

To Probe into the Mental Health of Teachers

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Abstract

This study investigated the mental health status of secondary and higher secondary school teachers in Nadia district, West Bengal, employing a Descriptive Survey Method. Data were collected from 516 Bengali-medium school teachers (344 male, 172 female) drawn from 30 government and government-aided schools across 15 of the district's 18 educational blocks, using a Multi-Phasic Stratified Random Sampling technique to ensure representativeness across gender. Mental health was assessed using the General Health Questionnaire-28 (GHQ-28), a widely validated psychometric instrument measuring four dimensions: somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression. The study aimed to (a) assess the overall mental health status of teachers considered together, (b) examine the mental health status of male teachers, (c) examine the mental health status of female teachers, and (d) compare male and female teachers with respect to mental health. Descriptive analysis indicated that teachers, both overall and when disaggregated by gender, reported mental health scores falling in the "Good" to "Very Good" range across all four GHQ-28 domains, with severe depression scores rated "Very Good." Independent samples t-tests revealed no statistically significant differences between male and female teachers on any facet of mental health (all $p > .05$), leading to the acceptance of the null hypothesis that gender does not significantly influence teachers' mental health status in this sample. The findings indicate that school teachers in Nadia district generally exhibit sound psychological well-being, irrespective of gender. These results contribute to the limited body of region-specific research on teacher mental health and underscore the continued relevance of systematic monitoring, even in populations reporting favourable outcomes.

Keywords: Mental Health, School Teachers, GHQ-28 (General Health Questionnaire), Gender Comparison, Nadia District

1. Introduction

Teachers occupy a unique position within the educational ecosystem, serving simultaneously as instructors, mentors, disciplinarians, and emotional anchors for students. The psychological well-being of teachers is therefore not merely a personal concern but a factor with direct implications for classroom effectiveness, student outcomes, and the broader functioning of educational institutions (**Jackson, 2007**). Despite this centrality, teacher mental health remains an under-researched area, particularly in regional and semi-urban contexts such as Nadia district, West Bengal.

Mental health, broadly defined, extends beyond the mere absence of psychiatric illness to encompass emotional stability, social functioning, and resilience against everyday stressors (**Goldberg, 1978**). Teachers, in the course of their professional duties, are routinely exposed to occupational stressors including heavy workloads, administrative pressures, and the emotional demands of managing diverse classrooms. These pressures may manifest as somatic symptoms, anxiety, insomnia, social dysfunction,

or depressive tendencies, all of which are core dimensions assessed by the General Health Questionnaire-28 (GHQ-28), one of the most extensively validated psychometric screening instruments for general mental health (**Goldberg & Hillier, 1979**).

Prior research employing the GHQ-28 has demonstrated its robustness across diverse populations, including healthcare workers during the COVID-19 pandemic (**Babicki et al., 2021**) and university students (**Moreta-Herrera et al., 2024**), underscoring its cross-contextual reliability (**Goldberg & Williams, 1988**). However, comparatively limited attention has been directed toward school teachers, and even less toward gender-based comparisons within this population in the Indian context (**Goldberg et al., 1997**).

Against this backdrop, the present study seeks to examine the overall mental health status of secondary and higher secondary school teachers in Nadia district, with specific attention to gender-based differences. By employing a Descriptive Survey Method and a stratified sampling approach, the study aims to generate empirically grounded insights into an area of teacher well-being that has, thus far, received insufficient scholarly attention.

1.1 Significance of the Study

Teachers are routinely asked to shape young minds, survive parent-teacher meetings, and pretend the copier isn't broken again — all while nobody asks how *they're* doing. This study finally does. Measuring teachers' mental health in Nadia district provides policymakers, school administrators, and curious staffroom sceptics with actual data rather than guesswork or gossip. It matters because a burnt-out teacher is bad news for everyone, especially the kid in the back row learning fractions. Understanding teacher well-being — with numbers, not vibes — helps build schools where the people teaching resilience also get to practice it.

1.2 Objectives of the Study

O1: To assess the overall mental health status of school teachers (both male and female considered together) of Nadia district.

O2: To examine the mental health status of male school teachers of Nadia district.

O3: To examine the mental health status of female school teachers of Nadia district.

O4: To compare male and female school teachers with respect to their mental health status.

