

Teacher-Student Relationships Strengthen Mental Health Education in Primary Schools

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Abstract

- Purpose** : This study investigates the role of teacher-student relationships in strengthening mental health education in primary schools. It addresses the question of how teachers and students understand mental health, how teachers implement mental health education, and what factors support or constrain its implementation.
- Method** : A qualitative descriptive design was employed at UPTD SDN 80 Kuri Lompo, Maros, South Sulawesi, involving the principal, classroom teachers, and students from Grades IV-VI as participants. Data were collected through non-participant observation, semi-structured interviews, and documentation, and were analyzed through qualitative data reduction, presentation, interpretation, and triangulation.
- Results** : The findings show that teachers and the principal possess a positive and holistic understanding of student mental health, although this understanding has developed primarily through teaching experience and general training rather than specialized mental health training. Students generally experience school as a comfortable environment, but experiences of teasing, academic anxiety, and varying emotional regulation remain evident. Teachers strengthen mental health education through warm communication, positive reinforcement, private correction, restorative conflict resolution, and social-emotional activities embedded in P5. Strong teacher-student relationships, teacher collaboration, and supportive school leadership facilitate these practices, whereas the absence of counseling personnel and facilities, limited specialized training, time constraints, and limited parental involvement constrain them.
- Conclusion** : The findings suggest that relational teacher practices can sustain mental health education, but institutional support is essential for its systematic and sustainable implementation.

Keywords: Teacher-student relationships; mental health education; primary schools; teacher commitment; student well-being; social-emotional learning.

1. Introduction

Mental health has become an increasingly important dimension of educational quality because children's psychological well-being is closely connected with their capacity to learn, participate, form relationships, regulate emotions, and adapt to everyday school demands. Schools are therefore no longer viewed merely as places for academic instruction but also as important settings for promoting mental health, preventing psychosocial difficulties, and creating supportive

environments for children. A global policy review of school-based mental health promotion found that international frameworks increasingly recommend comprehensive approaches in which schools create enabling environments while integrating prevention, promotion, and support within broader school-health systems (Margaretha et al., 2023). This concern is particularly relevant in Indonesia, where evidence has documented mental health and psychosocial challenges among school-aged populations. For example, research on Indonesian elementary school children has identified anxiety as an important mental health concern because of its implications for children's social and academic functioning (Niman et al., 2021). Consequently, strengthening mental health education in primary schools requires attention not only to formal programs but also to the everyday relationships through which children experience safety, recognition, emotional support, and belonging.

In this study, mental health education refers to educational efforts that develop students' understanding, emotional regulation, social functioning, psychological well-being, and capacity to respond constructively to everyday challenges within the school environment. It should be distinguished from clinical mental health treatment because its primary emphasis is preventive and promotive rather than diagnostic or therapeutic. Teacher-student relationships, meanwhile, refer to the quality of interpersonal interaction between teachers and students, including warmth, responsiveness, communication, trust, emotional availability, and respectful conflict management. A simple example is a teacher who notices that a normally active child becomes withdrawn, privately asks about the child's experience, listens without judgment, provides encouragement, and helps the child resolve a conflict with peers. Such interaction simultaneously represents a pedagogical practice and a form of everyday mental health support. This relational dimension is theoretically important because evidence indicates that the quality of teacher-student relationships is associated with children's emotional regulation, school adjustment, self-concept, peer acceptance, and behavioral outcomes (Quin, 2017; Spilt et al., 2022). A systematic review by Sankalaite et al. (2021), which examined 18 studies involving preschool and primary-school children, specifically showed that teacher-student interactions can contribute to children's executive functioning and self-regulation.

Recent research provides further evidence that teachers occupy a strategic position in school-based mental health promotion. In one systematic review, Goodwin et al. (2023) examined teachers' views and experiences of student mental health and well-being programs and showed that teachers are frequently expected to implement such initiatives, making their knowledge, confidence, and perceptions important determinants of implementation. Similarly, Baffsky et al. (2023) systematically reviewed implementation strategies for universal school-based mental health prevention programs. Across 21 empirical studies, the strongest evidence concerned strategies involving monitoring and feedback, principal engagement, teacher buy-in, and implementation meetings, indicating that successful mental health promotion depends not only on the existence of an intervention but also on the organizational and relational conditions supporting teachers' implementation. These findings imply that teachers should be understood not simply as program deliverers but as key actors who translate mental health principles into everyday classroom practices.

