and 123 female) were taken as a sample. For collection of data mental health literacy scale was adapted and semi-structured interview was developed. Mental health literacy had total 34 items and 4 sub variables. Each variable consisted of 10, 9, 8 and 7 items respectively. The instrument comprised of two sections. The first section was based on demographic information such as gender, age, marital status, academic education, professional education and experience. Similarly self-developed semi-structured interview sheet consisted of 5 variables as MHL, understanding MHI, erroneous beliefs and stereotypes, first aid skills, behaviour that involves seeking help, and techniques of self-help. Each variable consisted of 4 open ended questions. This tool also comprised of two sections. The first section was based on demographic information such as gender, academic education, professional education and experience while second part of the tool was having 20 open ended interview questions.

To ensure the validity of the instruments, the researcher consulted with subject matter experts in psychology and education. The subject matter experts examined the instruments in light of theoretical framework, objectives and hypothesis. The valuable suggestions of the experts were appreciated and changes were made in tool as per the expert’s suggestions. After the finalization of the tool, researcher conducted pilot trail. For this purpose 56 male and female secondary school teachers were approached. Data was collected through face to face interaction. The researcher briefed the respondent about the questionnaire before data collection. After data collection, it was analysed in SPSS 20th edition (Statistical Product and service solutions) to evaluate the questionnaire's reliability. Overall reliability of pilot trial

was (0.91). The four domains of MHLS ((Knowledge of mental health issues, erroneous beliefs and stereotypes, First Aid techniques, behaviour that indicates a need for assistance, and self-help techniques) had 0.86, 0.66, 0.62 and 0.86 reliability respectively. After pilot trail reliability calculation, few changes were made in the instrument. Later on sample was selected through proportionate stratified sampling for final data collection. 30 % of the population was selected as a sample. The researcher had personally visited the schools for data collection. Total 260 respondents were approached. Out of which 226 respondents (107 female and 119 male) responded. Total 86.92% was the rate of the return. After the collection of data, SPSS 20th edition (Statistical Product and service solutions) was used for analysis. For data analysis the researcher used mean and t-test. While thematic analysis was used for data analysis of semi structured interviews.

5.2 Findings

The data analysis led to the following findings;

1. The results show the mean value of variable and all sub variables of MHLS. Overall mean value of MHLS was 3.98 that show agreed response by the respondents. While mean value of first sub variable knowledge of mental health problems also indicated an agreed response by the respondents. Teachers were well literate about mental health problems. The mean value of Erroneous Beliefs/Stereotypes showed that teachers agreed to erroneous beliefs and stereotypes related to mental health that are present in the society. The mean value of First-Aid Skills and Help-Seeking Behavior showed the respondents agreed with this section. The mean value of Self-Help Strategies showed that secondary school teachers were well aware about the Self-help

strategies of mental health. The highest value of mean was in the section of Self-Help Strategies. All the sections had a value near to 4 that showed teacher's literacy about mental health (Table No. 4.5)(Objective 1).This finding will help fellow teachers and educational administration while dealing students mental health issues as secondary school teachers are well literate about mental health so they can deal student's mental health issues in better ways. So fellow teachers and educational administration can get assistance from them.

2. The results show no statistical significant difference between mental health literacy of male and female secondary school teachers. (Table No. 4.6)(Objective 2). This finding will help educational administration in conducting male and female teacher's combined training programs.
3. The results show no statistical significant difference between knowledge of mental health problems of male and female secondary school teachers was found. (Table No. 4.7)(Sub objective 1).
4. The results show no statistical significant difference between erroneous beliefs/stereotypes of male and female secondary school teachers was found. (Table No. 4.8)(Sub objective 2).
5. The results show significant statistical difference between first aid skills and help seeking behavior of male and female secondary school teachers was found. Male secondary school teachers had higher level of first aid skills and help-seeking behavior than female (Table No. 4.9) (Sub objective 3).

6. The result show significant statistically difference between male and female secondary school teacher's Self-Help Strategies was found. Male secondary school teachers had higher level of self-help strategies than female. (Table No. 4.9) (Sub objective 4).

5.2.1 Findings based on Semi Structured Interviews

Data analysed through semi-structured interviews also corresponded with the statistical data. Thematic analysis of the semi structured interviews showed similar result in correspondence with data collected through statistics.

In thematic analysis of the interview majority of themes revolved around teacher, student, mental health, mental health literacy, awareness of mental health literacy, emotional support, supportive classroom environment, MH concern, MH problem, MH promotion activity, first aid skills, behaviour of teachers, stereotypes, help-strategy, self-help and stress. These themes highly correlate with the quantitative data results. Interviews of secondary school heads acknowledge that secondary school teachers seemed to be well literate about mental health basic knowledge. Both male and female respondents agreed that secondary school teachers have sound knowledge about mental health problems and erroneous beliefs/stereotypes related to mental health and they have not observed any gender difference between practical implementation of mental health knowledge and erroneous beliefs. However, male and female secondary school teachers deal first aid skills and help-seeking behaviour related to mental health in different ways. Male and female secondary school teacher self-help strategies also found to be different.

5.3 Discussion

The researcher conducted the study to examine the mental health literacy (MHL) of secondary school teachers (SST's). The findings showed that most of the respondents were at the average level of MHL. Study of Ueda et al. (2021) supports current findings. They have suggested that a brief video-based MHL training program can enhance school teachers' MHL and raise the desire to help students. Study of Gilham et al. (2021) also favours current findings. They had studied teacher's self-efficacy towards inclusive practices. Study embedded online modules for 71 pre-service teachers based on pre and post survey B.ed Course. It suggested efficacy of online MHL module of B.ed Course. Another study of Yamaguchi et al. (2020) supports current study's findings. They have studied school teachers MHL through randomized control trial. They have suggested to enhance teacher's MHL through effective MH programs. Study of Ojio et al. (2015) also support these findings. They had studied effect of MH education on students delivered by their teachers through a 50 minute MH session and 3 months later follow up self-report questionnaire. They found that students MHL and help-seeking behaviour was improved. They suggested that school-led MHL programs may improve MHL of students. The study of Nejatain et al. (2021) on MHLS for Iranian people also supports current study findings. In their cross-sectional study they modified previous MHLS's and introduced a new version including 29 items and 6 attributes. Study of Ni Chorcora and Swords (2021) on MHL and help-giving response of Irish primary school teachers also supports current study findings. In their study 356 teachers responded to questionnaires. Teacher's ability to recognize disorders was assessed through mixed method questioning. 71% teachers correctly identified depression while 84% teachers correctly identified anxiety. Moreover study of Chaudary (2017) on the factors affecting Mental

Health Issues of Pakistani University students also support present study findings. Through a cross-section study he collected data from 1308 students. The results exposed a gap between student's needs and university strategies.

