

Deriving Competencies for Mental Hygiene Training of School Children Through Thematic Content Analyses of Their Need Patterns

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ABSTRACT

Background: Mental hygiene competencies can be developed in school children by adopting established scientific methodologies that focus on defining the learning outcomes, knowledge and skills. **Aims:** The aims of this study were to identify mental health awareness among school children and their mental health related needs to formulate learning outcomes for developing school-based curriculum. **Methods:** A qualitative study was undertaken in India during the COVID 19 imposed lockdown period to analyse the mental health needs of school children. Eighty students belonging to the age group of 13-18 years and similar number of teachers/parents forming a comparison group constituted the sample. Mental health awareness questionnaire and four open-ended questions were developed for assessing the mental health needs. The results were analysed using SPSS software to understand the statistical difference between the mean ranks and correlation. Thematic analysis of the open-ended responses was conducted to formulate the desired learning outcomes. **Results:** The results indicated significant difference between two groups on mental health awareness. Group II scores indicated higher mean on awareness. Age-wise group comparison of 13-15- and 16-18-year students showed similar scores. Thematic analysis of needs reflected emotional, psychological wellness and socially defined demands, over cognitive ability-based demands. **Conclusion:** We propose learning outcomes for training school students on mental hygiene practices that focus on mental health literacy, social and emotional regulation, sustainable behaviour practices, life skills and psychological first aid to be taught at the middle and high school level.

Keywords: Child & Adolescent mental health, Qualitative study, Student mental health needs, Learning competencies.

The concept of mental hygiene requires more societal acceptance as the fast-paced lifestyle over the past few decades have diluted individual, familial and societal functioning. The term 'mental hygiene' includes nurturing sustainable behavioural practices, adopting and maintaining health promoting behaviours, prevention of high-risk

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behaviour and planning self-management strategies to overcome the necessary challenges of life. World Health Organization (2004) reports indicate that promoting mental health enables optimal psychological development during the growing years. Fostering individual, social and environmental conditions and focussing on prevention of mental illness reduces the incidence, prevalence and burden caused by the illness. There are many challenges while incorporating mental hygiene training at school. Some of them are lack of scientifically developed curricula that focuses on both promotion and prevention, unavailability of trained teachers, and lack of awareness among parents and the society. Implementing curriculum for school children will improve community responsibility that ensures the psychological well-being of its citizens. Therefore, a systematic and scientifically prepared curriculum is required for students to develop competencies which focus on the positive aspect of mental health.

A curriculum can be designed to meet various purposes of students; for school or collegiate education or for the global cause of educating the community. It is the conceptual outline of all the competencies that define the learning outcomes, knowledge and skill; instructional strategies and methods, and assessment plans. Competencies are domain specific and they include cognitive elements, functional aspects and interpersonal attributes or values, that helps an individual to contextually apply these aspects. Learning outcomes are defined as a written statement of desired outcome which is manifested as student performance (Proitz, 2010). Framework for developing medical and health related curriculum was proposed by Kern (2009) through a six-step process. This article uses the six-step process defined by the earlier study to arrive at competency-based curriculum for promoting mental health in school going students.

The current study is conducted to analyse the needs for training students on mental hygiene practices by involving teachers and parents. The main objectives of the current study are

- a) To identify mental health awareness and needs of adolescents for developing mental hygiene competencies in school children.
- b) To formulate learning outcomes for introducing curriculum on mental hygiene practices for adolescent students.

METHODS

For the current study, students belonging to the age group of 13 to 18 years, teachers and parents of adolescents were randomly selected from various schools of India during the COVID-19 lock down period of 14th April 2020 to 18th September 2021 (n=160; 80 students in Group I and, 80 teachers and parents consisting of Group II. The study consisted of two parts: 1) identifying the mental health awareness and needs of adolescent students through questionnaire distributed among students, teachers and parents; and 2) deriving learning outcomes for training students on mental hygiene competencies.

