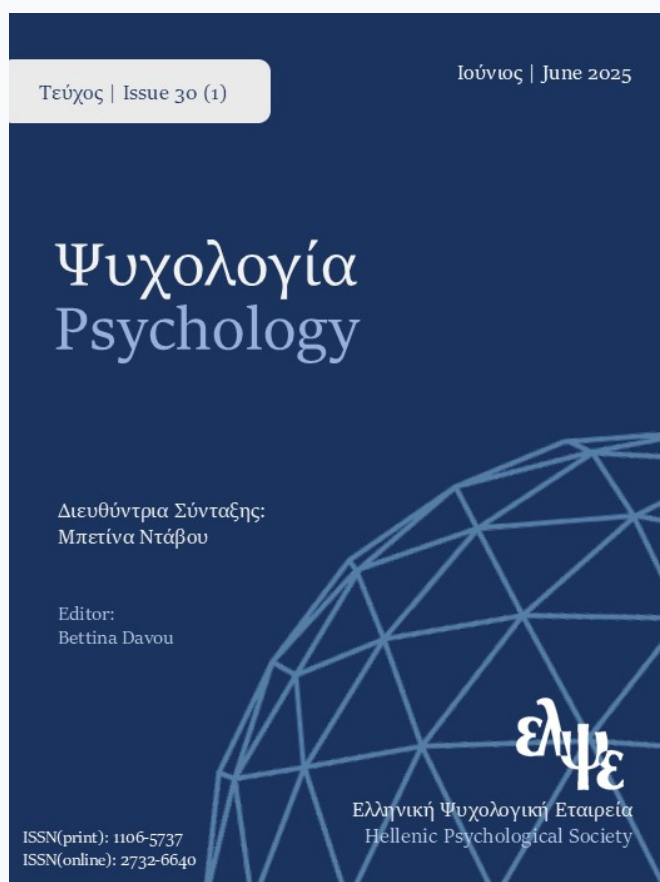


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# Mental health literacy of Greek teachers: Highlighting critical factors for identifying and supporting students in need

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## KEYWORDS

Mental health literacy  
Teacher training  
Prevention  
Student problems  
School policy

## ABSTRACT

The study aimed to investigate the level of teachers' literacy and comfort in relation to mental health issues of children and youth, as well as to highlight the factors that affect teachers' mental health literacy. The study was addressed to teachers working in public primary and junior high schools of general education. A sample of 843 teachers (542 primary, 301 secondary) completed online the Awareness, Knowledge and Comfort scale consisting of thirteen statements answered on a five-point Likert scale. Results revealed that Greek teachers had on average moderate levels of awareness, knowledge, and comfort regarding students' mental health issues. T-test of independent samples and One-way ANOVA revealed that demographic characteristics (gender, specialty, educational level, grade level, relevant training, years of service, experience with mental health problems) affected the factors under study. Awareness of the services and procedures to support students was found to constitute a mediating factor in the relationship between knowledge about students' mental health problems and comfort in managing them. Given that mental health literacy is an urgent topic for teacher preparation to act proactively and support appropriately students in need, the findings provide a wealth of information for the design of relevant educational programs for teachers.

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## Introduction

The necessity of people's mental health literacy (Jorm et al., 1997), as a specific parameter of health literacy in the field of health promotion, has been of intense concern to the scientific community in recent decades, constituting an urgent area of research.

The term "mental health literacy" (MHL) refers to the "knowledge and beliefs about mental disorders that enable their recognition, management, or prevention" (Jorm et al., 1997, p. 182). A recent definition includes people's ability to seek information about MH, to identify specific mental disorders, to know their risk factors and causes, their treatment, and the professional help available. The definition also includes beliefs that reduce stigma about mental illness (Kutcher et al., 2016). MHL is the foundation for MH promotion (Kutcher, Wei, & Hashish, 2016) and an issue that is not limited to one person but is linked to the possibility of action for the benefit of others, especially children who are at high risk of developing MH problems due to family conditions (Jorm, 2012) and the wider social environment they grow up in. The economic crisis and the resulting inequalities, the recent COVID-19 pandemic crisis, and the current humanitarian emergencies such as civil and

interstate conflicts and forced displacements of populations have put MH under great threat worldwide (World Health Organization [WHO], 2022). The World Health Assembly (WHA, 2012) has long warned that depression will be the leading mental illness globally by 2030. Low and middle-income countries, like Greece, are at the core of these ominous forecasts. At the time of writing this paper, approximately one in eight people in the world are known to be living with a mental disorder (about 13%) while suicide is reported as the leading cause of death among young people (WHO, 2022).

Studies indicate that most mental disorders appear in adolescence and that up to 50% of mental disorders in adults begin before the age of 14 years (WHO, 2021). The results of the Pan-Hellenic study on Health Behaviour in School-aged Children (HBSC/WHO) carried out in 2022 on a representative sample of 6,250 students aged 11, 13, and 15 (Stavrou et al., 2023) were pessimistic regarding the psychosocial health of adolescents in Greece. The percentage of teenagers reporting psychological and physical symptoms (nervousness, dysthymia, headache, and other psychosomatic symptoms) was the highest in the last 25 years (59.6%).

However, children and young people are usually unable to perceive their own mental state and are dependent on adults for support. Moreover, the adoption of negative attitudes and the prevailing stigma about mental illness (Corrigan & Rao, 2012) are very often observed in adolescents and result in a reduced willingness to disclose their problems (Gulliver et al., 2010), in reduced help-seeking (Singh, 2017; Yap et al., 2013), and in reliance on untrained people like family and friends (Whitley et al., 2018). Unfortunately, parents, especially those of low socio-economic status, usually cannot understand information about health issues, and delay help-seeking and adherence to treatment (Tonsing, 2018).

For these reasons, the WHO Comprehensive MH Action Plan 2013–2030 strongly emphasized early childhood development and early stages of life to protect later health (WHO, 2021). In this context, the identification of major risk factors for MH as well as the early detection and intervention for children and adolescents with emotional or behavioral problems are primary strategic goals for the prevention and promotion of MH.

### ***Necessity of teachers' MHL***

The first signs of MH problems in children and adolescents appear in schools (Kutcher et al., 2013). However, they are often overlooked by teachers and perceived as normal (Meltzer et al., 2003). In order to prevent the progression of students' early symptoms to more severe ones, the role of teachers is crucial. They have to increase their knowledge of children and adolescent MH issues, improve their attitudes about mental illness, and be properly trained in the recognition of mental disorders (Kutcher et al., 2009). Relevant scholars clarify that the teacher's role is not and should not include the diagnosis of mental disorders, but they should be able to recognize students' behavioral and emotional changes and warning signs (Fortier et al., 2016; Kutcher et al., 2013). They could also support students both in seeking and during therapeutic help (Trudgen & Lawn, 2011). In addition to identifying and referring students in need, MHL can help teachers feel confident in supporting students (Jorm et al., 2010) and in approaching and motivating students' parents (Reinke et al., 2011), especially those lacking the knowledge to identify the problem and seek help in time. In this sense, and according to the ecological perspective (Bronfenbrenner & Morris, 2006), the teacher is an important supportive adult in the child's health care system. Educators with high levels of depression literacy were found to be more approachable by students (Gulliver et al., 2017), who probably estimate, from teachers' responses, that they better understand their needs. Counseling skills and the knowledge of how to deal with a MH crisis, through the given school protocol, are also important.