The study also aimed to compare the MHL of male and female SST's. It was based on two main objectives and four sub objectives. No substantial difference in knowledge of MH problems of both genders was found by the researcher. Secondary school teachers were aware about the major mental health issues. Armstrong, Price and Crowley (2015) conducted case study to investigate pre-service teachers' awareness about the behaviors that signal beginning of MHI's and their response in decision-making. Study revealed that 80% of respondents have accurately identified a specific mental condition and classified the behaviors as being related to it. Only 18% of respondents named a follow up action like sharing with colleagues or discussing with student's family or suggesting the services of mental health professional. Despite having sufficient information related to disorders respondents found difficult to provide any mental health assistance. Current study revealed that SST's were well aware about the mental health stereotypes and they create awareness in this regard. However they are not much successful in removing these concepts from society. These findings are supported by Pandori-Chuckal (2020) which has explored pre-service teacher's MH knowledge, their coping strategies, and their pre and post stress levels. Teachers were given online MHL B.Ed course consisted of 10 weeks. After taking the course, pre-service teachers showed appreciable improvements in their understanding of MHI and coping mechanisms, as well as significant declines in stigmatizing attitudes. Study also found significant gender difference in help-seeking behavior and first aid skills of SST's. However first aid skills were depended on their experience and exposure to mental health

situation. This finding is supported by Carr, Wei, Kutcher and Heffernan (2018). They recommend noteworthy improvements in pre-service teacher's MHL through one day MH session followed by three months later follow-up. The program's main focus was on the fundamentals MH and MI as well as how to use the MHL resource in learning. Measurement of help-seeking behaviors is difficult because they are influenced by different variables such as activities knowledge and attitudes and beliefs about the behaviors. There was no psychometric validity for any measure of help-seeking behavior. The study discovered that male and female secondary school teachers' self-help practices differed significantly from one another. The finding is also supported by the study of Furham and Swami (2018), in which they studied the MHL of general public. They revealed age, education, gender and cross cultural difference affect help-seeking behavior of people. Current finding is also supported by the study of Reiss at al. (2019) in which they studied impact of socio-economic status on mental health. Data was collected from 2111 participants through interview and survey. Findings revealed that children with low socio-economic background are more exposed to adverse life events. They recommended that less educated parents should be assisted to enable their children to cope with life challenges. Study of Irfan (2016) on the variables affecting Pakistani university student's mental health issues also support existing findings. He examined possible factors that affect Pakistani student's mental health along with correlation between sexual orientation and socio-economic status through quantitative method. 314 students participated in the study. The results demonstrated positive correlation between extraversion and MH as well as male respondents showed a high level of mental health over female respondents. Similarly, study of O' Brien (2016) study on mental illness perceptions with regard to gender and self-efficacy also favors present finding. Their study

investigated people perception about mental illness and help-seeking behavior in association with life satisfaction, gender and self-efficacy through mixed method. Their findings revealed mental illness plays a great role in attitude distinction, however no gender difference was found.

Interview findings also support no substantial gender difference between MHL of teachers. These findings of the interview are supported by the research of Kutcher, Wei and Hashish (2016) in which they studied MHL of teachers and learners as a friendly approach. They did cross sectional study on curriculum guide for teachers and learners at secondary level. Their study suggested that such curriculum guide may be used for the improvement of MH knowledge, attitude and help-seeking efficacy among teachers and learners. The finding is also supported by the study of Jorm (2012) in which they studied the mental health of different communities. They have found that several countries have deficiencies in preventive knowledge about psychological wellbeing, recognition of disorders, help-seeking options, adaption of self-help strategies in case of mild disorder. They suggested promotion of MH first aid trainings and focusing on public MH in national policies. It is also supported by the study of Whitley and Gooderham (2016) as they had explored pre-service teacher's MHL and found that teachers were able to correctly identify general MH disorders but expressed lower efficacy in recognizing complex disorders. They have suggested to enhance teachers MHL through developing interventions. Study of Aluh, Dim and Anene-Okeke (2018) also support current findings. They conducted cross-sectional study on teacher's mental disorders recognition and help seeking behavior in Nigeria. They found that MHL of teachers was weak and teachers consider counselors as an authentic source of help. The research of Kutcher,Gilberds, Morgan, Hamwaka and Perkins (2015) on MH curriculum

resource(The guide) gender-based effectiveness on teachers in Malawi also support these findings. The study found no significant gender difference on effectiveness of MH resource. They suggested that integration of MHL into current curriculum will improve MHL in teachers. Moreover current finding is also supported by the study of O'Connell et al. (2021) in which they studied ''Child mental health literacy training programs for professionals in contact with children''. The study suggested to evaluate long term effectiveness of MHL programs through different modes such as digital training programs etc. Furthermore, study of Heyeres et al. (2019) regarding wellbeing of boarding school students also favors current finding. They delivered multifactor self-esteem trainings on Australian boarding school staff. Result of training, survey and interview concluded improvement in MH of staff and students. Their study suggested to explore wellbeing of boarding staff.

5.4 Conclusion

Despite the established importance of mental health literacy (MHL), little is known about the MHL of teachers in Pakistan. While there was MHL research, it does not focus on secondary school teachers. The purpose of this study was to close the gaps in the literature that currently exist, giving mental health professionals and other community leaders a better understanding of how to enhance MHL in teachers specially at secondary school level. The research was done to accomplish the two main goals listed below: to assess secondary school teachers' MHL and to compare MHL of male and female secondary school teachers. According to the study's null hypothesis there is no discernible difference between MHL of male and female secondary school teachers'. Study first objective, ''to examine the mental health literacy of secondary school teachers'' was achieved through Mean score. Findings showed that

secondary school teachers are well aware about mental health. The mean score was ‘‘Agree’’ in all domains.

Study’s second objective ‘‘to compare the mental health literacy of male and female secondary school teachers’’ was achieved through t-test and thematic analysis. Findings presented that overall mental health literacy of male and female secondary school teachers has no significant difference. Similarly in first two domains of MHLS no significant gender difference was found. However in third domain ‘‘First-aid skill and help-seeking behaviour’’ there was significant gender difference. Male secondary school teacher’s use more enhanced First-aid skills and help-seeking behaviour than female teachers. Further on fourth domain ‘‘Self-help strategies’’ there was also significant difference. Male secondary school teachers use improved self-help strategies in comparison with female secondary school teachers.

