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The Methodology of Educating Bangladeshi Students in Context of Mental Health

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Abstract

Mental health is known to be stigmatized for many years, this is not only because society in general has stereotyped views about mental illness and how it affects people but also because people hold a rigid set of cultural beliefs. Over the years advocating mental health in schools has started to increase. Connection, compassion, coping, community and care-prove a comprehensive framework for fostering mental well-being. By fostering these elements in our daily lives, we can construct resilience, reduce stress and enhance our overall quality of life. The mental health literacy of students in Bangladeshi schools stays critically underdeveloped, despite growing adolescent vulnerability. This study searches how schools across city and village areas of Bangladesh approach mental health education, the extent to which mental health topics are included in curricula and the realizations of teachers, students and school administrators. By using a mixed methods approach involving document analysis, interviews, and surveys across five schools, the study finds that mental health education is widely informal, and heavily stigmatized. Most government institutions' curricula do not explicitly address mental health. On the other_hand,_few private and NGO supported schools have introduced limited mental health programs, such as students counseling services, awareness workshops, and extracurricular activities emphasized on emotional resilience. The paper concludes by recommending the mental health education into the national curriculum, teacher training programs on psychological literacy, and mental health support in Bangladesh.

Keywords: Mental health education, Bangladesh, school curriculum, adolescent well-being, psychological literacy, teacher training, stigma.

1. Introduction:

Mental health in childhood and adolescence is increasingly recognized as vital to lifelong well-being and development. In Bangladesh a nation of approximately 163 million children and adolescents constitute nearly one third of the population, with around 24 million enrolled in schools as of 2018. Yet national prevalence estimates indicate that 13-23% of young people suffer from mental disorders, with alarming rates of anxiety (≈55% among primary students) and depression and anxiety symptoms affecting 18% and 22% of university students respectively. Despite the high burden, mental health literacy in Bangladeshi schools remains minimal A content analysis of science textbooks revealed virtually no inclusion of mental health concepts, with lessons focused almost entirely on physical ailments; only one senior secondary book briefly mentioned adolescent mental health. The result is glaring: 94.5% of affected children do not seek professional help. Cultural stigma, lack of awareness, and systemic pressures exacerbate the crisis. In Bangladesh, mental illness is often misconceived as a sign of

weakness, deterring open discussions and help seeking. Meanwhile, there are always exam centered environments in schools' which solely focus on rote learning and behavioral control-without mechanisms to support students' emotional needs. Teachers receive no formal training in mental health and counseling services are rare or nonexistent in most institutions. Not surprisingly, students report chronic stress, sleep disturbance and emotional burnout, with one student reflecting, "I don't study to learn, I study to survive exams." In response, national policies the 2016 and 2018 adolescent health strategies-overlooked mental health in curricula, investing in teacher training and school based counseling and normalizing emotional self-expression could reduce stigma, encourage help seeking behaviors, and foster resilience.

1.1 Research Aims:

The primary aim of this study is to explore and evaluate how schools in Bangladesh educate students about mental health. The aim of this study is also to identify the challenges schools face in implementing mental health education and the perceptions of teachers, students and school administrators regarding mental well-being. The specific aim of this research paper is to assess the extent and methods of mental health education in primary and secondary schools in Bangladesh as well as to explore students' for enhancing mental health education in Bangladeshi schools based on empirical findings.

1.2 Research Questions:

To achieve the above aims, the study is guided by the following research questions:

1. To what extent is mental health education incorporate into the school curriculum in
2. Bangladesh.
3. What teaching methods and resources are used to educate students about mental health?
4. How do teachers and school administrators realize their role in developing mental health awareness among students?

2 Literature Review :

Mental health is increasingly recognized as a key component of adolescent development and academic success (WHO, 2020). Globally, schools are seen as ideal platforms for promoting mental health literacy, early intervention and stigma reduction (Wei et al., 2013). However, in many low and middle income countries (LMICs), including Bangladeshi school system remains under researched. Some surveys says that high prevalence of adolescent mental disorders around in Dhaka like 26.5% and anxiety ~18% among secondary age students. During covid-19, depression in nationwide rose to ~37%, anxiety to ~22%. Besides, Bangladesh's exam centric focus contributes to student anxiety, stress and disengagement largely. Although national adolescent health policies (2016/2018) exist, they ignored inclusion of mental health content in curriculum.