Based on the above, it was considered important to investigate whether Greek teachers possess the necessary awareness, knowledge, and comfort with issues related to the MH of children and adolescents, in order to respond effectively to these roles. The identification of teachers' strengths and weaknesses in terms of

knowledge and readiness to support students as well as the potential differences between subgroups of teachers could guide the design of evidence-based educational programs and interventions based on their needs.

Available data in the field is limited and few European countries have dealt with the issue (Sweileh, 2021). Accordingly, Greek studies on teachers' MHL are minimal. In general, most previous studies focused on teachers' knowledge and recognition of specific mental disorders, used heterogeneous methodologies, different definitions of MHL, and often unreliable research tools, with small sample sizes in most cases (Johnson et al., 2023). In addition, many of the available findings are contradictory, indicating the research gaps and the areas that need further research, part of which the present study seeks to fill. Moreover, few studies have focused on the impact of teacher-related variables on MHL or included educators of different grade levels and specialties as the present study.

### ***Teachers' knowledge and comfort towards students' MH issues***

Available research concludes that students' MH problems and especially behavioral problems are a major concern of most teachers (e.g. Andrews et al., 2014; Splett et al., 2019) and a source of intense stress and burnout (Froese-Germain & Riel, 2012). At the same time, teachers feel insecure about dealing with student's MH issues (Alradaan, 2012; Andrews et al., 2014; Fortier et al., 2016). A survey in Ontario, Canada, with a sample of 3,913 elementary and secondary teachers, found that teachers reported moderate levels of comfort when talking with students about MH, providing support to students with MH issues, and accessing MH services for the support of students. More pronounced was the difficulty in discussing with parents about their child's MH (Daniszewski, 2013), a finding that was also reflected in the survey of the Canadian Federation of Teachers (Froese-Germain & Riel, 2012). Notably, as found in an Irish study, teachers with low confidence in their ability to help students also showed less intention to help (NiChorcora & Swords, 2021).

Relevant literature consistently links teachers' insecurity with the lack of specialized knowledge in children's and adolescents' MH issues (e.g. Fortier et al., 2016; Kourkoutas et al., 2011; Reinke et al., 2011). Educators declare themselves unprepared, resulting in the difficulty of recognizing, and the underestimation of students' MH problems (e.g. Andrews et al., 2014; Froese-Germain & Riel, 2012; Trudgen & Lawn, 2011). Especially emotional or internalizing problems such as anxiety and depressive symptoms are often overlooked (Evans et al., 2012; Loades & Mastrogriannopoulou, 2010). Moreover, a study in Ethiopia found that although primary school teachers were capable of estimating students' behaviors as of high severity, they did not attribute them to a MH problem (Kerebih et al., 2016). On the contrary, it was found that teachers who possessed the knowledge to correctly recognize a MH problem were more likely to seek professional help and refer children for support (Groenewald et al., 2009).

Teachers' awareness of the available professional help and of the steps needed to access community services is another critical prerequisite for effective student support (Wei et al., 2015; Whitley et al., 2013). An Italian study found that ignorance of treatment services resulted in the absence of early intervention and appropriate support for students with early psychotic symptoms (Masillo et al., 2012). Canadian teachers were found to be unaware of the local MH services and the steps to access them (Daniszewski, 2013). Accordingly, about half of Irish primary school teachers were found to lack the knowledge to recommend professional help for students in need (Ni Chorcara & Swords, 2021). Relevant studies also identify teachers' lack of knowledge about legislation related to MH issues (Alisic, 2012; Daniszewski, 2013).

Although teachers' inadequate knowledge regarding student MH is a common finding in research all over the world (Aluh et al., 2018; Dang et al., 2018; Daniszewski, 2013; Johnson et al., 2023; Kerebih et al., 2016), there are insufficient findings focusing on the content or the specific topics of knowledge that are required for teachers to be considered literate in students' MH issues. These topics include awareness of the range of MH problems that children and adolescents may develop during school years, the signs and symptoms of mental

disorders they can face, or the risk factors and causes of student MH problems. This kind of knowledge would enable them to identify children at risk in time or recognize early symptoms of mental disorders. In addition, further research is needed on whether teachers are aware of available local services for students with MH problems and the procedures for accessing them, or the ethical matters and legislation related to these issues. The present study deals with these topics of knowledge, which constitute sub-components of MHL (Johnson et al., 2023; Jorm et al., 1997) and are related to teachers' confidence in supporting students at school (Jorm et al., 2010).

### ***Effect of teacher-related variables on knowledge and comfort regarding students' MH issues***

Research dealing with the effect of teacher-related variables on MHL is limited, without leading to clear conclusions, as discussed below. The relevant educational interventions conducted for teachers have shown, in most cases, a significant improvement in their knowledge about students' MH issues (Fortier et al., 2016), greater accuracy in identifying children and adolescents with MH problems (Jorm et al., 2010; Kutcher et al., 2013; Langeveld et al., 2011), and more confidence in student support (Jorm et al., 2010). In the Danish national survey conducted on primary and secondary teachers, it was proved that postgraduate education about a specific MH problem (ADHD) was a strong predictive factor of knowledge about this problem and, in fact, knowledge increased proportionally with the duration of the training (Mohr-Jensen et al., 2019). Other researchers, however, have found that even when teachers had increased MH knowledge, they still struggled to support students, mainly due to a lack of mental health-related skills and specialist guidance and support (Rothi et al., 2008).

Regarding years of service, research has, for the most part, shown that they are not associated with increased MHL and the ability of teachers to identify and deal with students' MH problems (Aluh, 2018; Dang et al., 2018; Daniszewski, 2013; Rothi et al., 2008; Trudgen & Lawn, 2011). The review of Johnson et al. (2023) concluded that experienced teachers were less capable of recognizing the MH problems of children (apart from ADHD) than teachers with fewer years of service. Moreover, teaching experience was not associated with more action for helping students in need (Daniszewski, 2013) but, instead, with a reduced willingness to help (Ni Chorcra & Swords, 2021). Other studies found that novice teachers were more likely to perceive the severity of students' MH problems than their older colleagues (Kerebih et al., 2016). However, having taught students with MH problems was found to significantly contribute to the knowledge and recognition of such problems (Bryer & Signorini, 2011; Mohr-Jensen et al., 2019). Consequently, it could be assumed that more experienced teachers are more likely than novice teachers to have taught students with MH problems and thus have more relevant knowledge. According to Walter et al. (2006), teaching experience (having taught three or more students with MH problems) and related training together predicted both knowledge of students' MH problems and self-efficacy of teachers in managing MH issues. The teacher's personal experience with mental illness, either his or her own or that of family members and friends, is another factor that has repeatedly been associated with higher knowledge and recognition of students' MH problems (Johnson et al., 2023; Mohr-Jensen et al., 2019; Ni Chorcra & Swords, 2021).