5.4.2 Conclusion based on Interview

Data analysed through interviews also corresponded with the above statistical data. Prevalent themes in thematic analysis of the interview revolved around mental health, mental health literacy, mental health problems, first-aid skills, help-seeking behaviour and self-help strategies. During interview secondary school heads acknowledged that teachers have sound knowledge of mental health problems. They are well aware about erroneous beliefs and stereotypes. Both genders are equally utilizing their knowledge in teaching learning process. The respondents have also reported that male and female teachers use different help-seeking behaviour, first-aid skills and self-help strategies.

5.5 Recommendations

Following are the recommendations extracted on the basis of findings:

1. Mental Health Literacy of teachers is crucial in present era. Therefore teachers may further enhance their mental health literacy by participating in international mental health literacy programs such as World Health Organization's ''School Mental Health Manual'' (WHO-EMRO). These trainings are available online on https://www.learnwithshine.org/and also offered in collaboration with government organizations. This course is free and the duration of the course is 5 hours; it consists of 17 video lectures and is available in Urdu language. Upon successful completion of course certificates are also awarded (Objective1, Finding1).

2. Education department may further enhance teacher's mental health literacy through refresher courses. Teachers may be trained through mental health consultant about basic mental health knowledge and its practical implementation. Promotion of teacher's may be linked to the successful completion of these courses (Objective 2, Finding 2).

3. Knowledge of mental health problems may be enhanced through school-based awareness initiatives. School administration may invite mental health professionals to develop awareness among teachers, students and parents through seminars. Seminar may be conducted with in school premises, where parents may also be invited. Seminar may be conducted within school timings so that maximum teachers and students may attend it. Similarly, certificates may be distributed among participants (Objective 2a, Finding 2a).

4. School administration may further enhance teacher's awareness regarding irrational beliefs and stereotypes related to mental health through display of posters, banners and wall-paintings in which irrational beliefs related to mental health may be eliminated. As a sample two posters have been attached in Appendix (Objective 2b, Finding 2b).

5. First aid skills and help-seeking behavior related to mental health of female teacher's may be improved through counseling. School may hire the services of school counselors on monthly or yearly basis (Objective 3b, Finding 3b).

6. Self-help strategies of female teacher's may be improved through individual internship programs in different mental health institutions during their induction training. Through observing self-help strategies used by mental health consultants and mentally ill people, they may improve their self-help strategies. (Objective 4b, Finding 4b).

7. In present time of digitalization, it is high time that school administration may equip their teachers with basic mental health information. Administration may further enhance their female teachers' mental health literacy through monthly meetings. Administration may engage teacher's in fruitful discussions related to general mental health issues as well as specific mental health issues related to students.

8. According to the needs to virtual world, school administrations may arm their male teachers with basic mental health knowledge. Male teacher's mental health literacy may be enhanced through weekly updating mental health information on school

bulletin board.

9. School administration may set monthly mental health literacy tasks for female teachers according to their professional and domestic roles and responsibilities.

10. According to the professional and domestic roles and responsibilities of male teachers, monthly mental health literacy tasks may be set by the school administration to enhance their mental health literacy.

5.6 Recommendations for future researchers

1. As the present study has measured MHL through intended participants e.g. SST's and they were well literate about MH. However Future researcher may focus on other disciplines such as Engineering, Scientist, Corporate Sector, Business Sector etc.

2. Secondary school teachers from public sector were the population of current study. Future researcher may focus on other sectors and other levels.

3. Future researches may be conducted to analyze the MHL of different educational groups e.g. school, college or university administration, students of different ages, classes etc.

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APPENDIX A

NATIONAL UNIVERSITY OF MODERN LANGUAGES
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF EDUCATION

ML.1-4/2021/Edu

Dated: 27th June 2022

To: Saiqa Bano
17 MPhil/Edu/S21

Subject: **APPROVAL OF MPHIL THESIS TITLE AND SUPERVISOR**

1. Reference to Letter No, ML.1-4/2021-Edu, dated 27-06-2022, the Competent Authority has approved the title and supervisor in 13th BASR meeting dtd 1st June 2022 on the recommendations of Faculty Board of Studies vide its meeting held on 12th April 2022.

a. **Supervisor's Name & Designation**
Dr Qurat Ul Ain Hina (Supervisor)
Assistant Professor
Department of Education, NUML, Islamabad.

b. **Thesis Title**
Study of Mental Health Literacy among Secondary School Teachers : A Gender-Based Comparison

2. You may carry out research on the given topic under the guidance of your supervisor and submit the thesis for further evaluation within the stipulated time. It is to inform you that your thesis should be submit within described period by **31st December 2023** positively for further necessary action please. ***(Timeline attached)***

3. As per policy of NUML, all MPhil/PhD thesis are to be run on Turnitin by QEC, NUML before being sent for evaluation. The university shall not take any responsibility for high similarity resulting due to thesis run from own sources.