1.3 Research Questions of the Study

Q1: What is the overall mental health status of school teachers (male and female considered together) in Nadia district?

Q2: What is the mental health status of male school teachers in Nadia district?

Q3: What is the mental health status of female school teachers in Nadia district?

Q4: Do male and female school teachers differ significantly in their mental health status?

1.4 Research Hypothesis of the Study

H1: The school teachers, considering both male and female as a whole, have good **Mental Health**.

H2: The male school teachers have good **Mental Health**.

H3: The female school teachers have good **Mental Health**.

H4: The male and female school teachers do not differ with respect to their **Mental Health**.

2. Mental Health as a Construct of the Study

The conceptualisation of mental health has evolved considerably from its earlier, deficit-based framing toward a more holistic, strength-oriented model. Traditionally, mental health was understood merely as

the absence of psychiatric illness (**Jahoda, 1958**). Contemporary scholarship, however, positions mental health along a continuum encompassing emotional, psychological, and social functioning rather than a binary state of "ill" versus "well" (**Galderisi et al., 2015**).

The World Health Organisation's widely adopted definition frames mental health as a state of well-being in which individuals realise their own abilities, cope with the normal stresses of life, work productively, and contribute meaningfully to their community (**World Health Organisation, 2022**). This definition marks a deliberate shift from asking "what is wrong?" to asking "what enables people to function and thrive?"

More recent theoretical work has sought to further refine this construct by distinguishing mental health from adjacent concepts such as well-being and flourishing. **Oláh et al. (2022)** argue that mental health is a broader construct than well-being alone, encompassing the psychological resources, coping capacities, and adaptive skills required to sustain functioning under stress.

In the present study, mental health is operationalised through the General Health Questionnaire-28 (GHQ-28), which captures somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression — reflecting this modern, multidimensional understanding of mental health as a construct extending beyond mere symptom absence (**Goldberg & Hillier, 1979**).

3. Review of Related Literature

Research on teacher mental health, particularly with respect to gender, presents a decidedly mixed picture, making the present study's focus both timely and necessary.

Several studies report that male teachers tend to display better mental health outcomes than their female counterparts. **Gorsy, Panwar, and Kumar (2015)** investigated personal mental health among Indian school teachers and found that male teachers showed more robust mental health scores relative to female teachers, a pattern also reflected in government school teacher samples where male teachers scored significantly higher than female teachers, alongside a corresponding advantage for urban-posted teachers (as cited in a related government-teacher mental health study, n.d.). Similarly, a 2024 study published in the *International Journal of Indian Psychology* examining teachers' mental health in relation to gender and family type found notably higher mean mental health scores among male teachers than female teachers, with family structure (joint versus nuclear) also emerging as a significant influencing factor. Comparable findings were reported among B.Ed. student-teachers in Nagaland, where male student-teachers scored higher on mental health measures than female student-teachers, a result the authors noted was consistent with earlier work by **Ritse (2022)**.

However, an equally substantial body of literature finds no significant gender-based difference in teacher mental health, aligning more closely with the present study's hypotheses. A study of secondary school teachers in Guntur district, Andhra Pradesh, using the Mental Health Inventory developed by **Jagadish and Srivastava**, found that gender and locality did not significantly differentiate teachers' mental health levels, even though roughly 20% of teachers were classified as having low mental health overall. Nageswara Rao and Samiullah (2016) similarly reported that gender and type of school management showed no significant impact on teachers' mental health and job satisfaction. In contrast, **Rathee (2017)** found that gender did significantly affect teachers' mental health when combined with mode of employment, though teaching experience and age did not.

Beyond teacher-specific research, gender-based mental health comparisons among students and adolescents further illustrate the inconsistency of findings across populations. **Chatterjee (2018)**

examined mental health differences among early adolescents in Ranchi and found a statistically significant difference favouring male students, which the author attributed partly to sociocultural expectations placed on females regarding emotional restraint and household responsibilities. A broader factorial study of tribal and non-tribal teachers at Ranchi University similarly found that, among age, gender, and ethnicity, only age and gender produced a significant main effect on mental health, though ethnicity did not.