The effect of gender on teachers' MHL has been scantily investigated, with the evidence appearing unclear and contradictory. Aluh's (2018) study, conducted on high school Nigerian teachers, showed that female teachers were better able to recognize depression while male teachers were better able to identify the individual symptoms of depression, being more likely than women to recommend professional help for these students. Other studies in Vietnam and Ireland found male and female teachers equally likely to identify MH disorders and provide support to students in need (Dang et al., 2018; Ni Chorcra & Swords, 2021).

There are limited findings on the effect of grade level on teachers' MHL. Teachers of elementary, middle, and high schools were found equally unprepared to implement strategies for supporting students in need (Gable et al., 2012). In another study in the United States, middle and high school teachers were found to be

less responsive and supportive of students' needs than teachers at elementary schools (Green et al., 2018). In the same vein, Canadian elementary school teachers were found to be more active in supporting students' MH than teachers of higher grade levels (Daniszewski, 2013).

All the data mentioned above highlight the need for further investigation of the role that teacher-related variables play in the knowledge and capacity of teachers regarding students' MH issues.

### ***Aim and objectives***

The present study aims to investigate the extent to which Greek teachers are aware and knowledgeable about students' MH issues, comfortable in managing them, as well as to highlight the factors that affect and predict teachers' MHL. The ultimate goal is to utilize the results in the design of evidence-based educational programs to enhance teachers' understanding, knowledge, and comfort regarding student MH issues, so that they can identify and support students who need help in time, thus acting proactively. In particular, the present study attempted to answer the following research questions:

**Research Question 1:** *What is the level of Greek teachers' mental health literacy? (a) What is the level of knowledge about students' MH problems? (b) What is the level of awareness of the resources/services and procedures to support students in need? (c) What is the comfort level in managing students' MH issues?*

Due to the lack of previous relevant research on Greek teachers, no specific hypotheses could be formulated for these questions.

**Research Question 2:** *What is the effect of teacher-related variables on the level of awareness, knowledge, and comfort of teachers regarding students' MH issues?*

Considering prior literature, it was expected that (H1) MH training and (H2) personal experience of MH problems would be associated with higher levels of awareness, knowledge, and comfort of teachers. Due to the limited and contradictory findings available, no safe hypotheses could be made about the effect of gender, years of service, grade level, educational level, and specialty of teachers on the factors under study.

**Research Question 3:** *What is the network of relationships between scale factors (knowledge about students' MH problems, awareness of resources/services and procedures to support students, comfort in managing MH issues)?*

The above factors constitute subcomponents of MHL and are prerequisites for teachers to recognize, manage, and prevent students' mental health issues (Johnson et al., 2023; Jorm et al., 1997). According to the literature review mentioned earlier, awareness of the available professional help and of the steps needed to access community services is crucial for effective student support (Wei et al., 2015;). Some findings indicated that teachers with knowledge to recognize a MH problem are more likely to seek professional help (Groenewald et al., 2009). Furthermore, according to Jorm et al. (2010), knowledge to identify and refer students in need helps teachers feel confident in their supporting role. Based on the above, it was expected that awareness of resources/services and procedures to support students mediates the relationship between knowledge about MH problems and comfort in managing them (H3).

## **Method**

### ***Participants***

Of the 843 teachers, 277 (32.9%) were male and 566 (67.1%) females. 542 (64.3%) were in primary education and 301 (35.7%) in secondary education. Most teachers (63%) were over 50 years old, 23% were 41-50 years old, about 10% were 31-40 years old, and 3% were younger teachers (21-30 years old). Approximately 10% of teachers had up to 10 years of service, almost 28% up to 20 years, 39% up to 30 years, and about 23% over 30 years. 42% of teachers had a master's degree and 5% a PhD. The teachers came from all Directorates of Education of the sampling frame, with a greater representation of teachers from the Prefecture of Thessaloniki (55% of the total sample), which includes the second largest city in population in the country. There was also

representation from a multitude of teacher specialties, which were classified into 6 groups, based on their scientific proximity. Specifically, almost 53% of the participants were primary school teachers of general education who graduated from Pedagogical Schools, about 16% were philologists, 13% teachers of positive sciences, 10% foreign language teachers, 5% of physical education and 3% were teachers of arts. Almost 14% of the teachers were specialized in special education. About 57% had attended seminars in the past on recognizing and managing student MH problems. Two hundred and ninety-five teachers (35%) answered that they had experienced a person in their close environment with a MH problem, and 146 teachers (17%) reported that they had personally experienced a MH problem.

## Measures

**Socio-demographics.** The first part of the questionnaire explored teacher-related data (gender, school district, years of service, educational level, grade level in which teachers work, specialty, training in MH issues, specialization in special education, and experience with MH problems).

**Teachers' MHL.** The "Level of Awareness, Knowledge and Comfort" scale was used (Fortier et al., 2016), which was part of a larger questionnaire created in the context of the Canadian Mental Health Literacy and Capacity Survey for Educators, conducted in 2010 and 2015 to investigate the knowledge and educational needs of primary and secondary teachers on this topic. Forward-backward translation (Yu et al., 2004) and pilot testing of the scale to a small number of teachers, selected in terms of demographic characteristics, were performed after obtaining the relevant permission from the authors.

The scale consisted of 13 statements that could be answered on a 5-point Likert scale, exploring the following three sections: a) The level of teachers' perceived *awareness* of: the range of MH issues faced by children and youth during the school years, the risk factors and causes of student mental health problems, the types of treatment available, the local services, and the necessary steps to approach them, b) the level of teachers' perceived *knowledge* about: the signs and symptoms of student MH issues, the appropriate actions to support student MH at school, the relevant legislation and school system resources for helping students, and c) the level of teachers' perceived *comfort* in: talking with students and their parents about MH issues, supporting students with MH issues, and accessing student support services. In the scoring, the value 5 represented the responses "Very knowledgeable", "Very aware", "Very comfortable" while the value 1 represented the responses "Not at all knowledgeable", "Not at all aware", and "Not at all comfortable".

In order to test the validity of the scale, a principal component analysis (PCA) was applied using the principal components extraction method and Promax-type rotation with cutoff point .5 (KMO = .922, Bartlett's Test of Sphericity (78) = 7757.688,  $p = .000$ , MSA > 0.5). Three factors emerged, with an eigenvalue >1.0, explaining 74% of the total variance: Factor 1 = Awareness of the available resources/services and procedures for student support, explaining 54.63% of the total variance; Factor 2 = Knowledge about student MH problems (range, causes, symptoms, treatment), explaining 10.49% of the total variance; Factor 3 = Comfort in managing students' MH issues, explaining 9.55% of the total variance. Factor correlations were > 0.5. Internal consistency indexes for the three factors separately were: Factor 1: ( $\alpha = .913$ ); Factor 2: ( $\alpha = .877$ ); Factor 3: ( $\alpha = .859$ ) (Table 1).