4. Thesis is to be prepared strictly on NUML's format that can be taken from (Dr Saira Nudrat, Coordinator MPhil/PhD)

Telephone No: 051-9265100-110 Ext: 2094
E-mail: snudrat@numl.edu.pk

Dr. Wajeeha Shahid
Head
Department of Education

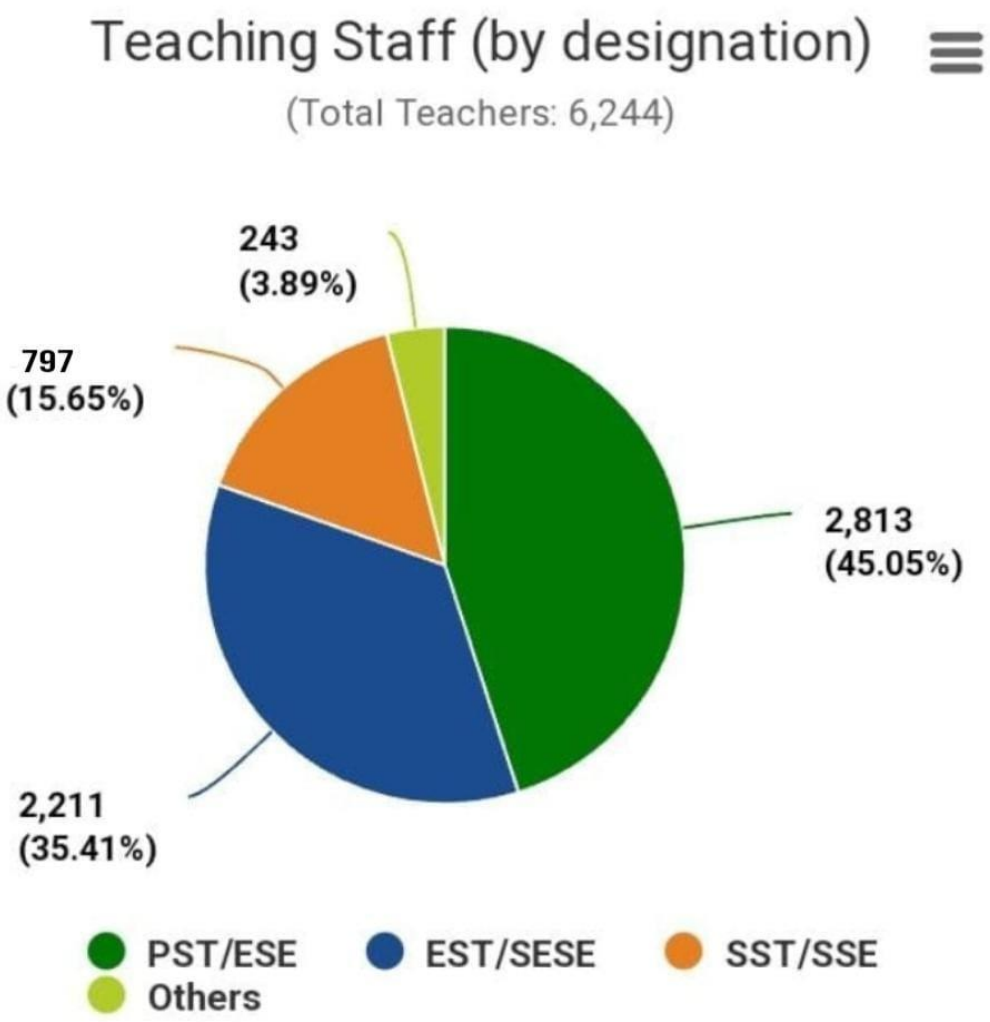
Distribution:

Saiqa Bano (MPhil Scholar)

Dr. Qurat Ul Ain Hina (Thesis Supervisor)

APPENDIX B

Population of the study



Retrieved from: www.sis.punjab.gov.pk

APPENDIX C

CERTIFICATE OF VALIDITY

(Mental Health Literacy Scale)

Study of Mental Health Literacy among secondary school teachers:
A Gender-based comparison

By SAIQA BANO

M.Phil. Scholar, Department of Education, Faculty of Social Sciences

National University of Modern Languages (NUML), H-9, Islamabad, Pakistan

This is to certify that Mental Health Literacy Scale adapted by the scholar towards her thesis has been assessed by me and I find that it has been designed adequately for the study of Mental Health Literacy among teachers at secondary school level.

It is considered that the research instrument adapted for the above mentioned title and according to objectives and hypotheses of the research, assures adequate face and content validity according to the purpose of the research and can be used for data collection by the researcher with fair amount of confidence.

Name: Dr. Muhammad Imran

Designation: Assistant Professor

Institution: Department of Education

Signature: _____

Date: 20/6/2023

Dr. Muhammad Imran Niazi
Assistant Professor Education
(PMAS) Arid Agriculture University
Rawalpindi.

APPENDIX D

CERTIFICATE OF VALIDITY

(Mental Health Literacy Scale)

Study of Mental Health Literacy among secondary school teachers:
A Gender-based comparison

By SAIQA BANO

M.Phil. Scholar, Department of Education, Faculty of Social Sciences

National University of Modern Languages (NUML), H-9, Islamabad, Pakistan

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It is considered that the research instrument adapted for the above mentioned title and according to objectives and hypotheses of the research, assures adequate face and content validity according to the purpose of the research and can be used for data collection by the researcher with fair amount of confidence.

Name: Dr. Syed Yasir Ali Gilani

Designation: Assistant Professor

Institution: FJWU, Rawalpindi

Signature:

Date: 24/11/22

drsyedyasir@fjwu.edu.pk

APPENDIX E

CERTIFICATE OF VALIDITY

(Mental Health Literacy Scale)

Study of Mental Health Literacy among secondary school teachers:
A Gender-based comparison

By SAIQA BANO

M.Phil. Scholar, Department of Education, Faculty of Social Sciences

National University of Modern Languages (NUML), H-9, Islamabad, Pakistan

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It is considered that the research instrument adapted for the above mentioned title and according to objectives and hypotheses of the research, assures adequate face and content validity according to the purpose of the research and can be used for data collection by the researcher with fair amount of confidence.

Name: Dr. Qaisara Parveen

Designation: Associate Prof

Institution: PMAS. Arid Agriculture University Rawalpindi

Signature:

Date: 20/04/2023

Dr. Qaisara Parveen
Associate Professor
Department of Education
PMAS Arid Agriculture University
Rawalpindi

APPENDIX F

CERTIFICATE OF VALIDITY

(Mental Health Literacy Scale)

Study of Mental Health Literacy among secondary school teachers:
A Gender-based comparison

By SAIQA BANO

M.Phil. Scholar, Department of Education, Faculty of Social Sciences

National University of Modern Languages (NUML), H-9, Islamabad, Pakistan

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Name: DR Asghar Ali Shah

Designation: Chairperson

Institution: Deptt of Psychology ESSIIUI

Signature: Asghar Ali

Date: 15-12-2022

APPENDIX G

CERTIFICATE OF VALIDITY

Semi Structured Interview Tool for Secondary School Heads
Study of Mental Health Literacy among Teachers at Secondary School level; A Gender-based Comparison

By SAIQA BANO
M.phil Scholar, Department of Education, Faculty of Social Sciences
National University of Modern Languages (NUML), H-9, Islamabad, Pakistan

This is to certify that semi Structured interview sheet self-developed by the scholar towa her thesis has been assessed by me and I find that it has been designed adequately for t study of Mental Health Literacy among teachers at secondary school level.

It is considered that the interview sheet developed for the above mentioned title is accor to the objectives and hypothesis of the research, assures adequate face and content vali according to the purpose of the research and can be used for the data collection by the researcher with fair amount of confidence.

Name: Dr. Muhammad Imran
Designation: Assistant Professor
Institution: Department of Education
Signature: _____
Date: 20/6/2019

Dr. Muhammad Imran Niazi
Assistant Professor Education
(PMAS) Arid Agriculture University
Rawalpindi.