Taken together, this body of literature suggests that gender's relationship to teacher mental health is neither universal nor straightforward; it appears contingent on contextual variables such as family structure, employment type, geographic location, and cultural setting. This inconsistency underscores the need for region-specific investigations, such as the present study, which examines Bengali-medium school teachers in Nadia using the psychometrically robust GHQ-28, thereby contributing a locally grounded, empirically rigorous data point to a literature that remains far from settled.

4. Methodology

The present study adopted a **Descriptive Survey Method** to investigate the mental health status of secondary and higher secondary school teachers in Nadia district, West Bengal. The research design was structured into two parts: a **Survey Part**, examining mental health as an independent variable, and a **Gender-wise Comparative Part**, in which gender served as the independent variable and mental health as the dependent variable.

To ensure a representative sample, the study employed a **Stratified Random Sampling Technique**, further refined into a **Multi-Phasic Stratified Random Sampling** approach. Of the 18 educational blocks in Nadia district, 15 were selected, from which 30 government and government-aided secondary and higher secondary co-educational schools were randomly chosen. The researcher personally visited each school to administer the research instrument after obtaining permission from institutional heads. Of 574 teachers initially contacted, 516 completed all instruments and were retained as the final sample, comprising 344 male and 172 female Bengali-medium school teachers.

Mental health was assessed using the **General Health Questionnaire-28 (GHQ-28)**, developed by Goldberg and Hillier (1979), a widely validated psychometric screening tool measuring four dimensions: somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression. Each of the 28 items was rated on a four-point Likert scale, with higher scores indicating poorer psychological well-being. Normalised mean scores were calculated for each factor and classified into four bands: Very Good (1.00–1.74), Good (1.75–2.49), Bad (2.50–3.24), and Very Bad (3.25–4.00).

Data were analysed using descriptive statistics (mean, standard deviation, range) to assess overall mental health status, and **independent-samples t-tests were conducted to examine gender** differences across all GHQ-28 domains, testing the null hypothesis that male and female teachers do not differ significantly in mental health.

5. Result

The results of the study are presented in three separate sections: (a) **Descriptive Presentation**, (b) **Gender wise Comparative Analysis**,

5.1 Descriptive Presentation

The results are presented herewith.

5.1.1 Mental Health

Here, the results of descriptive analysis of the “General Health Questionnaire” *GHQ-28* scores of the school teachers are presented herewith in tabular form.

5.1.1.1 Mental Health of the Teachers, Considering Both Genders as a Whole

Here, the purpose of the presentation is to test the following hypothesis –

Hypothesis H₁: The school teachers, considering both male and female as a whole, have good mental health

Table 5.1.1.1 exhibits the descriptive statistics of the “General Health Questionnaire” score of the teachers, considering both males and females as a whole.

Table 5.1.1.1: Descriptive Statistics of General Health Questionnaire Score of the Teachers, Considering Both Male and Female as a Whole

Mental Health	N	Range	Min.	Max.	Mean	Std. Deviation	Remarks
Somatic Symptoms	516	2.14	1.14	3.29	1.93	0.44	Good
Anxiety/Insomnia	516	2.71	1.00	3.71	1.88	0.55	Good
Social Dysfunction	516	2.71	1.14	3.86	2.33	0.39	Good
Severe Depression	516	2.43	1.00	3.43	1.59	0.47	Very Good
Mental Health	516	1.93	1.11	3.04	1.93	0.35	Good

Table 5.1.1.1 presents the descriptive statistics of GHQ-28 scores. Teachers as a group scored well across all domains: Somatic Symptoms (M = 1.93, SD = 0.44), Anxiety/Insomnia (M = 1.88, SD = 0.55), Social Dysfunction (M = 2.33, SD = 0.39), and Severe Depression (M = 1.59, SD = 0.47). Overall Mental Health (M = 1.93, SD = 0.35) indicated good well-being.

Figure 5.1.1.1 (a) depicts the histogram with the normal curve of **Mental Health** of the teachers (considering male and female as a whole). By visually examining, we come to know that the said distribution was about normal (Fein, Gilmour, Machin, & Hendry, 2022).