## Procedure

The research was addressed to teachers of all specialties, working in public, primary, and junior high schools of general education in the Region of Central Macedonia, which constitutes the second largest Region in Greece in terms of population (Hellenic Statistical Authority, 2021). The specific grades of education were chosen as relevant literature suggests that prevention interventions are more effective at early stages of life (WHO, 2021). The Regional Directorate of Education of Central Macedonia includes 16 Directorates of Education (8 of primary and 8 secondary). One thousand and eight schools met the survey criteria (726 primary and 282 high schools)

with a population of approximately 17.500 teachers. The research was conducted following the approval of the Greek Ministry of Education (Protocol No: 79628/Δ2, Date: 24/06/2020 for high schools, and Protocol No: Φ15/145238/EK/175356/Δ1, Date: 23/12/ 2020 for primary schools).

Data were collected using a self-reported online questionnaire, developed as part of a PhD thesis. The questionnaire was sent to the schools via e-mail, accompanied by an informative text about the purpose of the study, encouraging principals and teachers to participate. The text ended with the electronic link that gave access to the questionnaire. Before entering the main part and in order to ensure informed consent, participants were required to read the information sheet which detailed the ethical principles. The completion of the questionnaire and the data collection were carried out anonymously, without being able to identify the participants, as the server was provided by the Aristotle University of Thessaloniki (AUTH), and the data was encrypted. The questionnaire was uploaded to a custom-made web application, based on php framework and mysql database, developed by the Information Technology Office of the Department of Psychology of AUTH. Completion of the entire questionnaire took approximately 25 minutes.

Both the pilot and the main phase of the study were conducted under unprecedented conditions due to the COVID-19 pandemic which caused, among other things, a huge workload for teachers and a feeling that they were left alone (Spyropoulou & Koutroukis, 2021). The original design of the research provided for the random selection of schools, which was followed in the pilot phase. The pilot study was conducted in two of the 16 Directorates of Education (Directorates of Primary and Secondary Education of Western Thessaloniki). Two hundred and four teachers (91 of high schools, 113 of primary) from 126 randomly selected schools responded to the pilot phase. Subsequently, the difficult conditions caused by the COVID-19 pandemic in the operation of schools led to the decision to address the main study to all remaining schools and teachers of the sampling frame. The main study was conducted between January and June 2021. Six hundred and thirty-nine teachers (429 of primary, 210 of high schools) responded. As the analysis of the pilot phase data did not indicate any scale modification, the pilot sample was integrated into the sample of the main study. Consequently, the final sample consisted of 843 teachers.

### ***Data Analysis***

Data analysis was conducted using SPSS Version 23. Regarding the psychometric properties of the scale, the factorial validity was examined through Principal Component Analysis with Promax rotation method, which is proposed when the resulting factors of a scale are expected to be correlated with each other (Corner, 2009), while the internal reliability was tested via Cronbach's alpha. Without any missing data, the following statistical methods were applied: Descriptive statistics to reach the level of teachers' MHL. T-test of independent samples and One-way ANOVA, setting teacher characteristics as independent variables, to explore their effect on the factors under study, thus approaching the second research goal. Tukey HSD post hoc test was used to compare subgroups pairwise. After confirming that the relevant assumptions regarding linearity, collinearity, and normality for the variables of interest were met, Mediation Analysis with the JASP program was performed to reach the third research goal concerning the network of relations among the factors of the scale. All the reported  $p$ -values were two-tailed and  $p < .05$  was considered statistically significant.

### **Results**

#### ***Level of teachers' MHL***

It was found that teachers had, on average, a moderate level of awareness of the resources/services and procedures to support students ( $M = 2.94$ ,  $SD = .92$ ), knowledge about students' MH problems (range, causes, symptoms, treatment) ( $M = 3.14$ ,  $SD = .75$ ), and comfort in managing students' MH issues ( $M = 3.54$ ,  $SD = .84$ ). The findings show that approximately a third of teachers were unaware of supportive services and resources for helping students, while the majority had insufficient knowledge about students' MH issues.



Almost one fifth of teachers were found to lack comfort in managing MH issues of students. The frequencies and percentages of responses to individual items of the scale are presented in Table 2.

### **Effect of teacher-related variables on MHL**

**Gender.** The comparison of mean values with the t-test of independent samples revealed that male teachers had a significantly higher level of awareness of available resources/services and procedures for student support ( $M = 3.15$ ,  $SD = .89$ ) compared to female teachers ( $M = 2.83$ ,  $SD = .92$ ),  $t(841) = 4.709$ ,  $p < .001$ ,  $d = 0.35$  and significantly greater comfort in managing students' MH issues ( $M = 3.70$ ,  $SD = .77$ ) than their female colleagues ( $M = 3.46$ ,  $SD = .87$ ),  $t(841) = 4.041$ ,  $p < .001$ ,  $d = 0.28$ . Both primary and secondary female teachers were found to score significantly lower than their male colleagues in these two factors.

**Table 1.** Principal Component Analysis and inter-factor correlations

Survey items	Factors		
	1	2	3
1. The steps necessary to access local community services for MH issues.	.924		
2. The school system services and resources for helping students with MH issues.	.903		
3. The local community services for treating students with MH issues (e.g. do you know who to call?).	.858		
4. The legislation related to MH issues (confidentiality, consent to treatment, etc.).	.829		
5. The appropriate actions to take to support student MH at school.	.553		
6. The risk factors and causes of student MH issues.		.946	
7. The range of MH issues that children and youth experience during the school years.		.929	
8. The signs and symptoms of student MH issues.		.679	
9. The types of treatment available to help students with MH issues (e.g. counseling).		.668	
10. Talking with students about MH.			.927
11. Talking with parents about their child's MH.			.862
12. Providing support to students with MH issues.			.798
13. Accessing school and system services for students with MH issues.			.624
<b>F1</b>			
<b>F2</b>	.590**		
<b>F3</b>	.553**	.502**	

\*Note 1. **F1:** Factor "Awareness of resources/services and procedures for student support"; **F2:** Factor "Knowledge about student MH problems"; **F3:** "Comfort in managing students' MH issues".