Group I and II were administered questionnaire developed for the purpose to assess mental health awareness level. Questionnaire consisted of 30 multiple choice questions with 3 options for each (Yes, No, Not sure) to be selected by the participants. The questions were framed based on assessing the knowledge, belief and attitude regarding seeking mental health information, recognising professional help, self-help strategies and ability to recognise psychological distress. There were 19 positively and 11 negatively framed questions. While calculating the score obtained by each subject, positive questions were marked 2 points for *Yes* responses, 1 point for *Not sure* and 0 for *No* responses. The negative

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questions were scored by following 0 points for *Yes*, 2 points for *No* and 1 point for *Not sure*. The score range was between 0 to 60; higher points indicated higher mental health awareness and lower score indicated lower mental health awareness. Mean score was considered as average score. The significant difference of mean ranks between the two independent groups was calculated using Mann Whitney Test. The participants were further provided four open ended questions to express needs regarding introducing curriculum on mental hygiene. In this paper the need patterns expressed by the sample are studied qualitatively to formulate the learning outcomes.

The participants were informed about the need for collecting the information as part of a research study for developing training material on mental hygiene. Online questionnaire was the preferred method of survey since the study was conducted remotely during the pandemic. The forms were circulated to the students through their teachers and parents after obtaining the necessary consent from the institutional head. The participants chosen for the study agreed and gave voluntary consent to take part throughout the process of curriculum development. The sample population for the current study was limited to eighty in each group as only those who self volunteered to be involved in the whole process of curriculum designing were selected. Pilot study was conducted using 34 participants in group I and 33 in group II to study the responses. The ethical approval for conducting the study and collecting sample responses were gained through the research committee of the affiliating institution. For statistical purpose, teachers and parents were considered as a single group since most of the parents were also working professionals. Mental health needs of the adolescent participants were assessed using an open-ended questionnaire distributed among students, teachers and parents. The open-ended questionnaire consisted of four questions, each related to mental health literacy, observed behaviour problems at school, mental health conditions perceived by them as that requiring professional help and specific needs to be addressed for training. The participants were instructed to answer the questions in a descriptive way in order to make for a more comprehensive analysis of the responses.

The methodology of thematic content analysis based on inductive approach (Braun, 2006), was utilized to find the themes and patterns of the responses provided by the subject. The responses to the questions were initially sorted based on the themes of content in the same. The thematic patterns in the responses were repeatedly analysed to study the needs communicated at individual level such as the feelings expressed and relating it to socially approved needs. The themes of the responses were coded and clustered into i) cognitive ability based, ii) emotions and wellness based, and iii) socially defined needs.

Cognitive ability-based needs (C) were defined as those which described mental health as being related to fulfilling academic demands. These included responses referring to techniques for improving academic performance, achieving perfection, enhancing learning and memory skills etc. Emotional and wellness-based needs (E) were defined as those which mentioned terms like depression, anxiety, happiness, proper sleep and other health and wellness needs. Socially defined needs (S) were defined as those which included themes related to improving personality characteristics, training for attaining good behaviour and reformation of bad habits, stigma related, moral and religious needs and comparing performance of one's self with socially accepted norms.

Every response was scored by considering on each of the three dimensions separately by making the maximum score on C, E and S to be 80 respectively. The intent communicated

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by the participants on each response was analysed and given a point if the need was referred. Therefore, the responses related to peer-pressure, substance abuse, body image issues, stress etc. were marked as socially and emotionally loaded responses. Responses based on academic ability and performance stress were rated equally as cognitive based and emotionally loaded answers. Responses with needs that reflected the different C-E-S needs were marked as 1-1-1 respectively on the three scales. The total number of responses were then converted to a percentage value to qualitatively analyse and compare the obtained data.

RESULTS

1. Quantitative analysis of choice questions:

A pilot study was conducted during April 2020 to September 2020 with 28 and 33 participants in group I and group II respectively. The mean mental health awareness score obtained was 47.5 and 50.6 respectively. Mann Whitney test to assess statistical significance of the difference between the two independent groups using the mean rank score showed $Z=2.568$. Mental health awareness level differed significantly between the two groups at .05% and the level of awareness was higher among parents and teachers than students as observed through this sample representation.