In contrast, evidence also indicates that teachers may face substantial limitations in fulfilling this role. O'Farrell et al. (2023), through a systematic review of teachers' perceived barriers to mental health assessment in schools, highlighted limitations related to knowledge, confidence, resources, role expectations, and institutional arrangements. Likewise, Beames et al. (2023) reviewed 88 studies of interventions targeting teachers' mental health, professional burnout, and well-being, with 46 studies included in meta-analyses, demonstrating the growing recognition that teachers' own well-being and professional capacity are integral to school mental health systems. These studies suggest an important distinction between formal mental health provision and relational mental health support: a school may lack specialized services while teachers nevertheless provide meaningful emotional and social support through routine interactions. Understanding this distinction is particularly important in primary schools where children spend substantial time with classroom teachers and may communicate emotional difficulties indirectly through behavior, participation, or peer relationships.

Research from Indonesia reinforces the importance of examining the teacher's role in this context. Ramadhanti et al. (2023) investigated the role and obstacles of elementary school teachers in managing fifth-grade students' mental-emotional health at Kebarepan 1 Elementary School. Using a school-based qualitative approach, the study found that teachers played a crucial role in managing students' emotional and mental health, while also encountering obstacles in carrying out this responsibility. Similarly, Handayani et al. (2021) examined mental health literacy among junior high school students and demonstrated the importance of understanding students' own mental health knowledge rather than viewing mental health exclusively from adult perspectives. In another Indonesian study, Pratiwi and Djuwita (2022) analyzed national Global School-Based Student Health Survey data to investigate lifestyle factors associated with adolescent mental health, illustrating that students' psychological well-being is influenced by multiple interconnected social and behavioral conditions. Together, these studies imply that effective school mental health promotion should consider both the institutional role of teachers and the lived experiences of students.

The existing literature therefore establishes several important points. First, schools are strategically positioned to promote children's mental health because they provide sustained social, educational, and relational environments. Second, teachers are central actors in this process because their daily interactions can influence students' emotional regulation, adjustment, sense of safety, and social development. Third, formal mental health programs can be strengthened when teachers possess sufficient knowledge, confidence, institutional support, and leadership commitment. Finally, students' own experiences and perceptions are essential for understanding whether school environments actually function as psychologically supportive spaces. Nevertheless, much of the recent literature has emphasized structured interventions, mental health literacy, program effectiveness, teacher preparedness, or adolescent populations rather than examining how mental health education is enacted organically through teacher-student relationships in ordinary primary-school settings. Systematic reviews have also emphasized the challenge of translating evidence-based programs into real-world school contexts (Baffsky et al., 2023).

This limitation reveals an important research gap. Relatively less is known about what happens when a primary school does not have a formally structured mental health education

program but teachers nevertheless perform mental health-supportive practices through everyday relationships. This gap is especially relevant in Indonesia, where school contexts vary considerably in access to counseling personnel, specialized training, facilities, and parental support. Existing Indonesian studies have addressed teachers' roles, student mental health literacy, and broader psychosocial conditions, but there remains a need for an integrated qualitative account that brings together teachers' understanding, students' perspectives, teachers' everyday practices, and the supporting and constraining conditions surrounding those practices. The present study responds to this gap by examining UPTD SDN 80 Kuri Lompo in Maros, South Sulawesi, where mental health education provides a particularly useful case for understanding how relational resources may compensate, at least partially, for limited formal institutional provision.

Accordingly, this study aims to examine how teacher-student relationships strengthen mental health education in a primary-school context. More specifically, it addresses four questions: (1) How do teachers and school leaders understand the importance of mental health education for primary-school students? (2) How do students perceive mental health and experience its application in everyday school life? (3) What practices do teachers use to support students' mental health within and beyond classroom learning? and (4) What factors support or constrain the implementation of mental health education in the school? These questions are exploratory rather than hypothesis-testing because the study seeks to understand meanings, experiences, practices, and contextual mechanisms as they occur naturally.