APPENDIX H

CERTIFICATE OF VALIDITY

Semi Structured Interview Tool for Secondary School Heads
Study of Mental Health Literacy among Teachers at Secondary School level; A Gender-based Comparison

By SAIQA BANO
M.phil Scholar, Department of Education, Faculty of Social Sciences
National University of Modern Languages (NUML), H-9, Islamabad, Pakistan

This is to certify that semi Structured interview sheet self-developed by the scholar towards her thesis has been assessed by me and I find that it has been designed adequately for the study of Mental Health Literacy among teachers at secondary school level.
It is considered that the interview sheet developed for the above mentioned title is according to the objectives and hypothesis of the research, assures adequate face and content validity according to the purpose of the research and can be used for the data collection by the researcher with fair amount of confidence.

Name: Dr. Syed Yasir Ali Gilani
Designation: Assistant Professor
Institution: FJWU, Rawalpindi
Signature:
Date: 24/11/22
drsyedyasir@fjwu.edu.pk

APPENDIX I

CERTIFICATE OF VALIDITY

emi Structured Interview Tool for Secondary School Heads
Study of Mental Health Literacy among Teachers at Secondary Schoo
level; A Gender-based Comparison
By SAIQA BANO
M.phil Scholar, Department of Education, Faculty of Social Sciences
National University of Modern Languages (NUML), H-9, Islamabad, Pakistan

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It is considered that the interview sheet developed for the above mentioned title is ac
to the objectives and hypothesis of the research, assures adequate face and content
according to the purpose of the research and can be used for the data collection by th
researcher with fair amount of confidence.

Name: Dr. Qaisara Parveen
Designation: Associate Prof
Institution: PMAS Arid Agriculture University Rawalpindi
Signature:
Date: 20/04/2023

Dr. Qaisara Parveen
Associate Professor
Department of Education
PMAS Arid Agriculture University
Rawalpindi

APPENDIX J

CERTIFICATE OF VALIDITY

Semi Structured Interview Tool for Secondary School Heads
Study of Mental Health Literacy among Teachers at Secondary School level; A Gender-based Comparison
By SAIQA BANO
M.phil Scholar, Department of Education, Faculty of Social Sciences
National University of Modern Languages (NUML), H-9, Islamabad, Pakis

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It is considered that the interview sheet developed for the above mentioned title is according to the objectives and hypothesis of the research, assures adequate face and content validity according to the purpose of the research and can be used for the data collection by the researcher with fair amount of confidence.

Name: DR Asghar Ali Shah
Designation: Chairperson
Institution: Deptt of Psychology ESSIIUI
Signature:
Date: 15-12-2022

APPENDIX K

List of Tehsil Rawalpindi Male Secondary schools

Sr. #	EMIS Code	Male Secondary school name	PP No.	NA No.
1.	37330046	GBHS MairaMohra	10	59
2.	37330045	GBHS MahutaMohra	10	59
3.	37330010	GBHS Tatral	10	59
4.	37330041	GBHS Ghora Bartha	10	57
5.	37330127	Govt. Shaheed DSP Shoukat Ali Shah H/S Haraka	10	57
6.	37330040	GBHS Dhanda	10	59
7.	37330062	GBHS Bhall	10	59
8.	37330044	GBHS Kharaken	13	59
9.	37330042	GBHS Jabber Darvesh	10	59
10.	37330043	GBHS JhattaHathial	10	59
11.	37330037	GBHS Banda	10	59
12.	37330049	GBHS PindJhatla	10	59
13.	37330133	GBHS TakhatPari	10	57
14.	37330038	GBHSS Adhwal	10	59
15.	37330039	GBHS ChakBeli Khan	10	59
16.	37330047	GBHS MohraDarogha	10	57
17.	37330048	GBHS Nakrali	10	59
18.	37330148	GBHS Rupper Kalan	10	59
19.	37330143	GBHS ChakAmral	10	59
20.	37330050	GBHSS Sagri	10	57
21.	37330005	GBHSS Bassali	10	59
22.	37330134	GBHS Trahia	10	59
23.	37330052	Govt. Faiz-ul-Islam H/S No.2 ShakrialRwp	17	60
24.	37330014	GBHS Gharibabad	13	59
25.	37330051	GBHS AOC Morgah	13	59
26.	37330055	GBHS Dhamial	12	59
27.	37330056	Govt. Elliot High School Morgah	13	59
28.	37330697	GBHS DhamaSyedan	12	59
29.	37330696	GBHS Gangal (Gulzar-e-Quaid) Rwp	11	60
30.	37330136	GBHS DhokeGirja	12	59
31.	37330057	GBHS Gangawala	10	59
32.	37330036	GBHS Chahan	19	63
33.	37330058	GBHS Sihal	10	59
34.	37330054	GBHS Dhalla	19	63
35.	37330061	GBHSS Parial	10	59
36.	37330060	GBHS Dhadumber	10	59
37.	37330059	GBHS Chakri	10	59
38.	37330146	GBHS Karahi	10	59
39.	37330144	GBHS Chountra	10	59
40.	37330139	GBHS PindNasrala	19	63
41.	37330360	GBHS Mial	10	59
42.	37330135	GBHS Adiala	19	63

43.	37330137	GBHS Maira Kalan	19	63
44.	37330141	GBHS Ranial	19	63
45.	37330053	Govt. Aziz National H/S Rwp	14	61
46.	37330025	Govt. Public Academy H/S Rwp	14	61
47.	37330114	GBHS Chungi No.22 Rawalpindi	14	61
48.	37330020	GBHS Kohinoor Rwp	15	61
49.	37330027	GBHS Tench Bhatta	14	61
50.	37330699	Govt. Modern H/S 2nd Shift Kohinoor	15	61
51.	37330119	Govt. New Islamia Model H/S Carriage Factory	15	61
52.	37330215	GBHS Naseerabad	15	61
53.	37330022	Govt. MadrissaMilliaIslamia H/S Rwp	16	62
54.	37330015	Govt. Islamia H/S No.2 Circular Road Rwp	16	62
55.	37330019	GBHS Khayaban-e-Sir Syed Rwp	18	62
56.	37330021	GBHSS Loco Shed Rwp	15	61
57.	37330035	Govt. Taleem-ul-Quran H/S QuaidabadRwp	18	62
58.	37330117	GBHS Khayaban-e-Sir Syed Sector-4/B	18	62
59.	37330116	GBHS Khayaban-e-Sir Syed Sector-III Rwp	18	62
60.	37330028	Govt. Zia-ul-Aloom H/S Raja Bazaar Rwp	16	62
61.	37330026	Govt. SimlaIslamia H/S NimakMandi	18	62
62.	37330013	Govt. Faiz-ul-Islam No.1 H/S Trunk Bazar	16	60
63.	37330016	Govt. Islamia H/S No.3 RattaAmral	18	62
64.	37330023	Govt. Muslim H/S No.2 Saidpuri Gate	16	62
65.	37330012	GBHS D.A.V College Road Rwp	16	60
66.	37330017	Govt. Islamia H/S No.4 Rwp	16	60
67.	37330002	Govt. Christian HSS Raja Bazar Rwp	16	62
68.	37330003	Govt. Denneys HSS Rwp	14	61
69.	37330004	Govt. Islamia HSS No.1 Murree Road Rwp	11	60
70.	37330115	GBHS DhokeChiragh Din	11	60
71.	37330123	Govt. MC Boys H/S Amar Pura Rwp	16	60
72.	37330024	Govt. Pehlvi H/S FaizabadRwp	17	60
73.	37330030	Govt. Abbasi H/S Afandi Colony Rwp	17	62
74.	37330001	Govt. Muslim HSS No.1 Said Pur Road Rwp	16	62
75.	37330011	Govt. Comp. H/S DhokeKashmirianRwp	17	60
76.	37330122	GBHS Zari Farm Rawalpindi	17	60

