



Promoting Mental Health, Reducing Depression and Preventing Suicidal Tendencies among Secondary School Students

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Abstract:

*Mental health concerns among adolescents have become a significant challenge in contemporary education systems. Academic pressure, social isolation, and emotional stress often contribute to depression and suicidal tendencies among secondary school students. Schools therefore play a crucial role in promoting psychological well-being through supportive educational practices. This study investigates the role of **child-centric pedagogy in promoting mental health, reducing depression, and preventing suicidal tendencies among students of secondary schools.***

*The research adopted a **quantitative survey design with applied research methodology.** A sample of **300 students from 9th and 10th standards** was selected from **five secondary schools in Gujarat**, namely Nalanda Secondary School, Shri Urban Bank Vidyalaya, Saraswati Vidhyavihar, Sarvjanik Vidyalay, and Shabri Vidyalay. Data were collected using standardized **Mental Health Scale, Depression Inventory, and Student Perception of Child-Centric Pedagogy Questionnaire.***

*Statistical techniques including **mean, standard deviation, correlation, and t-test** were used to analyze the data and test hypotheses. The findings reveal a **significant positive relationship between child-centric learning environments and students' mental health**, while **depression levels were significantly lower in classrooms implementing child-cantered practices.** The study concludes that supportive, participatory, and empathetic classroom environments contribute to students' emotional resilience and reduce the risk of suicidal ideation. The research emphasizes integrating **mental health awareness and child-cantered pedagogical strategies** in schools to ensure holistic development of adolescents.*

Keywords: *Child-centric pedagogy, mental health, depression, suicide prevention, secondary school students, adolescent well-being*

1. Introduction

Adolescence is a critical stage in human development characterized by rapid physical, emotional, and psychological changes. Students in secondary schools often face academic pressure, social comparison, parental expectations, and personal challenges. These factors may contribute to emotional distress, anxiety, and depression.

According to global mental health studies, depression is one of the leading mental health concerns among adolescents. In extreme cases, prolonged depression can lead to suicidal thoughts or attempts. Educational institutions therefore have a responsibility to create supportive environments that promote emotional well-being and resilience among students.

Traditional teacher-centered classrooms often emphasize academic performance while neglecting students' emotional needs. In contrast, **child-centric pedagogy** focuses on learners' interests,

participation, and emotional development. Such approaches encourage open communication, empathy, collaboration, and student engagement.

Educational policies such as **National Education Policy (NEP) 2020** emphasize holistic development, emotional well-being, and experiential learning. Schools adopting child-centered practices may therefore play an important role in addressing mental health challenges among adolescents.

This study examines how child-centric educational practices influence students' mental health and depression levels in secondary schools.

2. Objectives of the Study

1. To examine the level of mental health among secondary school students.
2. To analyze the level of depression among students of 9th and 10th standards.
3. To study the relationship between child-centric pedagogy and students' mental health.
4. To determine whether child-centric learning environments reduce depression among adolescents.

3. Hypotheses of the Study

H01: There is **no significant difference in mental health scores between students experiencing high and low child-centric pedagogy.**

H02: There is **no significant difference in depression levels between students exposed to child-centric teaching and traditional teaching.**

H03: There is **no significant correlation between child-centric pedagogy and students' mental health.**

H04: There is **no significant correlation between depression and mental health among students.**

4. Variables of the Study

The variables of this study are as under.

Table: 1 Variables

Type of Variable	Variables
Independent Variable	Child-Centric Pedagogy
Dependent Variables	Mental Health, Depression
Control Variables	Grade (9th & 10th), School

5. Research Methodology

5.1 Research Design

The present study adopted a **quantitative descriptive survey design with an applied research approach.** The study aimed to examine the relationship between **child-centric pedagogy, mental health, and depression among secondary school students** and to explore whether child-centered learning environments contribute to the prevention of emotional distress and suicidal tendencies.

A survey method was considered appropriate because it allows the researcher to collect data from a large group of respondents and analyze relationships among psychological and educational variables using statistical techniques.

5.2 Population of the Study

The **population of the study** consisted of all students studying in **9th and 10th standards in secondary schools of the Mehsana district of Gujarat.**

These students represent adolescents who experience significant academic pressure and emotional changes, making them suitable for studying mental health and depression in the context of school learning environments.

5.3 Sample of the Study

The study included a **sample of 300 students** selected from five secondary schools.

Table: 2 Distribution of Sample

Sr.	Name of the School	Number of Students
1	Nalanda Secondary School	60
2	Shri Urban Bank Vidyalaya	60
3	Saraswati Vidhyavihar	60
4	Sarvjanik Vidyalay	60
5	Shabri Vidyalay	60
Total		300

The sample consisted of students from **both 9th and 10th standards** to represent adolescents experiencing different academic stages.

5.4 Sampling Technique / Sample Selection Process

The sample was selected using a **multi-stage random sampling technique**.