To address these questions, the study employs a qualitative descriptive design, appropriate for examining participants' experiences and interpretations in their natural educational setting. Data were obtained from the principal, classroom teachers, and students in Grades IV-VI through non-participant observation, semi-structured interviews, and documentation. The use of multiple data sources enables triangulation between what participants report and what is observable in school practices. The analytical logic moves from identifying participants' understandings and experiences to examining concrete teacher practices and finally interpreting the relational and institutional factors that enable or constrain those practices. Based on previous evidence, the study expects that supportive teacher-student relationships will emerge as an important mechanism through which mental health education is enacted, particularly where formal specialized services are limited.

The study contributes to the literature in three ways. Theoretically, it positions teacher-student relationships as a relational mechanism through which mental health education can be enacted in everyday primary-school practice, complementing intervention-centered perspectives on school mental health. Empirically, it provides an integrated account of teacher and student perspectives rather than examining either group in isolation. Practically, it identifies how simple relational practices such as warm communication, positive reinforcement, respectful correction, and restorative responses to conflict can contribute to students' psychological well-being while also revealing the institutional conditions required to sustain them. The study therefore moves the discussion beyond whether schools have formal mental health programs toward the more context-sensitive question of how mental health support is actually lived and practiced through relationships in everyday primary education.

2. Method

Research Design

This study employed a qualitative descriptive research design to examine how teacher-student relationships support mental health education in a primary-school context. A qualitative approach was selected because the research questions concerned participants' understanding, experiences, everyday practices, and perceptions of mental health education, which require contextual description rather than statistical measurement or hypothesis testing. The study was conducted in the natural school setting so that interactions between teachers and students and the implementation of mental health-supportive practices could be examined as they occurred in everyday educational activities. The manuscript identifies four main analytical constructs: teachers' understanding of mental health education, students' perspectives and experiences of mental health, teachers' implementation practices, and supporting and constraining factors.

Mental health education was operationally understood as conscious and planned educational efforts intended to develop students' understanding, attitudes, and skills that support psychological well-being within the school environment. Teacher-student relationships were examined through observable forms of communication and interaction, including teachers' responsiveness to students, emotional support, positive reinforcement, conflict management, and the creation of a safe and respectful classroom atmosphere. The study did not treat these constructs as statistically measurable variables; instead, they functioned as qualitative areas of inquiry guiding observation, interviews, documentation, and subsequent thematic interpretation.

Participants

The study was conducted at UPTD SDN 80 Kuri Lombo, located in Dusun Kuri Lombo, Desa Nisombalia, Kecamatan Marusu, Kabupaten Maros, South Sulawesi, Indonesia. Data collection took place for approximately one month during the second semester of the 2025/2026 academic year. The school was selected because mental health education had not previously been examined specifically in this setting and because its school context provided an appropriate setting for exploring how teachers and students understood and experienced mental health in everyday educational interactions.

Participants were selected using purposive sampling, which was appropriate because the study required participants who could provide information directly relevant to the research questions. The participant groups consisted of the school principal, classroom teachers, and students in Grades IV, V, and VI. The principal was included because of their knowledge of school policies and student development, classroom teachers because they directly interacted with students and implemented learning activities, and upper-grade students because they were able to articulate their experiences and perspectives concerning school life and mental health.

The source manuscript does not provide a sufficiently explicit numerical breakdown of the total number of participants in the available methodological material. Therefore, the final journal manuscript should insert the exact number of principals, teachers, and students interviewed rather than estimating or reconstructing the sample size. Likewise, demographic information such as participants' ages, gender distribution, teaching experience, and students' individual characteristics should only be reported if these data were actually collected.

Instruments

Because the study used a qualitative design, the researcher served as the primary instrument. The researcher was directly involved in determining the research focus, selecting participants, collecting data, analyzing information, and developing the conclusions. Supporting instruments consisted of an observation guide, semi-structured interview guides, an audio recorder, camera/mobile phone for documentation, field notes, and documentation sheets.