\*Note 2. All the above standardized loadings among the three factors are statistically significant ( $p < .05$ )

\*Note 3. \*\* $p < .01$

**Teachers' specialty.** The 25 specialties recorded were grouped into 6 categories based on their related academic subjects: Teachers of primary schools who graduated from Pedagogical Schools (acquiring pedagogical competence), philologists, teachers of positive sciences, physical education, foreign languages, and arts. One-way ANOVA show that teachers' specialty significantly affected teachers' performance on all three scale factors: Awareness of available resources/services and procedures:  $F(5, 837) = 10.367$ ,  $p < .001$ ,  $\eta^2 = .058$ ; Knowledge about MH problems:  $F(5, 837) = 2.738$ ,  $p = .018$ ,  $\eta^2 = .116$ ; Comfort in managing:  $F(5, 837) = 7.841$ ,  $p < .001$ ,  $\eta^2 = .044$ . Tukey Post Hoc Test show that teachers with pedagogical competence scored significantly higher than other specialties in awareness of available resources/services and procedures, excluding physical education teachers. They also scored significantly higher than teachers of positive sciences in knowledge about student MH problems, and they were significantly more comfortable managing student MH issues than the

other specialties, excluding teachers of arts. None of the remaining groups of specialties differed significantly from any other (Table 1 in the supplemental file).

**Grade level (in which teachers work).** T- test of independent samples showed that primary school teachers were significantly more aware of the resources/services and procedures for student support ( $M = 3.01$ ,  $SD = .927$ ) than secondary teachers ( $M = 2.79$ ,  $SD = .908$ ),  $t(841) = 3.334$ ,  $p = .001$ ,  $d = 0.23$ . Primary teachers also presented a higher mean value on both the factor referring to knowledge of students' MH problems and the factor referring to comfort in managing them. Regarding the comfort factor, the difference was marginally not statistically significant:  $t(841) = 1.746$ ,  $p = .081$ .

**Experience of MH problems (close environment/personal).** The teachers were asked to answer whether there has been a person in their close environment who had been diagnosed with a MH problem, as well as whether they had personally experienced a MH problem. They had the choice to answer "yes", "no", or "I don't know". One-Way ANOVA showed, in both cases, a significant difference between the subgroups of teachers on the factor related to knowledge about students' MH problems (range, causes, symptoms, treatment):  $F(2, 840) = 6.077$ ,  $p = .002$ ,  $\eta^2 = .014$  (close environment);  $F(2, 840) = 4.676$ ,  $p = .010$ ,  $\eta^2 = .011$  (personal).

According to Tukey Post Hoc Test, teachers who had a person with a MH problem in their close environment were significantly more knowledgeable about MH problems of students than their colleagues who did not have similar experience ( $M.D. = .177$ ,  $S.E. = .056$ ,  $p = .004$ ) and those answered that they did not know ( $M.D. = .254$ ,  $S.E. = .107$ ,  $p = .046$ ). Likewise, Tukey Post Hoc Test show that teachers who had personally experienced a MH problem were significantly more knowledgeable about MH problems of students than their colleagues who answered negatively in the relative question ( $M.D. = .210$ ,  $S.E. = .069$ ,  $p = .007$ ). Experiencing a MH problem either in the close environment or personally was not found to affect teachers' scores on the other two factors of the scale.

**Years of service.** Teachers were invited to state their years of service by choosing one of the four categories: 1-10 years, 11-20 years, 21-30 years, >30 years. One-way ANOVA show that years of service significantly affected teachers' performance on all three scale factors: Awareness of available resources/services and procedures:  $F(3, 832) = 23.471$ ,  $p < .001$ ,  $\eta^2 = .078$ ; Knowledge about student MH problems:  $F(3, 832) = 2.785$ ,  $p = .040$ ,  $\eta^2 = .019$ ; Comfort in managing:  $F(3, 832) = 8.993$ ,  $p < .001$ ,  $\eta^2 = .031$ .

According to Tukey Post Hoc Test (Table 2 in the supplemental file), teachers with over 30 years of service were significantly more aware of resources/services and procedures for students' support than all the less experienced teachers. Next were the teachers with the nearest experience (21-30 years) who were found to significantly outperform less experienced colleagues. No statistically significant difference was found in this factor between the groups of less experienced teachers (1-10 and 11-21 years). Regarding the factor related to knowledge about MH problems, teachers with over 30 years of service were found to significantly outperform teachers with 11-20 years of work. In the factor related to comfort in managing students' MH issues, teachers over 30 years and teachers with 21-30 years of service were found to significantly outperform teachers with 11-20 years. Less experienced teachers (1-10 years) did not differ significantly from either group on this factor.

**Academic level.** Teachers were asked to answer whether they hold a bachelor's, master's, or doctoral degree. One-way ANOVA shows that academic level significantly affected teachers' performance on all three scale factors: Awareness of available resources/services and procedures:  $F(2, 840) = 16.461$ ,  $p < .001$ ,  $\eta^2 = .037$ ; Knowledge about student MH problems:  $F(2, 840) = 9.401$ ,  $p < .001$ ,  $\eta^2 = .021$ ; Comfort in managing:  $F(2, 840) = 7.411$ ,  $p = .001$ ,  $\eta^2 = .017$ .

**Table 2.** *Frequency/Percentages of responses on individual items of the scale*

Rating	Awareness of resources/services and procedures										Knowledge about student MH problems						Comfort in managing student MH issues									
	Steps to access community services		School system services/ resources		Local community services		Legislation related to MH		Actions to support students		Risk factors and causes		Range of MH issues		Signs and symptoms of MH issues		Types of treatment available		Talking with students		Talking with parents		Providing support to students		Accessing services	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Not at all	94	11.2	109	12.9	54	6.4	116	13.8	43	5.1	30	3.6	21	2.5	15	1.8	58	6.9	15	1.8	40	4.7	35	4.2	40	4.7
A little	162	19.2	200	23.7	156	18.5	205	24.3	179	21.2	150	17.8	152	18	133	15.8	211	25	67	7.9	114	13.5	106	12.6	104	12.3
Moderately	269	31.9	294	34.9	241	28.6	265	31.4	372	44.1	334	39.6	351	41.6	348	41.3	320	38	204	24.2	242	28.7	305	36.2	195	23.1
Fairly	252	29.9	196	23.3	305	36.2	204	24.2	225	26.7	294	34.9	292	34.6	324	38.4	217	25.7	393	46.6	317	37.6	306	36.3	333	39.5
Very	66	7.8	44	5.2	87	10.3	53	6.3	24	2.8	35	4.2	27	3.2	23	2.7	37	4.4	164	19.5	130	15.4	91	10.8	171	20.3
Total	843	100.0	843	100.0	843	100.0	843	100.0	843	100.0	843	100.0	843	100.0	843	100.0	843	100.0	843	100.0	843	100.0	843	100.0	843	100.0