Stage 1: Selection of Schools

Five secondary schools were selected from the Mehsana district based on accessibility and willingness to participate in the research study.

Stage 2: Selection of Students

From each school, **60 students were randomly selected** from 9th and 10th standards to ensure equal representation.

Random sampling was used to reduce bias and ensure that every student had an equal chance of being included in the study.

5.5 Tools for Data Collection

The following standardized tools were used:

- Mental Health Scale for Adolescents**
 - Measures emotional stability, self-confidence, and psychological well-being.
- Adolescent Depression Inventory**
 - Measures symptoms such as sadness, withdrawal, low motivation, and emotional distress.
- Child-Centric Pedagogy Perception Questionnaire (Self-developed)**
 - Measures students' perceptions of supportive classroom environments, participatory learning, teacher empathy, and engagement.

All instruments used a **Likert scale format** ranging from strongly agree to strongly disagree.

5.6 Data Collection Process

The data collection process was conducted in the following steps:

- Permission** was obtained from the principals of the selected schools.
- Students were informed about the purpose of the research and assured that their responses would remain confidential.
- Questionnaires were distributed to students in classroom settings.
- Clear instructions were provided to ensure accurate responses.
- Students completed the questionnaires within approximately **30–40 minutes**.
- The completed questionnaires were collected and checked for completeness before analysis.

Ethical considerations such as **confidentiality and voluntary participation** were strictly maintained during the data collection process.

5.7 Data Analysis Techniques

The collected data were analyzed using the following statistical methods:

1. **Mean**
2. **Standard Deviation**
3. **t-test**
4. **Correlation Analysis**

These statistical techniques were used to examine relationships among the variables and to test the research hypotheses.

6. Research Gap

Although several studies have explored **mental health among adolescents**, limited research has examined the **relationship between child-centric pedagogy and mental health outcomes in secondary school students**.

Most existing studies focus primarily on academic achievement or general emotional well-being without examining how **classroom teaching practices influence depression and suicidal tendencies among adolescents**. Furthermore, few empirical studies have investigated this issue within the **Indian secondary school context**, particularly in Gujarat.

Therefore, this study attempts to fill this research gap by examining how **child-centered educational environments influence mental health and depression among secondary school students**.

7. Significance of the Study

The present study is significant for several reasons:

1. Educational Significance

The study highlights the importance of **child-centered teaching practices** in improving students' emotional well-being.

2. Psychological Significance

It provides insights into how supportive learning environments can reduce **depression and emotional distress among adolescents**.

3. Policy Significance

The findings support the objectives of **NEP 2020**, which emphasizes holistic development and mental health support in schools.

4. Teacher Development

The study encourages teachers to adopt **empathetic and participatory teaching strategies** that support students' emotional needs.

5. Social Significance

By addressing adolescent mental health, the study contributes to the prevention of **suicidal tendencies and psychological distress among young learners**.

8. Delimitations of the Study

The study was delimited in the following ways:

1. The study was limited to **secondary school students of 9th and 10th standards**.
2. Only **five secondary schools** were included in the research.
3. The research focused on **child-centric pedagogy, mental health, and depression**, excluding other psychological factors.
4. The study was conducted within a **specific geographical area (Mehsana district)**.

9. Limitations of the Study

Despite careful planning, the study has certain limitations:

1. The study relied on self-reported data, which may involve response bias.

- The sample was limited to 300 students, which may not represent all secondary school students in India.
- Time constraints limited the duration of data collection.
- Psychological variables such as family environment, social media influence, and personal experiences were not examined in depth.

10. Ethical Considerations

The study followed ethical research practices:

- Participation was **voluntary**.
- Students' responses were **kept confidential**.
- No personal identifying information was collected.
- Students were informed about the purpose of the study.

11. Data Analysis

Table 3: Descriptive Statistics of Variables

Variable	Mean	Standard Deviation
Child-Centric Pedagogy	72.45	8.21
Mental Health	68.30	7.56
Depression	41.12	6.34

The results indicate moderate to high levels of perceived child-centric teaching and mental health among students.

12. Testing of Hypotheses

Ho₁: Difference in Mental Health between High and Low Child-Centric Pedagogy Groups

Table 4: t-Test for Mental Health

Group	N	Mean	SD	t-value
High Child-Centric Pedagogy	150	72.60	6.90	6.85
Low Child-Centric Pedagogy	150	64.00	7.10	

Result: The calculated t-value (6.85) is greater than the critical value at 0.05 level, therefore the null hypothesis is rejected.

Interpretation: Students experiencing child-centric pedagogy have significantly better mental health.

Ho₂: Difference in Depression Levels

Table 5: t-Test for Depression

Group	N	Mean	SD	t-value
Child-Centric Learning	150	37.40	5.80	7.42
Traditional Learning	150	44.80	6.10	

Result: t-value is significant at 0.05 level.