The main study was conducted between the time period of December 2020 and September 2021. The sample consisted of 80 participants in the two groups ($n=160$). Thirty questions with choice and four open-ended questions were distributed using online forms. The mean score obtained by group I and II was 46.79 and 50.35 respectively. The mean score indicated that mental health awareness was higher for group II than group I. The significant difference of mean ranks between the two independent groups was calculated using Mann Whitney Test. Non-parametric test was used to evaluate the difference between the two groups. The statistical difference showed significance at .01% ($Z=4.668$) confirming the need for introducing curriculum for students. Statistical correlation using Spearman's rho coefficient was calculated to observe the age-wise relation of awareness level by splitting the group I; based on early (13-15) and late phase (16-18) of adolescence. The results showed more or less similar scores obtained by the two groups (correlation coefficient 0.065) and hence mental health awareness level did not significantly differ among the students irrespective of their age.

The quantitative analysis of scores summarizes the need for introducing curriculum for students belonging to the age group of 13 to 17 years. Mental health awareness was higher among teachers and parents, indicating that this group can be utilized for training students on mental hygiene.

2. Qualitative analysis of open-ended questions: The content of the open-ended questions was analysed based on the themes expressed into cognitive ability, emotion/wellness and socially defined needs.

The percentage score of themes of responses obtained from parents and teachers is highlighted in Table 1.

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Questions	Cognitive ability	Emotion/Wellness	Socially defined
<i>Mental health awareness</i>	30	82	70
<i>Behaviour problems observed in students</i>	36	61	50
<i>Need expressed for professional help</i>	18	61	48
<i>Factors identified for training</i>	15	52	70

The percentage score wise evaluation of themes of responses from students is highlighted in Table 2.

Questions	Cognitive ability	Emotion/Wellness	Socially defined
<i>Mental health awareness</i>	30	87	63
<i>Behaviour problems observed in students</i>	17	70	67
<i>Need for professional help</i>	20	73	50
<i>Factors identified for training</i>	20	67	77

Analysis of Responses:

In the sample questionnaire, the participants were presented with 4 open ended questions. The following are the questions and the analysis of needs based on the responses.

Question no 1: Write any five words related to your idea of mental health.

The main objective of this question was to analyse the mental health literacy and the stigma surrounding mental illness. Each of the responses was rated on the three components (C-E-S) with all components having an equal chance of being rated. Example of a parent/teacher response obtained verbatim to this question was “depression, anxiety, social awkwardness, demotivation, low self-esteem”. The identified needs of the responses to the question were rated as related to cognitive (demotivation), emotion and wellness (Depression, anxiety, social awkwardness and low self-esteem) and social needs (social awkwardness, low self-esteem). Student responses like “good interpersonal relation, ability to cope with situations, always staying calm, expressing emotions, keeping a positive attitude” were assessed on emotion and wellness based and social needs.

The percentage analysis of parent/teacher responses (30-82-70) and student responses (30-87-63) were markedly equivalent on cognitive, emotion and social needs regarding mental health literacy. This implied that students, teachers and parents perceived mental health as something based on emotional wellbeing and socially appropriate behaviour as opposed to academic performance related issues.

Question no2: Name some behavioural problems that you have observed in school students.

This question was posed to analyse the understanding about the identification of mental health problems. It was observed that teachers and parents viewed emotional and wellness related behavioural problems (36-61-50) as pertinent compared to social and cognitive issues. The responses of a teacher also mother of an adolescent student was “.... disinterested in all activities, lack of appetite-skips eating, temper tantrums and outbursts, irritability, bullying, stealing”.

A student’s response which read “...not talking to teachers in respectful way, excessive gaming and sharing personal information online, spreading negative image of a person”

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indicated emotional and social threats faced by them as behavioural issues. The percentage score of student responses (17-70-67) also identified behaviour problems as those related to emotional issues than social expectations and ability-based variations.

Question no 3: Which are the mental health conditions in school students that require professional help?