Some studies have highlighted the increasing mental health concerns among Bangladeshi adolescents. According to a cross-sectional survey by Hossain et al., (2021), about 36% of secondary school students in Dhaka reported moderate to severe levels of depression. Similar studies (Mamun & Griffiths, 2020; Haque et al., 2022) found high rates of anxiety and stress, often linked to academic pressure, family expectations and limited coping strategies. The COVID-19 pandemic exacerbated these uncertainty worsening the psychological state of students (Islam et al., 2020). But Internationally, school-based mental health programs have depicted effectiveness in enriching awareness, reducing stigma, and encouraging help seeking behavior (Fazel et al., 2014). Several approaches like "Mental Health First Aid" (Australia) and "The FRIENDS Program" (UK/Canada) have been widely adapted in high income

countries but are rarely implemented or adapted in middle or low income countries or for the South Asian context.

In Bangladesh, mental health education remains largely from formal curricula. A content analysis by Islam and Rabby (2020) found that primary and secondary textbooks rarely include information about mental well-being or mental illness. In class 8, there is included one lesson about mental health. When such topics are affiliated, they are often unclear. Government initiatives like the Adolescent Health Strategy (2017) acknowledge mental health as a concern, yet fail to integrate mental health education into school-based delivery systems (MOHFW, 2017). In case of this situation, Teachers and School Infrastructure can play a crucial role.However, research by Rahman & Yasmin (2021) found that most Bangladeshi teachers have limited knowledge of mental health and no formal training to support students. Moreover, cultural stigma around mental illness discourages open discussion in classroom creating a silent crisis (khan & Hossain, 2020).

3. Methodology:

Research Design: This study employed mixed methods approach, combining quantitative survey data with qualitative interviews and focus group discussions. The objective was to assess (i) the level of mental health education provided in Bangladeshi schools, (ii) students' consciousness and perceptions of mental health and (iii) institutional efforts and challenges related to mental health literacy.

3.1 Population and sample:

The survey focused on secondary schools in Bangladesh, from class 8 to class 10 students, teachers and schools administrators.

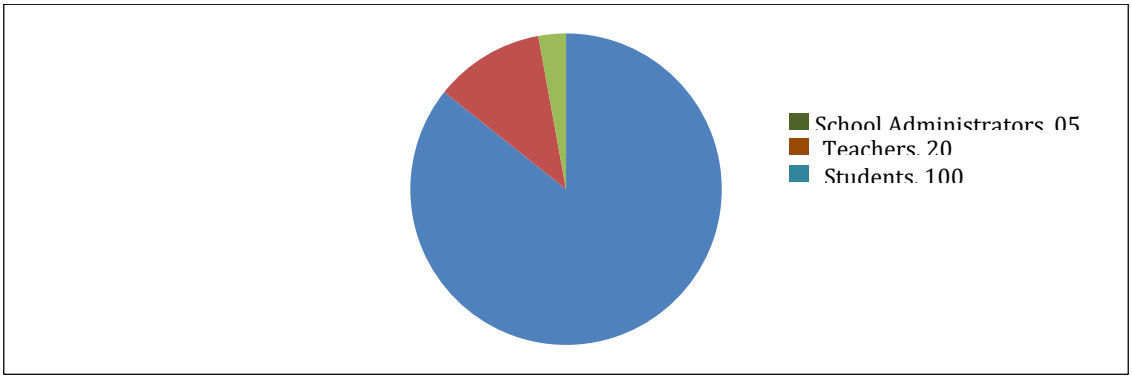
A sampling technique was used to select 5 secondary schools (2 urban, 3 rural) from two districts (Dhaka, Lakshmipur) to ensure geographical and demographic diversity.