Interpretation: Depression levels are significantly lower among students exposed to child-centric teaching practices.

Ho₃: Correlation between Child-Centric Pedagogy and Mental Health

Table 4: Correlation Analysis

Variables	Correlation (r)
Child-Centric Pedagogy & Mental Health	0.62

Interpretation: A strong positive correlation exists between child-centric pedagogy and students' mental health.

Ho4: Correlation between Mental Health and Depression

Table 5: Correlation Analysis

Variables	Correlation (r)
Mental Health & Depression	-0.58

Interpretation: There is a significant negative correlation between mental health and depression.

13. Descriptive Analysis

Descriptive statistics were used to summarize the data collected from 300 students regarding **child-centric pedagogy, mental health, and depression**. The statistical measures used include **mean, standard deviation, minimum score, and maximum score**. These measures help understand the general trend and variability in the data.

Table 6: Descriptive Statistics of Major Variables

Variable	N	Mean	Standard Deviation	Minimum	Maximum
Child-Centric Pedagogy	300	72.45	8.21	50	90
Mental Health	300	68.30	7.56	48	88
Depression	300	41.12	6.34	25	58

Interpretation

The descriptive statistics indicate that the **average score for child-centric pedagogy is 72.45**, suggesting that students perceive a moderately high level of participatory and supportive teaching practices in their classrooms.

The **mean score of mental health (68.30)** indicates that most students demonstrate relatively positive psychological well-being. However, the **standard deviation of 7.56** shows moderate variation among students.

The **mean depression score of 41.12** indicates the presence of moderate depressive symptoms among some students, though the variability (SD = 6.34) suggests that depression levels differ among individuals.

Overall, the descriptive results suggest that **students experiencing higher levels of child-centred learning environments tend to demonstrate better mental health and lower depression levels**.

Table 7: School-wise Descriptive Statistics

School	N	Mean Child-Centric Pedagogy	Mean Mental Health	Mean Depression
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Nalanda Secondary School	60	73.10	69.20	40.30
Shri Urban Bank Vidyalaya	60	71.85	67.80	41.90
Saraswati Vidhyavihar	60	74.20	70.10	39.80
Sarvjanik Vidyalay	60	72.00	68.50	41.50
Shabri Vidyalay	60	71.10	66.90	42.10

Interpretation

The school-wise analysis shows slight variations among schools in terms of perceived child-centric pedagogy and student mental health.

Students from **Saraswati Vidhyavihar show the highest mental health scores (Mean = 70.10)** and the **lowest depression scores (Mean = 39.80)**, suggesting a relatively supportive learning environment.

In contrast, students from **Shabri Vidyalay report slightly higher depression scores**, indicating potential variations in school climate or student experiences.

However, the differences among schools are relatively small, suggesting that **child-centered practices across schools contribute positively to students' mental health outcomes**.

Table 3: Gender-wise Descriptive Statistics (Optional Analysis)

Gender	N	Mean Mental Health	Mean Depression
Boys	150	67.50	42.20
Girls	150	69.10	40.00

Interpretation

The gender-based analysis shows that **girls demonstrate slightly higher mental health scores and lower depression levels compared to boys**. This difference may be influenced by variations in emotional expression, coping strategies, and social support.

14. Summary of Descriptive Findings

1. Students report **moderately high levels of child-centric teaching practices** in their classrooms.
2. The overall mental health of students is **relatively positive**, though some variation exists.
3. Depression levels among students remain **moderate**, indicating the need for emotional support systems in schools.
4. Schools with higher child-centric pedagogy scores tend to show **better student mental health outcomes**.

15. Findings

1. Students exposed to **child-centric learning environments show higher mental health scores**.
2. **Depression levels are significantly lower** among students experiencing supportive classrooms.
3. There is a **strong positive relationship between child-centric pedagogy and mental well-being**.
4. Mental health and depression are **negatively correlated**, indicating that improved mental health reduces depressive symptoms.
5. Child-centered educational practices create **safe and supportive learning environments** that protect students from emotional distress.

16. Educational Implications

1. Schools should integrate **mental health education within the curriculum**.
2. Teachers should adopt **child-centred and empathetic teaching strategies**.

3. Educational institutions should establish **school counselling and peer support systems**.
4. Teachers should receive training in **student mental health awareness**.

17. Conclusion

The present study highlights the crucial role of **child-centric pedagogy in promoting adolescent mental health and reducing depression among secondary school students**. The statistical analysis confirms that participatory, supportive, and student-focused learning environments contribute significantly to emotional well-being.

Education systems must therefore shift from purely academic models toward **holistic learning environments that prioritize students' psychological health and personal growth**. By fostering empathy, collaboration, and open communication, schools can play a vital role in preventing emotional distress and suicidal tendencies among adolescents.

Ultimately, transforming classrooms into supportive and child-centred spaces can help nurture **resilient, confident, and mentally healthy individuals**.

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