This orienting question was presented to all the participants in order to assess the requirements for introducing mental hygiene curriculum concepts. Adolescence is generally considered as a transitional phase and student introspection through this question reveals higher needs for emotional and social well-being as compared to cognitive needs. The adolescent period of a student is marked by significant academic performance stress, emotional confusion and social expectation. Therefore, the students' concern (20-73-50) for training needs was more for addressing their emotional needs and social expectations over cognitive performance. The parent/teacher group (18-61-48) also expressed need for E and S focussed training.

Past epidemiological studies have revealed that in adolescent students, anxiety disorder was the most commonly occurring mental health condition followed by disruptive behaviour, depressive disorder and substance abuse (Polanczyk et al, 2015; Merikangas, 2009).

Question no 4: What are the specific factors that need to be addressed while training students about mental health?

The responses from the participants were more inclined towards emotional and social competence, personality and grooming for future soft skills and body image issues. The intent assumed coping with emotional and personal insecurities.

Few students (22%) indicated the need for continuous training along with other curricular topics taught at school, to create a significant impact. Parental agreeableness on providing school based mental health training (15-52-70) were dependent on encountering behavioural issues in their children, lack of motivation to study and other personalised expectations. Teacher responses (33%) on the other hand, were divided over concerns of increase in work load, issues related to training, doubts about the success and efficacy of this program and the continuity aspect of these programs.

Needs analysis through scientific curriculum development framework:

The feedback obtained through the online questionnaire was analysed by following a framework to formulate curriculum as proposed in a previous study (Kern, 2009). Curriculum development can be correlated with psychosocial developmental maturation as indicators of learner preparedness. The identified problems and assessed needs were tabulated following the six-step approach recommended by Kern (2009) to arrive at the learning outcomes that defines the dependent variable. Table 3 below, highlights the salient points on how to formulate the curriculum requirements regarding mental hygiene training of school children in India.

1. Problem Identification: Mental Health Issues in school students

a. The identified problem affects the following groups - Children & adolescents, Parents, Teachers, Society

- The holistic development of children in the school age population is affected

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- Quality of life of an individual, their family and society at large suffers as a result
- The development of the society is affected in general
- Proper functioning of school, home environment and working environment of the people gets also affected

b. Need Assessment:

✚ What is the current approach of students, teachers and parents?

- Individuals tend to hesitate to reach out to professionals mainly due to stigma associated with mental health issues
- The effect of stress, behaviour problems and other development related mental health issues in students are largely ignored, which in turn leads to mismanagement by the teachers and parents.
- This mismanagement leads to an increase in behavioural problems such as bullying, aggressive and violent behaviours in school setting.
- The rise of behavioural problems leads to a reduced interest in academic activities
- This in turn leads a student to become involved in impulsive pleasure-seeking behaviour especially substance abuse, and other personality related issues.

✚ Ideal Approach for combating the problem:

- Awareness programs must be introduced at the school level for students, teachers and parents alike.
- Students, parents & teachers must be taught about mental health issues occurring during this phase of development.
- Society members and professionals must participate actively for the welfare of school going students.
- Universal intervention programs must be compulsorily prescribed for training school students to identify the signs of mental health issues.

2. Targeted need assessment: Learners and Learning environment

a) Information about targeted learners: Students, Parents and Teachers

- Learners are not trained through a scientific curriculum to identify and rectify mental health issues
- Premium educational institutions have in-house medical and mental health counsellors to deal with the issues; currently it is not congruent to the ratio of population and their needs
- Students, teachers and parents need proper training to deal with mental health issues.
- Parental and societal awareness is considerably low regarding the benefit of adopting these sustainable practices in daily life.

b) Targeted needs of the Learning Environment

- Many national institutes have developed scientific and systematic material for training school students regarding universal intervention programs. However, information about targeted training material for mass utilization is limited.
- Standardized implementation of mental health training for school students faces stiff barriers in the form of lack of proper guidelines.

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- In order to manage and understand the impact of psychological problems, every teacher must first be trained adequately.
- There is a lack of an outcome-based curriculum and similarly trainers are virtually non-existent for training the students, teachers and parents.
- In order to successfully implement the program, it requires enthusiastic participation of students, teachers, professionals, administrators and other members of the society.