Participants:

Table- 1

Participant Type	Number	Selection Criteria
Students	100	Random sampling within each school's from class 8 to 10 students
Teachers	20	From class 8 to class 10 affiliated teachers or involved in counseling
School administrators	05	One from each selected school

Chart- 1



3.2 Data Collection Methods:

Surveys:

Student Questionnaire: Focused on MCQ pattern questions, write down some related research questions and experiences related to mental health education. Also focused on awareness of mental health, exposure to mental health education (curriculum, sessions, posters), perceived school support and self -reported stress .

Teacher Questionnaire: Focused on training, curriculum inclusion and perceived barriers.

Document Analysis: Reviewed curricula, health education materials, co-curricular program records and policy documents from the selected 15 schools.

3.3 Data Analysis Techniques:

Quantitative Data:

- Descriptive statistics were used to summarize the data.
- Comparative analysis (e.g. urban vs rural school) using cross evaluation.

Qualitative Data:

Themes were enriched inductively based on recurring patterns across participant responses.

3.4 Data Collection Procedure:

Research's data were collected over a three-month period (August-October, 25). Data were collected from the students, teachers and administrators through questionnaires in school setting during class hours. Interviews were conductedin quiet, private spaces within the school campus.

3.5 Ethical Considerations:

- Pseudonyms were used for all qualitative data excerpts.
- Participation was voluntary, with the option to withdraw at any time.

3.6 Limitations of study:

- Self-reported data may carry bias.
- Some rural school lacking documentation, limited the scope of document analysis.
- Most studies focus on prevalence rather than pedagogy.
- There is a gap for assessment of student literacy and perceptions. This survey portrays that gap by finding the recent state of mental health education in Bangladesh.

4.1 Quantitative Data Analysis: Key Quantitative Findings:

Table 1: Presence of Mental Health Education in School Curriculum

Curriculum Feature	Percentage of Schools (n= 5)
Mental health included in formal curricular	26.7% (2 schools)
Discussed through co-curricular activities	53.3% (3 schools)
No mental health education at all	20.0% (1 school)

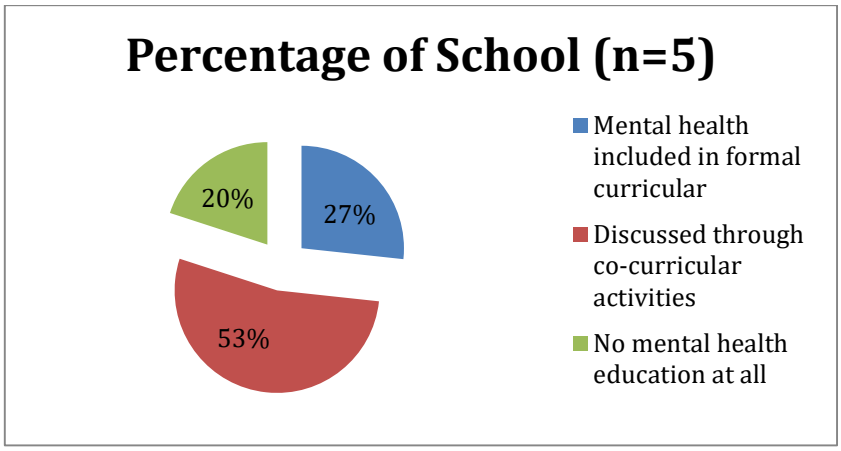
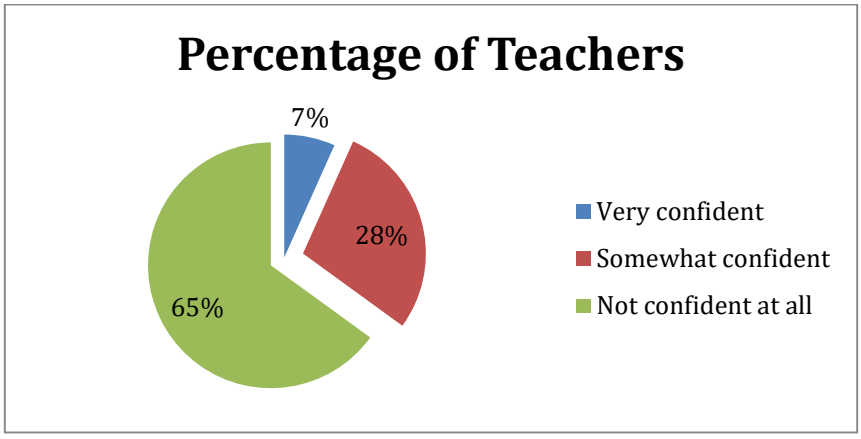