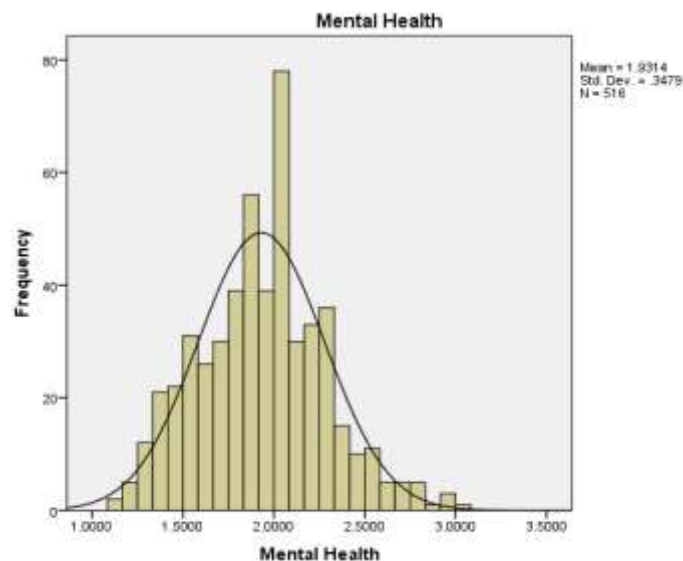


Figure 5.1.1.1 (a): Histogram with normal curve of Mental Health Scores of the Teachers, Considering Male and Female as a Whole

Figure 5.1.1.1 (b) depicts the bar diagram of different facets of mental health of the teachers, considering males and females as a whole.

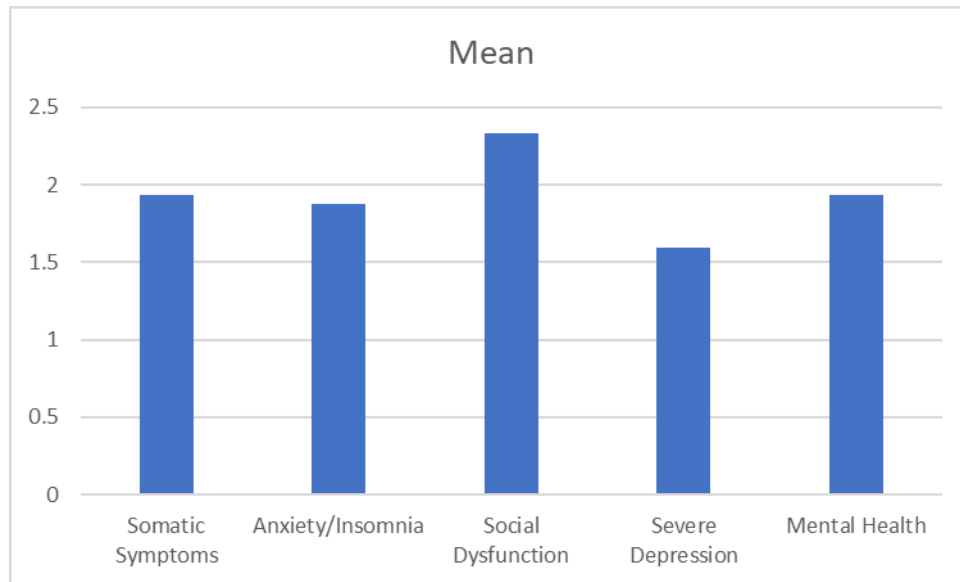


Figure 5.1.1.1 (b): Bar Diagram of Different Facets of GHQ-28 scores of the Teachers, Considering Male and Female as a Whole

5.1.1.2 Mental Health of the Male School Teachers

Here, the purpose of the presentation is to test the following hypothesis –

Hypothesis H₂: The male school teachers have good mental health

Table 5.1.1.2 exhibits the descriptive statistics of the “*General Health Questionnaire*” score of the school teachers, considering male school teachers.

Table 5.1.1.2: Descriptive Statistics of General Health Questionnaire Score of the Male School Teachers

Mental Health	N	Range	Min.	Max.	Mean	Std. Deviation	Remarks
Somatic Symptoms	344	2.00	1.14	3.14	1.92	0.44	Good
Anxiety/Insomnia	344	2.71	1.00	3.71	1.85	0.55	Good
Social Dysfunction	344	2.57	1.29	3.86	2.32	0.40	Good
Severe Depression	344	2.29	1.00	3.29	1.61	0.47	Very Good
Mental Health	344	1.93	1.11	3.04	1.92	0.35	Good

As shown in Table 5.1.1.2, male teachers demonstrated positive outcomes: Somatic Symptoms (M = 1.92, SD = 0.44), Anxiety/Insomnia (M = 1.85, SD = 0.55), Social Dysfunction (M = 2.32, SD = 0.40), and Severe Depression (M = 1.61, SD = 0.47). The overall Mental Health score (M = 1.92, SD = 0.35) reflected good well-being.