APPENDIX L

List of Tehsil Rawalpindi Female Secondary schools

Sr. #	EMIS Code	Female Secondary school Names	PP No.	NA No.
1.	37330099	GGHS MohraDarogha	10	57
2.	37330095	GGHSS Bassali	10	59
3.	37330110	GGHSS Chountra	10	59
4.	37330112	GGHS Rupper Kalan	10	59
5.	37330098	GGHS Mari Danishmandan	10	59
6.	37330191	GGHS Adhwal	10	59
7.	37330174	GGHS Ghogra	10	59
8.	37330096	GGHSS ChakBeli Khan	10	59
9.	37330097	GGHSS JhattaHathial	10	59
10.	37330009	GGHSS Sagri	10	57
11.	37330194	GGHS Dhanda	10	59
12.	37330192	GGHS Bhall	10	59
13.	37330193	GGHS ChakAmral	10	59
14.	37330178	GGHS KuriKhudaBux	10	59
15.	37330171	GGHS TakhatPari	10	57
16.	37330190	GGHS Ranotra	10	59
17.	37330177	GGHS Kotla	10	59
18.	37330501	GGHS PindJhatla	10	59
19.	37330628	GGHS MahutaMohra	10	59
20.	37330102	GGHS Dhamial	12	59
21.	37330100	GGHS Gharibabad	13	59
22.	37330103	GGHS Girja	12	59
23.	37330101	GGHSS AOC Morgah	13	59
24.	37330702	GGHS Gangal (Gulzar-e-Quaid) Rwp	11	60
25.	37330701	GGHS DhamaSyedan	12	59
26.	37330186	GGHS Morgah (ARL) Rawalpindi	13	59
27.	37330111	GGHSS Parial	10	59
28.	37330104	GGHS Sangral	10	59
29.	37330109	GGHS Chakri	10	59
30.	37330189	GGHS Saroba	10	59
31.	37330196	GGHS Mial	10	59
32.	37330105	GGHS Sihal	10	59
33.	37330183	GGHS Dhulial	10	59
34.	37330187	GGHS Rajar	10	59
35.	37330582	GGHS Maira Kalan	19	63
36.	37330184	GGHS GorakhPur	13	59
37.	37330182	GGHS Dhalla	19	63
38.	37330185	GGHS Kolian Hameed	10	59
39.	37330188	GGHS Ranial	19	63

40.	37330180	GGHS BijnialRwp	19	63
41.	37330108	GGHS Tench Bhatta	14	61
42.	37330081	Govt. Liaqat GHS MughalabadRwp	14	61
43.	37330070	GGHS DheriHassanabad	14	61
44.	37330692	GGHS Sher Zaman Colony Tulsa Road	14	61
45.	37330691	GGHS No.2 Anwar-ul-Islam BurfKhana Chowk	15	61
46.	37330558	GGHS DhokeJummaGulistan Colony	11	60
47.	37330079	Govt. Kohinoor GHS Rwp	15	61
48.	37330439	GGHS Misrial Road Rawalpindi	15	61
49.	37330077	GGHS Khayaban-e-Sir Syed Sector-III Rwp	18	62
50.	37330071	GGHS DhokeHassu	18	62
51.	37330068	Govt. Modern GHS Asghar Mall Rwp	16	62
52.	37330086	Govt. Pak Islamia GHS No.3 Rawalpindi	16	62
53.	37330076	Govt. Khadija GHS Rawalpindi	16	62
54.	37330072	GGHS F. Block Satellite Town Rwp	16	62
55.	37330078	GGHS Khayaban-e-Sir Syed Sector-I Rwp	18	62
56.	37330080	Govt. Liaqat GHS Bangish Colony	18	62
57.	37330695	GGHS Zia-ul-Haq Colony	18	62
58.	37330158	GGHS Khayaban-e-Sir Syed Sector-II Rwp	18	62
59.	37330090	GGHS Safdarabad	18	62
60.	37330087	Govt. Pakistan GHS Sarafa Bazar	16	62
61.	37330093	GGHS Westridge No.3 Rwp	15	61
62.	37330106	Govt. Muslim GHS Murree Road Rwp	16	60
63.	37330069	Govt. Alpha Christian GHS Rwp	16	60
64.	37330082	Govt. MC GHS Nia MohallaRwp	16	60
65.	37330107	GGHS No.4 Mohan Pura	18	62
66.	37330088	Govt. Pakistan GHS Milad Nagar	18	62
67.	37330073	GGHS RattaAmral	18	62
68.	37330085	Govt. Pak Islamia GHS No.1 JhangiMohalla	16	62
69.	37330703	GGHS Hazara Colony	18	62
70.	37330008	GGHSS No.2 Murree Road Rawalpindi	16	60
71.	37330007	GGHSS No.1 BaghSardaranRwp	18	62
72.	37330094	Govt. ZeenatSikanderia GHS Rwp	11	60
73.	37330075	Govt. Joher Memorial GHS Rwp	11	60
74.	37330092	Govt. Usmania GHS Rawalpindi	17	60
75.	37330700	GGHS PAF Base Chaklala	11	60
76.	37330694	GGHS Arya Mohalla	11	60
77.	37330149	GGHS Jhanda Chichi	11	60
78.	37330168	Govt. MC Girls H/S Amar Pura	16	60
79.	37330083	GGHS Muslim Town	17	62
80.	37330091	Govt. SimlaIslamia GHS B. Block S/Town	16	62
81.	37330089	GGHS Pindora	16	62
82.	37330084	Govt. Noor Islamia GHS Rawalpindi	16	62
83.	37330074	GGHS Magistrate Colony Rawalpindi	17	62
84.	37330006	Govt. Comp. GHSS DhokeKashmirian	17	60

85.	37330495	GGHS No.2 Band Khana Road Rawalpindi	17	62
86.	37330159	GGHS Madrissa-tul-BinnatAfandi Colony	17	62
87.	37330155	GGHSS H/9, Islamabad	16	62

APPENDIX M

seeking permission to use your article Mental Health Literacy in Young Adults, for educational research purpose.