Figure 1: Student Awareness of mental health issues:

- 62% of students reported limited understanding of mental health.
- 18% said that had received a session or class on mental health.
- 75% believed that schools should do more to support students' mental well-being.

Table 2: Teachers' confidence in Addressing Mental Health Topics:

Confidence Level	Percentage of Teachers
Very confident	6.7%
Somewhat confident	28.3%
Not confident at all	65.0%



4.2 Qualitative Data Analysis:

Themes Identified From Interviews:

A thematic analysis of 25 interviews (05 administrators, 20 teachers, 100 students) revealed four major themes.

- **Theme 1: Lack of structured curriculum:**

"We don't have specific classes for mental health. Sometimes, we touch on the topic during moral education or biology, but it's not systematic."- Teacher, rural school.

- **Theme 2: Stigma and Cultural Barriers:**

"If a student shows signs of depression, people think they're just being weak. There's no real understand-

ing."- Student, urban school.

- **Theme 3: Role of School Counselors:**

"We don't have counselors. If a student has a problem, we try to help, but we're not trained."- Administrator, Rural school.

- **Theme 4: Student Led Initiatives and Peer Support:**

"Some students have formed mental health clubs and invite psychologist to talk. That helps, but it's all extra curriculum."- Teacher, urban school.

4.3 Comparative Insights: Urban VS Rural:

Factor	Urban Schools	Rural Schools
Presence of counselor	2 of 2 schools	1 of 3 schools
Mental health in curriculum	1 of 2 schools	00 of 3 schools
Stigma among students	Moderate	High
Student awareness level	Medium to high	Low

Findings Summary:

- Most of the schools do not formally educate students about mental health.
- Lack of training, teachers feel ill-interested to address these topics.
- Cultural stigma is one of the major obstacles for opening conversations.

5. Recommendations:

Based on the findings of this analysis, some recommendations are proposed to enhance the effectiveness of mental health education in Bangladeshi schools. In the national school curriculum, Mental Health topics should be systematically included. Teachers play an important role in identifying and supporting mental health challenges students. For deploying school counselor in both urban and rural areas, the Government and NGO can take steps to create a sustainable model. To foster an open environment, school should arrange regular awareness programs, seminars and workshops for students, teachers and parents. Such as this open environment students feel safe discussing about their mental health issues. Besides Parental attitudes greatly effect students' mental health. For this reason, schools should involve parents through parents-teacher meetings so that parents can understand and support their children's mental health. To make resources more available, schools can adopt digital tools like as educational videos, mobile apps, and online counseling platforms in Bangla. The Ministry of education can take more steps to develop and implement national guidelines for school mental health programs. There is a need for more data driven research on the mental health needs of students and the impact of current educational strategies.

6. Conclusion:

Mental health is a critical aspect of overall well-being. By taking steps to priory's mental health, people can build resilience and prevent mental health issues from arising in the first place. Students' mental health is very important and schools can support the students about mental health. Bangladesh needs systemic reforms to support student mental health truly. Mental health challenges are very acute among the school aged youth but current education systems provide them insufficient support. The lack of relevant context in textbooks and school psychology services are nearly non-existent. Besides, teacher training on socio-emotional support is rare. To move forward, mental health education must be ensured within the national curriculum and supported through policy, funding and capacity-building. Schools

should serve not only as centers of academic learning but also as safe environments so that their emotional well-being can be promoted and protected.

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