The interview and observation instruments were developed from the four research questions. The first focus concerned teachers' understanding of mental health, including their definitions, perceived benefits, and perceived urgency of mental health education. The second concerned students' understanding and experiences, including their sense of safety and relationships with peers. The third addressed teachers' practices, particularly learning strategies, habituation, and communication with students. The fourth examined supporting and inhibiting factors, including school programs, teacher collaboration, parental support, and implementation barriers.

A non-participant observation guide was used to systematically document teacher-student interactions, classroom conditions, school atmosphere, teacher communication, social-emotional practices, and activities associated with mental health education. The semi-structured interview format was selected to ensure that all participants were asked questions relevant to the research focus while allowing the researcher to develop follow-up questions when participants introduced relevant experiences or explanations. The manuscript does not report psychometric validity or reliability coefficients because the instruments were qualitative rather than standardized measurement scales. Instead, methodological rigor was supported through triangulation of sources and techniques and member checking.

Data Collection

Data collection was conducted chronologically through the following stages. First, preparation and access. The researcher established access to UPTD SDN 80 Kuri Lompo, determined the relevant participants, and prepared the observation, interview, and documentation instruments according to the four research questions.

Second, participant selection. Participants were identified purposively based on their relevance to the study. The principal and classroom teachers were selected as adult informants with knowledge of school policies and classroom practices, while students from Grades IV-VI were selected to provide direct accounts of their experiences and perceptions.

Third, observation. The researcher conducted direct non-participant observations within the school environment. The researcher observed teacher-student interactions during learning activities, classroom atmosphere, teacher communication, social-emotional practices, student interactions, and other activities relevant to mental health education without becoming directly involved in the observed activities.

Fourth, semi-structured interviews. Interviews were conducted with the principal, teachers, and selected students using guides derived from the research questions. Questions addressed understanding of mental health, students' experiences, teacher practices, and factors supporting or constraining mental health education. The semi-structured format enabled the researcher to maintain consistency across participants while probing relevant issues that emerged during individual interviews.

Fifth, documentation. Relevant school documents and photographic or other field documentation were collected to complement interview and observation data. Documentation was used as supporting evidence rather than as a substitute for participants' accounts.

Sixth, data verification. Information obtained through interviews, observations, and documentation was compared across sources. The study used source triangulation, technique triangulation, and member checking to strengthen the credibility of the resulting interpretation.

The complete data-collection period lasted approximately one month during the second semester of the 2025/2026 academic year, from initial observation through preparation of the research report.

Data Analysis

The data were analyzed qualitatively because the purpose was to identify patterns in participants' meanings, experiences, practices, and contextual conditions rather than calculate statistical relationships. The analysis followed an iterative process of data reduction, data organization/display, interpretation, and conclusion development.

First, interview recordings, observation notes, field notes, and documentation were organized according to the four research focuses. Second, the researcher reduced the data by identifying information directly relevant to teachers' understanding, students' perspectives, teacher practices, and supporting or inhibiting factors. Third, related information was organized into thematic categories so that patterns could be compared across participant groups and data-collection techniques. Fourth, emerging patterns were interpreted by comparing evidence from teachers, students, observations, and documents. Finally, conclusions were developed only after the identified interpretations had been checked against the available evidence.

The analysis emphasized triangulation rather than statistical significance testing. Interview statements were compared with observational evidence and documentation, while perspectives from different participant groups were examined for convergence and divergence. Member checking was subsequently used to verify the credibility of the interpretations. The manuscript does not report the use of specialized qualitative analysis software; therefore, no software should be added to the Methods unless it was actually used during the research.

Ethical Considerations

The study involved primary-school children and therefore required particular attention to confidentiality, voluntary participation, and protection of participants during data collection. Participation was treated as voluntary, and information obtained from participants was used solely for research purposes. Personal identities should be anonymized in the reporting of interviews and observations, particularly for student participants, and quotations should be presented using participant codes rather than identifiable names.