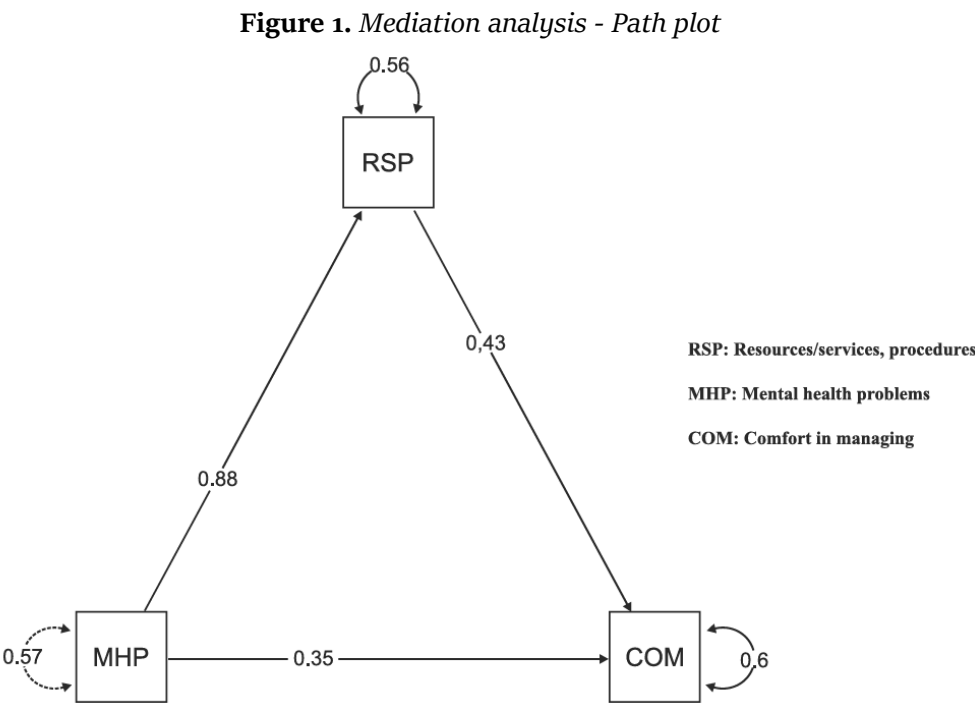
Tukey Post Hoc Test shows that teachers with PhD and master significantly outperformed graduates in awareness of available resources/services and procedures for student support ( $M.D. = .584, S.E. = .152, p = .000$ ), ( $M.D. = .317, S.E. = .065, p < .001$ ) respectively. Teachers with PhDs and masters had also significantly higher level of knowledge about MH problems of students (range, causes, symptoms, treatment) than graduates ( $M.D. = .495, S.E. = .125, p < .001$ ), ( $M.D. = .133, S.E. = .053, p = .034$ ) respectively, while doctoral teachers scored significantly higher than their colleagues with a master's degree on this factor ( $M.D. = .362, S.E. = .127, p = .012$ ). Teachers with PhD were also found to be significantly more comfortable in managing students' MH issues than the teachers with master's and bachelor's degrees ( $M.D. = .357, S.E. = .142, p = .032$ ), ( $M.D. = .491, S.E. = .140, p = .001$ ) respectively.

**Training in student MH issues.** Teachers were asked to answer whether they had participated in training programs and seminars on the recognition and management of students' MH problems and to check the total duration of training from a list of options. Teachers with MH training were found to be more MH literate and comfortable compared to their colleagues with not relevant training, regardless of the hours of training they had received. The t-test of independent samples revealed that trained teachers were significantly more aware of available resources/services and procedures for student support ( $M = 3.20, SD = .857$ ) compared to untrained teachers ( $M = 2.59, SD = .898$ ),  $t(841) = 10.113, p < .001, d = 0.69$ , knowledgeable about MH problems ( $M = 3.35, SD = .700$ ) than teachers with not relevant training ( $M = 2.87, SD = .745$ ),  $t(841) = 9.599, p < .001, d = 0.66$ , and comfortable in managing students' MH issues ( $M = 3.74, SD = .756$ ) compared to teachers without MH training ( $M = 3.27, SD = .888$ ),  $t(841) = 8.125, p < .001, d = 0.56$ .

**Specialization in special education.** Teachers were asked to answer whether they were specialized in special education. Independent samples t-test revealed that special education teachers had a significantly higher level of awareness of available resources/services and procedures for student support ( $M = 3.19, SD = .966$ ) than non-specialized teachers ( $M = 2.90, SD = .914$ ),  $t(841) = 3.156, p = .002, d = 0.35$ , knowledge about MH problems ( $M = 3.43, SD = .773$ ) compared to the others ( $M = 3.10, SD = .745$ ),  $t(841) = 4.450, p < .001, d = 0.43$ , and comfort in managing students' MH issues ( $M = 3.76, SD = .822$ ) compared to non-specialized teachers ( $M = 3.50, SD = .847$ ),  $t(841) = 3.095, p = .002, d = 0.35$ .

**Network of relationships between scale factors**

Regarding the third research question and the network of relationships between the three scale factors, Mediation analysis was performed and the following results were obtained: Total effect ( $b = .726, t = 19.105, p < .001$ ), direct effect ( $b = .352, t = 7.470, p < .001$ ), indirect effect ( $b = .374, t = 10.841, p < .001$ ) (Figure 1.). These findings suggest that having knowledge about MH problems (range, causes, symptoms, treatment) leads to the search for information about the available resources/services and procedures for student support, which, in turn, results to greater comfort in managing students' MH issues.



## Discussion

The study aimed to investigate the extent to which Greek teachers are aware and knowledgeable about students' MH issues, comfortable in managing them, as well as to highlight the factors that affect and predict teachers' literacy and comfort in facing and managing such issues. Greek teachers were found to have, on average, a moderate level of awareness, knowledge, and comfort regarding students' MH issues, consistent with earlier Canadian research using the same questionnaire (Daniszewski, 2013).

Teachers' awareness of the available resources/services and procedures to support students with MH problems had the lowest mean compared to the other two factors, with over a quarter of teachers lacking relevant knowledge. However, knowing where and how to seek help is critical for the timely support of students in need (Wei et al., 2015; Whitley et al., 2013). The finding that more than a third of teachers were unaware of school system services and resources for helping students implies the inadequacy of organized school services for the MH needs of students. In addition, over a third of teachers were found to lack knowledge of MH legislation which is crucial for discreetly managing such issues, a finding that also emerged in previous research (Alisic, 2012; Daniszewski, 2013).

Regarding students' MH problems (range, causes, symptoms, treatment), a proportion of forty percent reported good to excellent knowledge, suggesting that the majority of teachers were not adequately prepared to identify children at risk in time or recognize early symptoms of mental disorders and inform the family, thus failing to act preventively (Jorm et al., 1997; Kutcher et al., 2016). The inadequate preparation and knowledge of teachers in child and adolescent MH issues have been widely emphasized in most previous studies (e.g. Aluh, 2018; Dang et al., 2018; Johnson et al., 2023; NiChorcora & Swords, 2021).