3. Goals & Objectives

• Goals

- To develop a competency-based curriculum so that school students can be trained in mental hygiene practices.
- To develop the parent and teacher training modules for sensitizing them about school mental health issues.

• Objectives or learning outcomes

- Describe the concept of well-being and the underlying factors that affect mental health conditions
- Demonstrate the common terms used to explain mental health issues which include, behavior, emotions, thoughts, mood, cognition, socialization, autonomy, development, high-risk behavior etc.
- Interpret the diversity of human behavior, ability, thoughts, feelings.
- Appraise national guidelines that protect an individual's personal issues such as confidentiality, ethical and cultural norms.
- Identify the various research methods employed to understand human behavior.
- Adopt sustainable & pro-environment behavior that can be adapted by the society.
- Prepared to adapt to the demands and challenges of life that helps in adjusting with difficulties.
- Differentiate linkages between individuals and society while working in teams or while networking.
- Discover systematic methods that promote mental well-being in school children.
- Determine autonomy as a factor which enables adolescents to become well-informed individuals.
- Demonstrate the necessary skills to evaluate the various life situations by self-deciding
- Extend and analyze the knowledge, skills and attitude regarding high-risk behaviors and situations.
- Employ methods in dealing with the psychological issues of adolescence
- Practice strategies to manage psychological issues that occurs through an individual's lifespan
- Demonstrate necessary skills related to employing psychological first aid.

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4. Educational Strategies

- ✚ Content of curriculum must be developed based on competencies with regard to knowledge skills and attitude.

Example for distribution of Knowledge and Skills related to a learning outcome:

- Learning outcome: Students will be able to demonstrate the common terms used for explaining mental health issues
- Knowledge: Familiarize with the concepts of Resilience, Development, Socialization, Behavior, Emotions, Cognition
- Skill: Demonstrate the use of terminologies in sentences to explain various emotions.
Example: I felt _____ when teacher did not appreciate my game score.
 - a. accusing the teacher
 - b. Sad
 - c. Depressed
 - d. Harming myself
- Teaching methods: Teachers to follow the teaching flow of Describe, Model, Role Play, Practice, Monitor Progress and Generalize when imparting knowledge to students
- Training modules must be developed for teachers to enhance their knowledge, skills and attitude.
- In order to sensitize the parents and other members of the community, periodic training and awareness camps must be held.

5. Implementation

- Addressing issues to the educational council of each country through the respective professional bodies. This would help in assessing the feasibility of the program.
- Barriers such as teacher training, human rights adherence, ethical guidelines and other professional regulations must be assessed before implementing the program.
- In order to successfully implement the changes, the new curriculum can be introduced on experimental basis to assess the efficacy

6. Evaluation & Feedback

- A Pre and Post evaluation check must be conducted whether systematic research methods were followed with regards to curriculum, teacher training, instructional methods, community participation and implementation of the program.
- Obtain periodic feedback and adopt measures for the successful conduct of the program

Adapted from: David KE, Thomas PA, Hughes MT, eds. Curriculum Development for Medical Education: A Six-Step Approach. 2nd ed. Baltimore (MD): Johns Hopkins University Press; 2009.

DISCUSSION

In this study, an established scientific methodology was used to derive the necessary competencies for training of school children on mental hygiene. The significance of following this type of training can positively impact the socio-emotional functioning of the

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society by increasing mental health awareness among school going students, parents and teachers, and thereby making future generations resilient by adopting healthy behaviour.