3. Results

The results are presented according to the four research questions: (1) teachers' and the principal's understanding of mental health education, (2) students' perspectives and experiences, (3) teachers' practices in supporting students' mental health, and (4) factors supporting or constraining implementation. The dataset comprised 13 informants one principal, three classroom teachers, and nine students from Grades IV–VI and eight field observations. The findings below are

based on interview data, observation records, documentation, and the triangulation procedures reported in the manuscript.

Teachers' and School Leaders' Understanding of Mental Health Education

All four adult informants the principal (KS) and three classroom teachers (G4, G5, and G6) described mental health in broad rather than purely clinical terms. Their descriptions included students feeling comfortable at school, managing emotions, interacting positively with peers, maintaining confidence, coping with learning difficulties, and continuing to participate in learning. All four informants also identified mental health education as important for primary-school students.

The reasons given for emphasizing mental health differed across informants. The principal and Grade V teacher referred to contemporary challenges and students' exposure to mobile phones and social media. The Grade IV teacher described a case in which a student's declining academic performance coincided with family difficulties. The Grade VI teacher identified academic pressure, concerns about grades, and comparison with peers as issues affecting older primary-school students.

Despite the consistency of their conceptual descriptions, none of the four adult informants reported having received specialized training specifically addressing children's mental health. Their relevant preparation consisted of general training in areas such as the Merdeka Curriculum, character education, differentiated learning, and child protection, supplemented by teaching experience and discussions with colleagues.

Students' Perspectives and Experiences of Mental Health at School

All nine student informants from Grades IV, V, and VI reported that they were happy to be at school. Their explanations primarily referred to friendships and the variety of learning activities. Students differed in their communication styles: some were expressive and open during interviews, whereas others provided shorter and more reserved responses.

Students reported different strategies for managing negative emotions. Seven of the nine students stated that they tended to remain quiet initially when feeling sad or disappointed before later talking to friends or teachers. One student described reading books in the library as a specific strategy for distraction and emotional regulation.

An unexpected finding concerned students' experiences of peer teasing. Eight of nine students reported having experienced or witnessed verbal teasing, predominantly related to physical characteristics such as body shape, skin color, or body size. The observation data also recorded instances of mild teasing or the use of physical nicknames among students. Students described different responses to such incidents, including confronting the student involved, reporting the incident to a teacher, accompanying the affected student, or initially treating the behavior as a joke.

Academic anxiety was reported by all nine students. Mathematics was identified as the subject most frequently associated with anxiety, mentioned by five of the nine students. Students in Grade VI additionally described feelings of embarrassment and disappointment associated with low academic performance.

All nine students were able to describe concrete activities associated with the *Projek Penguatan Profil Pelajar Pancasila* (P5), including planting flowers, cleaning the environment, making posters,

and group work. However, two students (2/9) did not initially recognize the term “P5” even though they recognized and had participated in the activities after the program was described to them.

When asked about their expectations of the school, eight of nine students predominantly mentioned physical facilities, including a sports field, Wi-Fi, a canteen, and a library. One student explicitly expressed a relational expectation concerning greater respect among peers.

Teachers’ Practices in Supporting Students’ Mental Health

All three classroom teachers reported using informal practices to support students’ emotional and social well-being during learning activities. These practices included brief conversations at the beginning of lessons, private correction, ice-breaking activities, and positive reinforcement focused on students’ learning processes and willingness to try rather than solely on final performance.

In cases involving peer conflict or bullying, all three teachers reported using a restorative approach. The reported procedure involved bringing the students involved into a mediated conversation, asking them to explain what had happened, and encouraging them to consider the feelings of the other student rather than relying solely on punishment.

The teachers also incorporated social-emotional values into learning activities and P5. These included cooperation, caring, leadership, empathy, responsibility, and helping peers. The three teachers reported using P5 activities to provide opportunities for students to work together and demonstrate these behaviors.

A further relational practice was reported by the Grade VI teacher, who described efforts to learn about students’ family circumstances, daily routines, living arrangements, and responsibilities at home. This teacher reported using knowledge of students’ backgrounds when responding to differences in students’ behavior.