Interestingly, teachers' comfort level in managing students' MH issues showed the highest average among the previous factors, albeit fluctuating slightly above the moderate level. This finding suggests that perceived comfort in the sub-topics under study (supporting students, accessing services, and discussing MH issues with students and parents) is not solely associated with specialized knowledge in the field. The teacher's role involves empathetic support and communication with students and parents in a context, however, reactive and not necessarily proactive (Koller & Bertel, 2006). Nevertheless, while most teachers reported comfort in talking with students about MH, a significant proportion was found to lack this comfort. Difficulty in discussing emotional and MH issues with students was also pointed out by previous research (Kidger et al., 2009; Walter et al., 2006). Moreover, about a fifth of teachers were uncomfortable discussing with parents about their child's MH or accessing school and community services, consistent with findings from other studies (Daniszewski, 2013; Froese-Germain, & Riel, 2012). As effective communication and collaboration with parents and experts are prerequisites for timely and accurate guidance and referral to specialized help, it is vital to include these topics in teacher training. A similar percentage of teachers admitted discomfort in supporting students with MH problems, in line with previous studies (Alradaan, 2012; Andrews et al., 2014; Fortier et al., 2016).

Further insights into the above results were provided by the findings of the second research question concerning teacher-related factors associated with awareness, knowledge and comfort towards students' MH issues. In this regard, gender was found to significantly affect teachers' MHL. Male teachers were found to be more aware of available resources/services and procedures for student support and more comfortable managing students' MH issues compared to female teachers. These differences between male and female teachers were found in both primary and secondary education. Specifically, women reported less knowledge of available services for students in need, steps to access them, appropriate actions to support students in schools and MH legislation. A possible explanation for this finding could be the fact that, globally, more men than women hold leadership and management positions in education (UNESCO, 2020). Thus, through their role, they have more networking with extracurricular services and decision-making bodies. Female teachers also reported lower comfort than men in talking to parents, accessing support services and talking with students

about MH issues. Although female teachers were found to show more concern for students' MH problems (Ni Chorcra & Swords, 2021), the present finding suggests that they have difficulty managing them. This is consistent with the American survey which found that female teachers reported higher stress when supporting students' MH and well-being, compared to male teachers (Doan et al., 2023). A less tolerant attitude towards students' MH problems among women compared to men was also reported by a Nigerian study (Bella et al., 2011). However, teachers' gender was not found to affect knowledge about students' MH problems, suggesting that male and female teachers are equally likely to recognize risk factors and symptoms of students' MH problems. Given the minimal relevant data on the effect of gender on teachers' MHL, the above findings advocate both studies that found male and female teachers equally capable of identifying MH problems in students (Dang et al., 2018; Ni Chorcra & Swords, 2021), and the study that showed men were more likely than women to recommend professional help (Aluh, 2018). The latter finding is intriguing, as general population studies find low formal treatment seeking and treatment adherence by men, in the context of a general underestimation of their personal (mental) health problems due to socially constructed norms of masculinity (Courtenay, 2000; Hammer et al., 2013; Wendt & Shafer, 2016). Whether male teachers display different attitudes towards their students' problems, and whether their responses to this study were freed from the tendency to appear strong and self-sufficient, remain open questions.

Specialty was also found to affect teachers' MHL, with primary school teachers of general education who graduated from Pedagogical Schools being more MH literate and comfortable compared to all other specialty groups. They outperformed all other specialties, except physical education teachers, in awareness of available resources/services and procedures for student support. Physical education teachers, likely due to their involvement in sports, are more familiar with MH professionals who support athletes and sports teams. Primary school teachers coming from Pedagogical Schools were also more knowledgeable about MH problems than teachers of positive sciences, while they were more comfortable managing MH issues than other specialties, except art teachers. Art teachers may feel more comfortable discussing and approaching emotional and psychological issues, due to the nature of art education, which promotes expression and creation as essential elements of holistic human development. As the findings show, the element that made the difference between the specialty groups was pedagogical competence, which is tied to the specialty and acquired through a curriculum that provides knowledge and skills in pedagogy, teaching and learning. However, this competence did not decisively affect knowledge of students' MH problems (range, causes, symptoms, treatment) since the teachers from Pedagogical Schools differed significantly from only one specialty.

Regarding the grade level in which teachers work, primary school teachers were found to be more aware than their colleagues from secondary schools of the available resources/services and procedures for student support. They were also more comfortable in managing students' MH issues. These findings align with previous studies indicating elementary teachers are more responsive and supportive toward students in need compared to teachers of higher grade levels (Daniszewski, 2013; Green et al., 2018). The fact that the group of primary education teachers in Greek schools mostly includes teachers from Pedagogical Schools probably contributed to this result.

Having personally experienced a MH problem or having a person with a MH problem in the close environment was found to affect teachers' level of knowledge about students' MH problems. This finding aligns with the results of previous studies (Johnson et al., 2023; Mohr-Jensen et al., 2019; Ni Chorcra & Swords, 2021), and partially confirms the second hypothesis of our second research question. Experiencing a MH problem either in the close environment or personally was not found to affect teachers' awareness of available resources/services and procedures for student support or comfort in managing students' MH issues. This finding suggests that teachers with such experiences may be more sensitive to identifying risk factors and recognizing symptoms of mental problems in students, but they are not more prepared than those who do not have similar experiences, to support students.

Teachers with more years of service (>30 years) were found in this study to be more aware of the available resources/services and procedures for student support compared to less experienced teachers, followed by teachers with the nearest experience (21-30 years). Regarding knowledge about students' MH problems, more experienced teachers, although scoring higher, differed significantly only from the group with 11-20 years of service. This latter group of teachers also reported less comfort in managing students' MH issues than more experienced teachers. Notably, less experienced teachers (1-10 years) did not differ from any of the other groups in both knowledge about students' MH problems and comfort in dealing with such issues. The above findings are in contrast with studies that concluded teaching experience is not related to increased MHL and capacity to support students (Aluh, 2018; Dang et al., 2018; Daniszewski, 2013; Rothi et al., 2008; Trudgen & Lawn, 2011). At the same time, they justify the increased level of knowledge about student MH problems of younger teachers that some researchers had identified (Kerebih et al., 2016). High MHL level of novice teachers is linked by relevant scholars with more contemporary pre-service education on these issues (Koller et al., 2004). The assertion that classroom experience is a key source of knowledge about children's MH issues (Bryer & Signorini, 2011; Mohr-Jensen et al., 2019) is also supported by the present findings. The question of why Greek teachers with 11-20 years of service lag so far behind the other groups needs further investigation.

Academic level is another factor that was found to play a role in teachers' MHL. Teachers with PhDs and masters were more aware of resources/services and procedures for student support and had more knowledge about student MH problems. This finding is in line with the Danish national survey that found the significant contribution of postgraduate education to the recognition of students' MH problems (Mohr-Jensen et al., 2019). Doctoral degree holders were more knowledgeable about students' MH problems than master's degree holders while also demonstrating greater comfort in managing students' MH issues compared to master's and bachelor's degree holders.