Figure 5.1.1.2 (a) depicts the histogram with the normal curve of the **Mental Health** of the male teachers. By visually examining, we come to know that the said distribution was about normal (Fein, Gilmour, Machin, & Hendry, 2022).

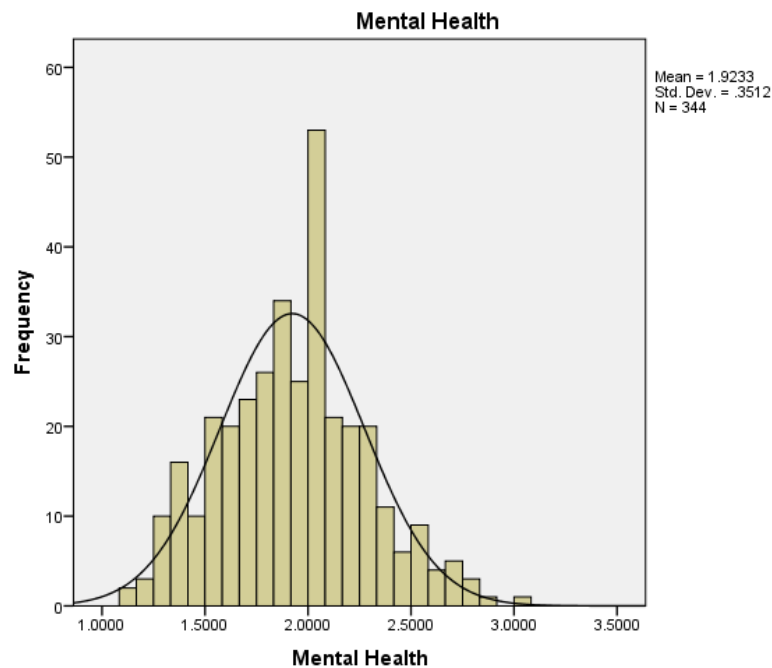


Figure 5.1.1.2 (a): Histogram with normal curve of Mental Health Scores of the Male Teachers

Figure 5.1.1.2 (b) depicts the bar diagram of different facets of mental health of the male teachers.

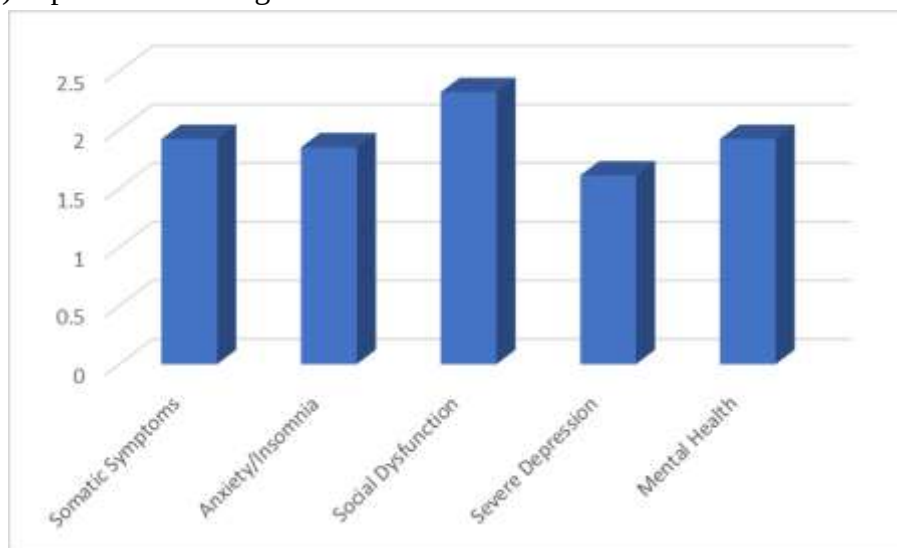


Figure 5.1.1.2(b): Bar Diagram of Different Facets of GHQ-28 Score of the Male Teachers

5.1.1.3 Mental Health of the Female Teachers

Here, the purpose of the presentation is to test the following hypothesis –

Hypothesis H₃: The female school teachers have good mental health

Table 5.1.1.3 exhibits the descriptive statistics of the “*General Health Questionnaire*” score of the female teachers.