The observation records corresponded with these reported practices. The observed activities included teachers greeting students personally, providing positive responses when students made mistakes, approaching a student who was sitting alone during recess, handling a student conflict through separate conversations and an apology process, incorporating cooperation and empathy into classroom activities, and observing active participation and peer assistance during P5 activities.

Factors Supporting and Constraining Mental Health Education

All four adult informants identified several supporting factors. These included close teacher–student relationships, collaboration and discussion among teachers, and an open school leadership style. The relatively manageable number of students per class was also identified in the interviews as facilitating closer teacher–student interaction.

Three constraints were reported consistently by all four adult informants (4/4): the absence of a counseling teacher and dedicated counseling room, limited specialized training in children’s mental health, and teachers’ limited time because of teaching and administrative responsibilities.

Parental involvement emerged less consistently. Some adult informants described parents as cooperative when contacted by the school, whereas others reported that some parents regarded students’ school-related problems as ordinary matters or considered them primarily the school’s responsibility.

Observation data documented the absence of a dedicated counseling room. Personal student support was conducted in the teachers’ room or principal’s room. The observations also recorded a

generally comfortable classroom environment and positive teacher–student interactions, alongside occasional mild teasing among students.

Cross-Source Triangulation of the Findings

The interview and observation data showed convergence across the principal, teachers, students, and direct observations. Specifically, the teacher practices reported in interviews were also observed in the field, including supportive responses to students’ mistakes, restorative handling of conflict, teacher attention to students displaying behavioral changes, and the use of P5 for social-emotional activities. The reported occurrence of mild physical or nickname-based teasing was reported by 8/9 students and was also observed directly. The absence of a counseling teacher and dedicated counseling room was reported by all four adult informants and confirmed through observation.

The manuscript reports that no major contradictory data were identified between the interview and observation sources. Following the interviews, member checking was also conducted, and the informants confirmed the core summaries of their responses.

Table 1. Summary of Key Empirical Findings

Research question	Key empirical finding	Supporting evidence
Teachers’ understanding	Adult informants described mental health holistically and regarded mental health education as important	4/4 adult informants
Specialized preparation	No adult informant had received specific training in children’s mental health	4/4 adult informants
Students’ school experience	Students reported being happy at school, primarily citing friendships and learning activities	9/9 students
Emotional regulation	Most students initially remained quiet before talking to others; one reported reading as a coping strategy	7/9; 1 specific case
Peer teasing/bullying	Students reported or witnessed verbal teasing, mainly related to physical characteristics	8/9 students; confirmed by observation
Academic anxiety	Students reported anxiety before tests; mathematics was most frequently mentioned	9/9; mathematics 5/9
P5 participation	Students described concrete P5 activities despite some not recognizing the formal label	9/9 participated/described activities; 2/9 did not recognize “P5”
Teacher practices	Teachers used informal relational, supportive, and restorative practices	3/3 teachers; confirmed by observation
Supporting factors	Close teacher–student relationships, teacher collaboration, and supportive leadership	4/4 adult informants

Main constraints	No counseling teacher/room, limited specialized training, and limited teacher time	4/4 adult informants
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Overall Pattern of Findings

Across the four research questions, the data show that mental health-related practices were present in routine classroom interaction, student relationships, conflict management, and P5 activities. At the same time, the data identified continuing student experiences of peer teasing and academic anxiety, alongside the absence of dedicated counseling personnel and facilities and the lack of specialized teacher training. The reported practices were consistently identified across interview and observation data, while the student data provided additional evidence of both supportive school experiences and continuing social-emotional challenges.

4. Discussion

This study shows that mental health education at UPTD SDN 80 Kuri Lompo is already embedded in everyday school life, but largely through relationships and informal teacher practices rather than through a formal mental health program. Teachers and the principal expressed a broad understanding of students' mental health, while students generally experienced school positively and described teachers as approachable. At the same time, peer teasing, academic anxiety, and difficulties in emotional regulation remained present. Teachers responded through supportive communication, positive reinforcement, private correction, restorative conflict management, and P5 activities. These practices were facilitated by close teacher–student relationships, teacher collaboration, and supportive leadership, but constrained by the absence of counseling personnel and facilities, limited specialized training, time pressures, and uneven parental involvement.