The current study was conducted to identify mental health awareness and needs of adolescents by distributing questionnaire among students, teachers and parents to derive learning outcomes for curriculum on mental hygiene. The mental awareness score significantly differed between the two groups and the group II consisting of teachers and parents scored higher. The participants expressed needs for mental hygiene curriculum to focus on emotional and wellness-based training that enhances resilience and strengthen coping strategies. Eagerness to adopt sustainable and healthy practices indicated higher mental health awareness and need for training that adopts scientific methodology. The second preference of training needs reflected through the responses provided by students, parents and teachers was for socially defined behaviour training. Social training programs that combined both risk-reduction and pro-social skills that nurtures conducive learning and positive growth have significant impact on students (Merrell, 2010). Though adolescence coincide with academic evaluations and stresses related to it along with social and emotional challenges; more preference for socio-emotional competency training and need for pro social skill training was indicated by students, teachers and parents. The needs indicated may be a reflection of observed risk factors among students during the pandemic, such as confronting behavioural issues, academic failure and poor attachment factors etc. However, self-development needs such as development of autonomy, identity, decision making and life skills were also identified by the authors as competencies to be included for training. The learning objectives derived for this curriculum are listed in the table above.

This curriculum proposes to include mental health literacy skills, social emotional competencies, sustainable behavior practices and life skills that can be taught as continuous course in middle and high school level. The outcomes are defined through corresponding knowledge, skills and attitudes and hence can be assessed for efficacy. An effective education is that which can be assessed for its curriculum plan, effectiveness of intervention and its implementation.

The results obtained in this study suggests approaches to develop curriculum for training school students on competencies in mental hygiene. They are a) Integrating skills related to mental health promotion and preventing disorders of common mental health issues, b) Incorporating socio-environmental and contextual factors to boost skill learning, c) By adopting competency based approach to make learning outcomes assessable on knowledge, skills and attitude, d) Teacher training programs must follow established scientific methodology for imparting training through experiential based content, instructional tools and methods, e) A separate teacher/parent training module must be implemented to address the concerns about student's welfare and for teachers and parents to voice out their own mental health problems. This would encourage mutual support and community participation, and f) implementation of curriculum corresponding to developmental stages of school students in a continuous mode will make mental health training more effective.

The concept of mental hygiene training includes integration of health education, promotion and prevention to develop flexibility in school students. Cognitive flexibility and affective flexibility are indicators of trait resilience (Genet, 2011). The core competencies intended to be developed in students through this curriculum are mental health literacy, adopting sustainable, pro-social and environment friendly behaviours, social and emotional

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competencies, autonomy development, life skills, information on high-risk behaviour and coping with situations. Emotional competence includes awareness of emotions of self and others, capacity for adaptive coping, that is congruent to the context and with sufficient vocabulary to communicate emotion (Francis,2020). Sensitising students about the importance of creating attitude corresponding to knowledge and skills enhances the effectiveness of experiential based training programs.

Table 4 Stage wise distribution for introducing the proposed learning outcomes.

Middle school	High school and above
Basic Concepts of Well being	Familiarize with the terminologies
Diversity of human behavior	Understanding the ethics and guidelines
Sustainable behavior practices	Scientific methods to understand behavior
Creating networks within the society	Adjusting with life demands
Promoting wellbeing among school children.	Developing autonomy & Decision-making process.
	Psychosocial factors of high- risk behavior.
	Overcoming adolescent psychological issues
	Life span approach to deal with psychological issues.
	Psychological First aid.

CONCLUSION

This study was conducted to formulate competency-based outcome for introducing concepts about mental hygiene training in adolescent school students. The mental health awareness level and needs of students were analyzed by surveying the responses of students, teachers and parents to a series of questions. Statistical analyses of mental health awareness showed significant difference between student group and teacher/parent group. The need requirements for emotional and psychological wellness, and training related to socially appropriate conduct through curriculum was observed. The need for self-development was also identified as a part of personal preparation, based on the responses obtained in the survey. The learning outcomes were drafted based on sustainable planning and social participation to ensure the program's stability and efficacy. The competencies suggested for development and training in this study focuses on analysing the demands and needs of situations, identifying and regulating emotions, strengthening coping ability and problem-solving methods. The study was conducted primarily in an Indian setting but it can be extended to a setting of diverse ethnic population to generalize the findings. For future research purposes, psycho-social hypotheses which are established as causative factors of mental illness can be compiled through meta-analyses for public education. Furthermore, inputs from research in neurosciences can be included for teaching students to adopt better practices for a sustainable lifestyle.

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Conflict of Interest

The author(s) declared no conflict of interest.

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