6 messages

Bano Satti <saiqa7e@gmail.com> Wed, Aug 24, 2022 at 8:05 PM
To: Luísa Campos <mcampos@ucp.pt>

Dear Dr. Lusia Campos !
I am Saiqa Bano, M.Phil Education Scholar from National University of Pakistan, Islamabad.
I want to conduct a study on Mental Health Literacy of Secondary School teachers of Public Sectors, on four parameters of mental health literacy including; knowledge about mental health problems, erroneous beliefs/stereotypes, first aid skills and help seeking behaviour and self-help strategies.
For this purpose your article is closest to my research study and I want to adapt your article's research tool in my study with some minor changes.
I have already consulted your short version of the questionnaire – MHLq_SVa (mental health literacy questionnaire – short version for adults), with 16 items. However I want to conduct a study on four parameters of mental health literacy so your article on Mental health literacy in Young Adults is relevant and suitable in my study. Therefore I seek your permission to use this article in my research work.
Looking forward to a positive response and thanking you in anticipation.
Yours Truly,
SAIQA BANO
M.PHIL EDUCATION
NUML UNIVERSITY ISLAMABAD, PAKISTAN.

Bano Satti <saiqa7e@gmail.com> Thu, Sep 1, 2022 at 7:39 PM
To: Luísa Campos <mcampos@ucp.pt>

[Quoted text hidden]

Luísa Campos <mcampos@ucp.pt> Fri, Sep 2, 2022 at 2:42 PM
To: Bano Satti <saiqa7e@gmail.com>

Dear Saiqa,

Do you need my positive answer for the use of the MHLq? Or to adapt the questionnaire for your study?

[Quoted text hidden]

Bano Satti <saiqa7e@gmail.com> Fri, Sep 2, 2022 at 3:11 PM
To: Luísa Campos <mcampos@ucp.pt>

Dear Luisa,
I need to have positive response for adaption of MHLq.
[Quoted text hidden]

Luísa Campos <mcampos@ucp.pt> Fri, Sep 2, 2022 at 4:51 PM
To: Bano Satti <saiqa7e@gmail.com>

Dear Bano,

You already have the document on the procedures of multicultural study right?

[Quoted text hidden]

Bano Satti <saiqa7e@gmail.com> Fri, Sep 2, 2022 at 5:20 PM
To: Luísa Campos <mcampos@ucp.pt>

yes..I have it.
[Quoted text hidden]

APPENDIX N

DEPARTMENT OF EDUCATIONAL SCICENCES
FACULTY OF SOCIAL SCIENCES
National University of Modern Languages
Sector H-9, Islamabad
Tel.No: 051-9265100 Ext: 2090

ML.1-3/2023-Edu/357

Dated: 16-03-2023

WHOM SO EVER IT MAY CONCERN

Ms. Saiqa Bano D/O Muhammad Sabir, student of Mphil (Edu) Department of Educational Sciences, National University of Modern Languages is engaged in project of her Research Work.

She may please be allowed to visit your Institution / Library to obtain the required information for her Research Work.

This information shall not be divulged to any unauthorized person or agency. It shall be kept confidential.

Department of Educational Sciences

16/3/23

Dr Wajeeha Shahid
Head,
Department of Educational Sciences

APPENDIX O

Study of Mental Health Literacy among Secondary School Teachers: A Gender-Based Comparison

Dear Respondent,

I am M. Phil. Scholar (Education) working on my research work on the above-mentioned topic. You are requested to fill in the questionnaire attached. The first part of questionnaire consists of Demographic information. The remaining part of this questionnaire deals with Mental Health Literacy. It is assured that your response will be kept confidential and will not be disclosed to any person or authority. The questionnaire is developed to collect data for my research work only.

SaiqaBano (M. Phil Researcher)
Department of Education
National University of Modern Language, Islamabad.

DEMOGRAPHICS

Gender	Male 1		Female 2	
Age	21-30 1	31-40 2	41-50 3	51-60 4
Marital Status	Single 1	Married 2	Separated 3	Widow/Divorced 4
Academic Qualification	B. A/B.Sc. 1	M.A/M.Sc./BS 2	MS/M.Phil. 3	PhD 4
Professional Qualification	CT 1	PTC 2	B.Ed. 3	M.Ed. 4
Teaching Experience	1 to 5 years 1	6-10 years 2	11-15 years 3	16-20 years 4

APPENDIX P

MENTAL HEALTH LITERACY SCALE

INSTRUCTIONS

You are required to give your responses against the options ranging from 5 to1 indicating your preferences of responses (5= Strongly Agree, 4=Agree, 3= Neutral, 2= Disagree, 1=-Strongly Disagree).

Sr #	Code	**Knowledge about Mental Health Problems** Having a general concept of mental health problems that may help in recognition, prevention and management of mental health problems.	SD	D	N	A	SA
1	K1	People with depression face difficulty in maintaining daily routine.	1	2	3	4	5
2	K2	In hallucination people perceive things in a different way.	1	2	3	4	5
3	K3	Drug addiction causes mental health problems.	1	2	3	4	5
4	K4	Brain injury is a major reason behind mental illness.	1	2	3	4	5
5	K5	Highly stressful situation causes mental health issues.	1	2	3	4	5
6	K6	In stress people often talk to themselves.	1	2	3	4	5
7	K7	People with anxiety disorder easily get angry in any situation.	1	2	3	4	5
8	K8	Duration of any mental health issue affects its treatment.	1	2	3	4	5
9	K9	Doing some enjoyable hobbies contributes to good mental health.	1	2	3	4	5
10	K10	Loss of interest in daily activities is a sign of depression.	1	2	3	4	5
		Erroneous Beliefs/Stereotypes Untrue and unfair beliefs about mental health problems	**SD**	**D**	**N**	**A**	**SA**
11	EB1	Financial issues often affect people's mental health.	1	2	3	4	5
`12	EB2	Depression is a serious mental health issue.	1	2	3	4	5