The first research question, concerning teachers' and school leaders' understanding of mental health education, was supported. The findings indicate that participants did not conceptualize mental health narrowly as the absence of psychological disorders. Instead, they associated it with comfort at school, emotional regulation, confidence, social relationships, and the capacity to cope with learning difficulties. This broad understanding is consistent with contemporary school mental health approaches that position schools as environments for promotion and prevention rather than merely sites for responding to diagnosed problems (Margaretha et al., 2023).

The second research question, concerning students' perspectives and experiences, was also supported. Students described school as generally enjoyable and socially meaningful, but their accounts simultaneously revealed persistent psychosocial pressures. Peer teasing and academic anxiety demonstrate that a generally positive school climate does not eliminate experiences that may challenge students' psychological well-being. Particularly important is the coexistence of positive teacher relationships with continuing peer difficulties. Thus, supportive teacher relationships should not be understood as a complete substitute for systematic prevention and intervention.

The third research question, concerning teachers' practices, was strongly supported. Teachers were not simply transmitting information about mental health; they were enacting mental health-supportive practices through ordinary pedagogical interactions. The findings therefore suggest that

mental health education can occur through the way teaching is conducted, not only through explicit lessons labelled “mental health.”

The fourth research question, concerning enabling and constraining factors, was likewise supported. Relational resources were strong, whereas institutional resources were comparatively limited. The resulting pattern is one in which individual teachers compensate for weaknesses in formal school infrastructure. This distinction is central to understanding the contribution of the study.

The most important theoretical interpretation is that teacher–student relationships function as a relational mechanism through which mental health education becomes embedded in everyday schooling. The teachers’ practices greeting students, initiating informal conversations, listening to difficulties, encouraging students after mistakes, correcting privately, and facilitating reconciliation after conflict create repeated interpersonal experiences in which students can experience recognition and psychological safety.

This interpretation is consistent with attachment-informed perspectives on teacher–student relationships. A systematic review by García-Rodríguez et al. (2023) found that primary-school teachers can function as attachment figures and emotional secure bases, with teacher–student relationship quality associated with school adjustment, behavior, peer acceptance, self-concept, and emotional regulation. Similarly, Sankalaite et al. (2021), reviewing 18 studies involving preschool and primary-school children, found evidence linking teacher–student interaction with executive functioning and self-regulation.

The present findings extend these arguments by showing how such relational processes may operate in a resource-constrained primary school. Emotional support was not delivered through a specialized therapeutic service; it was embedded in classroom communication and routine teacher responses. The mechanism appears to be cumulative: repeated respectful interactions create opportunities for students to disclose difficulties, receive encouragement, regulate emotions, and repair social relationships. The relationship is therefore not merely an outcome of good teaching; it becomes part of the school's informal mental health infrastructure.

The finding also corresponds with Endedijk et al. (2022), whose meta-analysis demonstrated that teacher–student relationship quality is connected to students’ peer relationships and behavioral development. In the present study, the restorative responses to teasing and conflict provide a concrete illustration of this relational pathway: teachers attempted to move students from conflict toward dialogue, recognition of others’ feelings, and reconciliation.

A second major finding is the discrepancy between strong relational practice and weak institutionalization. Teachers demonstrated considerable sensitivity to students’ emotional needs despite reporting no specialized mental health training. Their practices were developed primarily through teaching experience, general professional development, and personal commitment.

This finding is consistent with research showing that teachers are increasingly expected to participate in school mental health provision but may lack the resources and preparation necessary to do so systematically. Recent systematic evidence indicates that implementation depends not only on intervention quality but also on teacher readiness, organizational conditions, leadership, and implementation support. Baffsky et al. (2023), for example, identified principal engagement, teacher

buy-in, monitoring and feedback, and school implementation meetings among the most promising strategies for improving implementation of universal school mental health programs.