Table 5.1.1.3: Descriptive Statistics of General Health Questionnaire Score of the Female Teachers

Mental Health	N	Range	Min.	Max.	Mean	Std. Deviation	Remarks
Somatic Symptoms	172	2.14	1.14	3.29	1.96	0.44	Good
Anxiety/Insomnia	172	2.57	1.00	3.57	1.94	0.55	Good
Social Dysfunction	172	2.29	1.14	3.43	2.35	0.38	Good
Severe Depression	172	2.43	1.00	3.43	1.54	0.45	Very Good
Mental Health	172	1.75	1.21	2.96	1.95	0.34	Good

Table 5.1.1.3 shows female teachers also reported healthy outcomes: Somatic Symptoms ($M = 1.96$, $SD = 0.44$), Anxiety/Insomnia ($M = 1.94$, $SD = 0.55$), Social Dysfunction ($M = 2.35$, $SD = 0.38$), and Severe Depression ($M = 1.54$, $SD = 0.45$). The overall Mental Health score ($M = 1.95$, $SD = 0.34$) supported the hypothesis.

Figure 5.1.1.3 (a) depicts the histogram with the normal curve of the **Mental Health** of the female teachers. By visually examining, we come to know that the said distribution was about normal (Fein, Gilmour, Machin & Hendry, 2022).

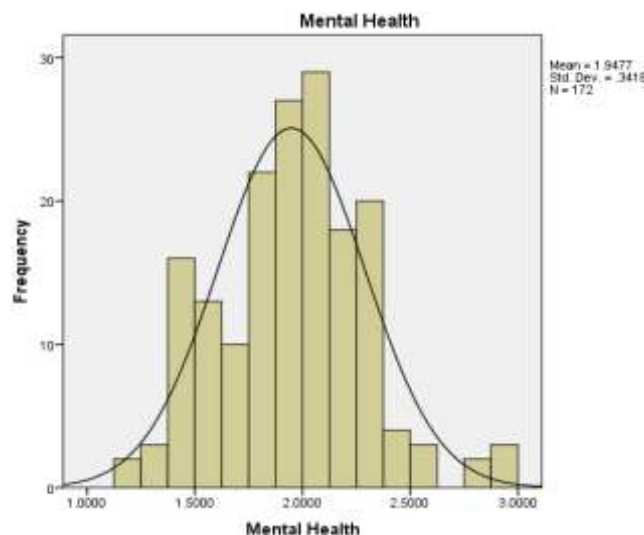


Figure 5.1.1.3 (a): Histogram with normal curve of Mental Health Scores of the Female Teachers

Figure 5.1.1.3 (b) depicts the bar diagram of different facets of mental health of the female teachers.

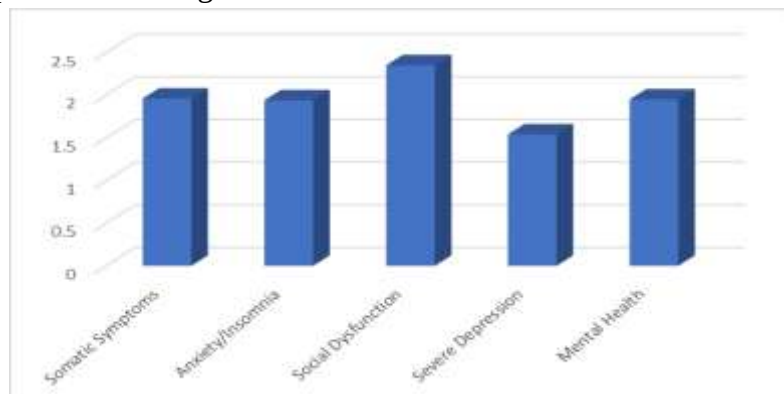


Figure 5.1.1.3 (b): Bar Diagram of Different Facets of GHQ-28 score of the Female Teachers

5.2.1 Mental Health

The results of the comparative analysis in mental health are presented in tabular forms to test the following null hypothesis:

Hypothesis H₄: The male and female schoolteachers do not differ with respect to their Mental Health.