13	EB3	Mental health issues can occur at any stage of life.	1	2	3	4	5
14	EB4	Mental health affects a person's overall behaviour.	1	2	3	4	5
15	EB5	The sooner mental disorders are identified and treated, the better it is.	1	2	3	4	5
16	EB6	Mental health problem affects a person's feeling of containment.	1	2	3	4	5
17	EB7	People with anxiety disorder may get disturbed in fear provoking situations.	1	2	3	4	5
18	EB8	People facing mental health issue needs to be listened without judgement or criticism.	1	2	3	4	5
19	EB9	Spiritual growth of a person is linked with his/her mental health.	1	2	3	4	5
		First Aid Skills and Help-Seeking Behaviour First aid is an ability to provide support to a person facing mental health problems. Whereas, Help-seeking behavior is an action to seek help open-heartedly from a senior person or health care service at the time of need	**SD**	**D**	**N**	**A**	**SA**
20	FA1	To refresh my mind, I will spend time with my family.	1	2	3	4	5
21	FA2	I encourage people around me to look for professional help in case of any mental health issue.	1	2	3	4	5
22	FA3	If I had a mental disorder I would seek mental health consultant help.	1	2	3	4	5
23	FA4	If I had a mental disorder I would seek my friends help.	1	2	3	4	5
24	FA5	If a person close to me had a mental problem, I would	1	2	3	4	5

		spent time with him/her.					
25	FA6	If a person close to me will face mental health problem, I will help him to focus on positive things in his life.	1	2	3	4	5
26	FA7	If a person is having mental health problems, I will try to understand his/her situation.	1	2	3	4	5
27	FA8	If I face mental stress, I will relax my mind with my favorite melody.	1	2	3	4	5
		Self-Help Strategies A person's ability to manage minor mental health problems himself.	**SD**	**D**	**N**	**A**	**SA**
28	SH1	Balanced diet contributes to good mental health.	1	2	3	4	5
29	SH2	Daily walk helps to refresh the mind.	1	2	3	4	5
30	SH3	Sound sleeping contributes to relax mind and body.	1	2	3	4	5
31	SH4	Engaging oneself in healthy activities leads to sound mental and physical health.	1	2	3	4	5
32	SH5	Meditation improves one's mental health state.	1	2	3	4	5
33	SH6	I can easily forget painful moments of my life and move on.	1	2	3	4	5
34	SH7	I have good friends with whom I can share my problems.	1	2	3	4	5

APPENDIX Q

Study of Mental Health Literacy among Secondary School Teachers: A Gender-Based Comparison

Dear Respondent,

I am M. Phil. Scholar (Education) working on my research work on the above-mentioned topic. You are requested to fill in the attached semi-structured interview. The first part of the interview consists of Demographic information. The remaining part deals with open ended questions related to Mental Health Literacy of Secondary school teachers. It is assured that your response will be kept confidential and will not be disclosed to any person or authority. The interview sheet is developed to collect data for my research work only.

SaiqaBano (M. Phil Researcher)
Department of Education
National University of Modern Language, Islamabad.

DEMOGRAPHICS

Gender	Male		Female	
Academic Qualification	B. A/B.Sc.	M.A/M.Sc./BS	MS/M.Phil.	PhD
Professional Qualification	CT	PTC	B.Ed.	M.Ed.
Administrative Experience	1 to 5 years	6-10 years	11-15 years	16-20 years

APPENDIX R

SEMI STRUCTURED INTERVIEW TOOL FOR HEADS OF SECONDARY SCHOOLS

Introduction

Following points need to be communicated before the start of interview.

1. Introduction of the
2. Introduction of the respondent
3. Assurance of confidentiality
4. Willingness of the respondent
5. Unbiased opinion in interview questions required

Q.1 Why do you think mental health literacy of teachers is important at secondary level?

_____

_____

_____

Q.2 Do you think teachers at secondary school level are well aware about the importance of mental health literacy?

_____

_____

_____

Q.3 In what ways teacher's mental health literacy has impacted their students?

_____

_____

_____

Q.4 Any other information…..?

_____

_____

Q.5 Do you think that teachers have sufficient knowledge about mental health problems?

_____

_____

_____

Q.6 How teacher's knowledge about mental health problems has improved their performance?

_____

_____

_____

Q.7 What is the impact of teacher's knowledge of mental health problems on their students?

_____

_____

_____

Q.8 Any other information…..?

_____

_____

Q.9 How do you perceive mental health stereotypes among secondary school teachers?

_____

_____

_____

Q.10 What impact do mental health stereotypes have on teachers?

_____

_____

Q.11 Do you think that mental health erroneous belief affects teachers while dealing their students?

Q.12 Any other information…..?

Q.13 Have you observed any performance difference among secondary school teachers with first aid skills?

Q.14 Do you agree that secondary school teacher's adopt help-seeking behaviour when they encounter mental health issues?

Q.15 Do you agree that teacher’s help seeking behaviour in terms of mental health facilitates them?

Q.16 Any other information…..?

_____

_____

Q.17 What are the major self-help strategies that secondary school teachers often use?

_____

_____

_____

Q.18 What is the impact of self-help strategies on secondary school teacher's performance?

_____

_____

_____

Q.19 How self-help strategies of teachers have improved their behaviour in classroom?

_____

_____

_____

Q.20 Any other information…..?

_____

APPENDIX S

Plagiarism Report

Thesis 19-12-2023

ORIGINALITY REPORT

7%	5%	4%	4%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Higher Education Commission Pakistan Student Paper	2%
2	hdl.handle.net Internet Source	1%
3	norr.numl.edu.pk Internet Source	1%
4	Submitted to Tung Wah College Student Paper	<1%
5	ijmhs.biomedcentral.com Internet Source	<1%
6	Submitted to University of Winchester Student Paper	<1%
7	res.mdpi.com Internet Source	<1%
8	www.researchgate.net Internet Source	<1%
9	Submitted to Monash University Student Paper	<1%

APPENDIX T

PROOF READING CERTIFICATE

CERTIFICATE OF PROOF READING

STUDY OF MENTAL HEALTH LITERACY AMONG SECONDARY SCHOOL TEACHERS: A GENDER-BASED COMPARISON

By

Saiqa Bano

NATIONAL UNIVERSITY OF MODERN LANGUAGES, ISLAMABAD

It is certified that research work with the title Study of Mental Health Literacy among Secondary School Teachers: A Gender-Based Comparison has been checked and proofread for language and grammatical mistakes.

Name: Sheher Bano

Designation: Lecturer

Institute: Govt. Associate College for Women, Fateh Jang, Attock.

Signature:

SHEHER BANO
Lecturer in English
Govt. Associate College (Women)
Fateh Jang, Attock

Date: 25/09/2023