Accordingly, teachers who received training in recognizing and managing students' MH problems reported higher awareness of available resources/services and procedures for student support, knowledge about student MH problems, and comfort in managing such issues compared to teachers without relevant training. This finding confirmed the first hypothesis of our second research question. Trained teachers scored higher on all questions of the research scale regardless of the duration of their training. This is consistent with previous studies showing that relevant educational programs improve teacher knowledge of students' MH issues, accuracy in identifying and referring children, and confidence in supporting students (e.g. Fortier et al., 2016; Jorm et al., 2010; Kutcher et al., 2013).

Likewise, expertise in special education was found to be associated with higher awareness, knowledge, and comfort with MH issues, as special education teachers scored higher than non-specialized teachers on almost all scale questions. Special education teachers, in addition to specialized training, possess greater familiarity with students' MH problems through their daily work.

Regarding the third research question and corresponding hypothesis (H3), which was confirmed, awareness of school and community resources/services and steps to access them was found to mediate the relationship between knowledge of students' MH problems and comfort in managing such issues. This finding confirms the high importance of teachers' awareness of available professional help and procedures to access it (Wei et al., 2015; Whitley et al., 2013). It is also in line with the finding that teachers with knowledge to recognize a MH problem are more likely to seek professional help and refer children (Groenewald et al., 2009).

The present study explored teachers' perceptions of their awareness, knowledge, and comfort regarding student MH issues in a general context, rather than knowledge and comfort per se. It was the first attempt to outline educational needs of Greek teachers in the field of MHL and to shed light on contradictions and open questions identified in relevant previous research.

Limitations of this research include the fact that the factorial validity of the scale has not been tested through Confirmatory Factor Analysis. Furthermore, the limitations concern the self-selection of participants

versus random sampling, and the limitations that apply to self-reported questionnaires (Paulhus & Vazire, 2007) such as the involvement of social desirability factors in responses. It is also possible that the pandemic conditions have influenced teachers' responses, but this can be assessed by future research.

Given that MHL is an urgent topic for teacher preparation to act proactively and appropriately support students in need, the findings of this study provide information for the design of evidence-based educational programs for teachers. The findings suggest that educational program designers need to take into account the particular characteristics of teachers such as previous related training, academic level, years of service, specialty, but also grade level. The latter is important as practices of identifying, preventing and managing students' MH problems need to respond to the developmental characteristics of each age.

It is worth noting that the teacher-related variables that appeared to contribute to knowledge about students' MH problems (range, causes, symptoms, treatment), which is a core area of MHL, were MH training, special education training, personal or indirect experience of a MH problem and educational level, with teachers holding a doctorate leading the way. Pedagogical knowledge, although an important resource for managing and referring students facing problems, was not found sufficient for the early identification of students at risk. These findings imply the need for specialized training of teachers both at the undergraduate level and in the context of professional development, on the mental health/illness of children and adolescents as a distinct topic from management MH issues and behaviors. Meeting/contacting children or adults with MH problems and getting to know local MH services could be part of the training to achieve the educational goals. Effective communication and collaboration with parents is also important to be included in the context of MHL training, as well as information about MH legislation which is required to manage such issues sensitively.

The study also highlighted the need for organized school services to support teachers in their preventing role. They need to collaborate and be properly supported within a team of relevant experts through supervision and regular meetings to manage difficult cases.

The present study shed light on a part of the sub-components of MHL. There are also other factors that contribute to teachers' readiness to deal with students' MH issues. For example, teachers' beliefs about the nature of MH problems (e.g., whether they are alterable or not), and their attitudes towards mental illness are critical topics of MHL (Kutcher et al., 2016), yet not adequately investigated, affecting the way they recognize and deal with such issues. Moreover, there is insufficient data, especially in Greece, on whether teachers believe that it is in their role and responsibility to deal with the MH of students, as well as on the perceived barriers regarding this role, which can affect their confidence and intentions to help. These factors could possibly provide some explanation for the lower level of MHL and comfort of female teachers found in this study.

Future research could assess the effectiveness of MHL training programs, focusing on practical outcomes regarding teachers' identification and management of students' mental health issues. Field research would provide valuable information about the particular difficulties and training needs of teachers and, in turn, would assist educational planning.

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Εγγραμματοσύνη των Ελλήνων εκπαιδευτικών σε θέματα ψυχικής υγείας: Αναδεικνύοντας κρίσιμους παράγοντες για τον εντοπισμό και την υποστήριξη μαθητών που χρήζουν βοήθειας

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ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ	ΠΕΡΙΛΗΨΗ
Εγγραμματισμός σε θέματα ψυχικής υγείας Εκπαίδευση εκπαιδευτικών Πρόληψη Προβλήματα μαθητών Πολιτική Σχολείου	Η έρευνα είχε στόχο να διερευνήσει το επίπεδο γνώσεων και άνεσης των εκπαιδευτικών σε θέματα ψυχικής υγείας των παιδιών και των νέων και να εντοπίσει τους παράγοντες που επηρεάζουν τον εγγραμματοισμό των εκπαιδευτικών σε θέματα ψυχικής υγείας. Η έρευνα απευθύνθηκε σε εκπαιδευτικούς δημόσιων Δημοτικών σχολείων και Γυμνασίων γενικής εκπαίδευσης. Δείγμα 843 εκπαιδευτικών (542 πρωτοβάθμιας, 301 δευτεροβάθμιας) συμπλήρωσε διαδικτυακά την κλίμακα Awareness, Knowledge and Comfort αποτελούμενη από 13 δηλώσεις που απαντώνται στη βάση 5βαθμης κλίμακας Likert. Τα αποτελέσματα έδειξαν ότι οι εκπαιδευτικοί είχαν κατά μέσο όρο μέτρια επίπεδα ενημερότητας, γνώσης και άνεσης σε θέματα ψυχικής υγείας των μαθητών. Το t-test ανεξάρτητων δειγμάτων και η ανάλυση διακύμανσης κατά ένα παράγοντα (One-way ANOVA) έδειξαν ότι δημογραφικά χαρακτηριστικά (φύλο, ειδικότητα, εκπαιδευτικό επίπεδο, σχολική βαθμίδα, σχετική εκπαίδευση, χρόνια προϋπηρεσίας και η εμπειρία ψυχικών προβλημάτων) επηρεάζουν τους υπό μελέτη παράγοντες. Η ενημερότητα για τις υπηρεσίες και τις διαδικασίες υποστήριξης των μαθητών βρέθηκε να διαμεσολαβεί τη σχέση μεταξύ γνώσης για τα ψυχικά προβλήματα των μαθητών και άνεσης διαχείρισής τους. Δεδομένου ότι ο εγγραμματοισμός σε θέματα ψυχικής υγείας αποτελεί επείγον ζήτημα για την προετοιμασία των εκπαιδευτικών ώστε να λειτουργούν προληπτικά και να υποστηρίζουν κατάλληλα τους μαθητές που χρήζουν βοήθειας, τα ευρήματα παρέχουν πλούτο πληροφοριών για τον σχεδιασμό σχετικών εκπαιδευτικών προγραμμάτων για εκπαιδευτικούς.
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