Table 5.2.1 (a): Group Statistics of GHQ 28 Scale Scores of Male and Female School-Teachers

GHQ 28	Gender	N	Mean	Std. Deviation	Remark
Somatic Symptoms	Male	344	1.92	0.44	Good
	Female	172	1.96	0.44	Good
Anxiety/Insomnia	Male	344	1.85	0.55	Good
	Female	172	1.94	0.55	Good
Social Dysfunction	Male	344	2.32	0.40	Good
	Female	172	2.35	0.38	Good
Severe Depression	Male	344	1.61	0.47	Very Good
	Female	172	1.54	0.45	Very Good
Mental Health	Male	344	1.92	0.35	Good
	Female	172	1.95	0.34	Good

Table 5.2.1 (a) exhibits the group statistics of “**Mental Health (GHQ 28 Scale)**” scores of male and female teachers. In all facets of mental health, the teachers, irrespective of gender, expressed good mental health.

Figure 5.2.1 (a) shows the bar diagram of the means of the Different Dimensions of the **Mental Health** Scale scores of male and female teachers.

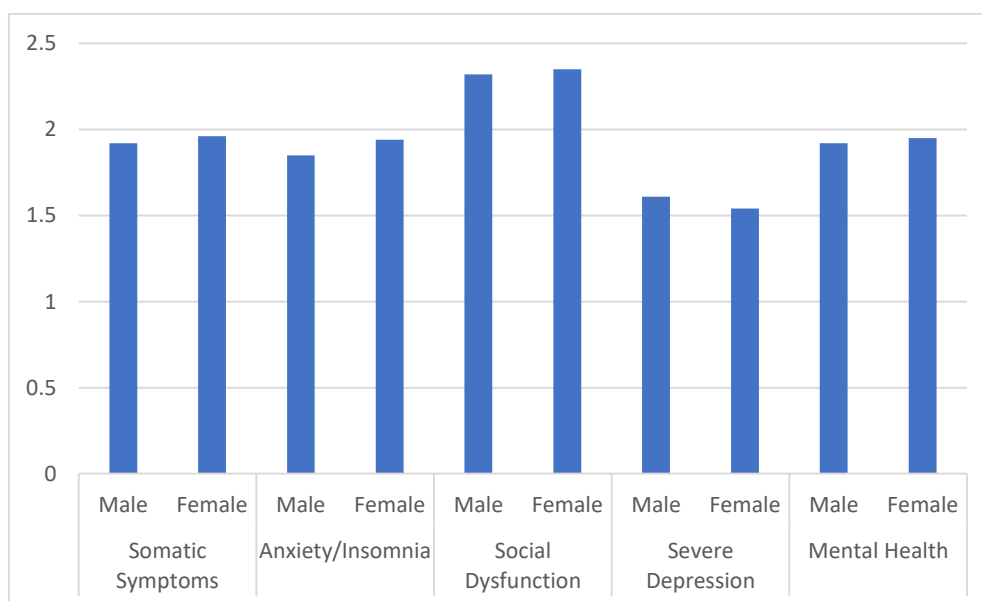


Figure 5.2.1 (a): Bar Diagram of Mean Scores of Mental Health of Male and Female Teachers Separately

Table 5.2.1 (b): Results of Independent Samples Test of Gender Wise Comparison of Means of School Teachers

Different Facets of Mental Health		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	Df	Sig. (2-tailed)
Somatic Symptoms	Equal variances assumed	0.00	1.00	-1.02	514.00	0.31
	Equal variances not assumed.			-1.01	338.83	0.31
Anxiety/Insomnia	Equal variances assumed	0.57	0.45	-1.83	514.00	0.07
	Equal variances not assumed.			-1.83	340.21	0.07
Social Dysfunction	Equal variances assumed	0.25	0.62	-0.71	514.00	0.48
	Equal variances not assumed			-0.72	362.79	0.47
Severe Depression	Equal variances assumed	2.21	0.14	1.48	514.00	0.14
	Equal variances not assumed			1.51	355.82	0.13
Mental Health	Equal variances assumed	0.38	0.54	-0.75	514.00	0.45
	Equal variances not assumed			-0.76	350.41	0.45

Table 5.2.1(a) shows comparable scores across all GHQ-28 domains. Independent samples t-tests (Table 5.2.1 (b)) revealed no significant gender differences

6. Analysis and Discussion

The descriptive findings of this study offer a reassuring portrait of teacher mental health in Nadia district. Across all four GHQ-28 domains — somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression — teachers, whether analysed as a combined group or separately by gender, consistently fell within the "Good" to "Very Good" range. This pattern supports Hypotheses H₁, H₂, and H₃, confirming that both male and female teachers in this sample report sound psychological functioning by GHQ-28 standards (Goldberg & Hillier, 1979).

Notably, severe depression consistently emerged as the strongest domain across all subgroups (overall M = 1.59; male M = 1.61; female M = 1.54), each rated "Very Good." This finding is encouraging, particularly given that depressive symptomatology is often considered the most clinically consequential dimension of general mental health screening. Social dysfunction, by contrast, recorded comparatively higher (though still "Good") mean scores across groups (overall M = 2.33; male M = 2.32; female M = 2.35), suggesting that while teachers are not experiencing clinically concerning levels of dysfunction, this domain may represent the area of relatively greatest strain — plausibly linked to the interpersonal and administrative demands inherent to the teaching profession (Jackson, 2007).

The gender-comparative analysis (Table 5.2.1a and 5.2.1b) is particularly noteworthy in the context of existing literature, which — as established in the review above — has produced markedly inconsistent findings regarding gender and teacher mental health. Independent samples t-tests revealed no statistically significant differences between male and female teachers on any GHQ-28 facet: Somatic Symptoms, $t(514) = -1.02$, $p = .31$; Anxiety/Insomnia, $t(514) = -1.83$, $p = .07$; Social Dysfunction, $t(514) = -0.71$, $p = .48$; Severe Depression, $t(514) = 1.48$, $p = .14$; and overall Mental Health, $t(514) = -0.75$, $p = .45$. Levene's Test for Equality of Variances was non-significant across all domains (all $p > .05$), confirming that the

assumption of homogeneity of variance was met and that the reported t-values are appropriately interpreted under the "equal variances assumed" condition.

These non-significant results lead to the acceptance of the null hypothesis (H_4), aligning with studies such as those conducted in Guntur district, Andhra Pradesh, and by **Nageswara Rao and Samiullah (2016)**, both of which similarly found no significant gender-based impact on teacher mental health. This finding stands in contrast to studies such as **Gorsy, Panwar, and Kumar (2015)**, the 2024 gender-and-family-type study, and **Rathee (2017)**, which reported that male teachers scored more favourably than female teachers. This divergence supports the broader interpretation offered in the literature review: gender's relationship with teacher mental health appears context-dependent rather than universal, shaped by factors such as regional culture, family structure, and employment conditions rather than gender alone.

Interpreted through a contemporary lens, these findings align well with the multidimensional conceptualisation of mental health advanced by **Galderisi et al. (2015)** and the **World Health Organisation (2022)**, which frames mental health not as the mere absence of illness but as a functional capacity to cope, work, and contribute meaningfully. The results suggest that Nadia district's Bengali-medium school teachers, irrespective of gender, are broadly meeting this functional standard, even while occupying a profession widely associated with chronic occupational stress.

7. Conclusion

This study found that secondary and higher secondary school teachers in Nadia district exhibit good overall mental health, with severe depression scores rated particularly favourable across both genders. Independent samples t-tests confirmed no statistically significant differences between male and female teachers on any GHQ-28 domain, supporting the conclusion that gender does not meaningfully influence teacher mental health in this context. These findings, consistent with a subset of prior literature, suggest that while teachers generally manage occupational stress well, social dysfunction remains a comparatively weaker area warranting continued institutional attention and support.

8. Future Research

Future studies could extend this work by incorporating longitudinal designs to track how teachers' mental health fluctuates across the academic year, particularly during examination or admission periods. Comparative research across urban-rural school settings, private versus government institutions, or different Indian states would help clarify whether the gender-neutral findings observed here generalise beyond Nadia district. Additionally, qualitative approaches — interviews or focus groups — could uncover the lived experiences behind the "social dysfunction" scores, while examining mediating variables such as workload, administrative support, and years of teaching experience may offer deeper insight into what protects or undermines teacher well-being.

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