The present study both agrees with and extends this evidence. It agrees that leadership and teacher commitment matter, but it shows a setting in which these factors operate before a formal program exists. The school is effectively relying on teachers to construct mental health support from everyday pedagogical resources. This may explain why the practices appear meaningful and consistent within the observed setting while remaining vulnerable to changes in personnel.

The finding also helps explain an apparent contradiction in the data: teachers demonstrated mental health-supportive practices despite lacking specialized preparation. The explanation is not necessarily that specialized knowledge is unimportant. Rather, relational competence, accumulated teaching experience, and contextual knowledge of individual children may enable teachers to respond effectively to common emotional and social difficulties. However, these capacities should not be equated with professional mental health expertise. Informal support can address everyday difficulties but cannot replace appropriate assessment, referral, counseling, or specialist intervention when more serious problems arise.

The coexistence of supportive relationships with peer teasing and academic anxiety is particularly significant. The findings indicate that mental health promotion must address not only teacher-student relationships but also peer ecology and academic culture. Students may feel comfortable with teachers while simultaneously experiencing negative peer interactions or pressure surrounding academic performance.

The peer-teasing findings are consistent with the broader literature emphasizing the relationship between school social environments and students' emotional and behavioral adjustment. The teachers' restorative responses are especially relevant because they shift disciplinary practice from simple punishment toward dialogue, accountability, and recognition of others' experiences. Nevertheless, the present data indicate that teacher responses were largely reactive: teachers intervened when problems became visible. A more systematic preventive approach would need to address peer norms, empathy, social-emotional competencies, and mechanisms for reporting concerns before incidents escalate.

Academic anxiety similarly requires a broader interpretation. Teachers' emphasis on effort, courage to try, and acceptance of mistakes represents an important counterweight to performance-oriented pressure. The finding that some students experienced disappointment because of their own academic standards suggests that academic stress is not produced exclusively by teachers. It can also emerge through self-evaluation and peer comparison. Consequently, mental health education should be integrated with classroom assessment practices and the construction of a learning culture in which mistakes are treated as part of learning rather than evidence of personal inadequacy.

The findings concerning P5 provide another theoretically interesting contribution. Students participated in collaborative, environmental, creative, and social activities even when some did not recognize the formal label "P5." This indicates a distinction between program awareness and experiential learning. Students do not necessarily need to know the policy terminology for an activity to provide social-emotional experiences.

This finding suggests that curriculum policy may influence mental health indirectly through the social organization of learning. Collaborative projects can provide opportunities to practice

cooperation, responsibility, empathy, communication, and leadership. However, the absence of explicit student awareness should not automatically be interpreted as evidence of program failure. What matters pedagogically is whether the intended competencies are actually experienced, practiced, and reflected upon.

Theoretically, this study contributes a relational-institutional perspective to school mental health research. Existing literature frequently evaluates formal programs and their implementation. The present findings suggest that mental health education should also be conceptualized as a continuum ranging from informal relational practices to formal institutional provision. Teacher-student relationships occupy an important position at the informal end of this continuum, while counseling services, staff training, referral systems, written protocols, and whole-school policies represent the institutional end.

The practical implication is not to replace relational practice with formal programming, but to institutionalize and strengthen what teachers are already doing well. Schools can document effective practices such as morning greetings, private correction, process-focused encouragement, restorative conflict resolution, and structured opportunities for student voice. School leaders can complement these practices with basic mental health training, referral procedures, designated counseling space, teacher collaboration, and stronger family-school communication. This direction is consistent with implementation research emphasizing leadership, teacher engagement, and organizational support as conditions for sustainable school mental health initiatives.

At the policy level, the findings suggest that mental health education in primary schools should not depend exclusively on the availability of specialist personnel. At the same time, policies should avoid transferring specialist responsibilities entirely to classroom teachers. A sustainable model requires teacher relational competence plus institutional structures for prevention, early identification, referral, and specialist support.

Several limitations should be considered when interpreting the findings. First, the study used a single-school qualitative design, which provides contextual depth but limits transferability to schools with different organizational, cultural, socioeconomic, or geographical conditions. Second, the sample was relatively small and purposively selected, particularly the nine student participants; therefore, the findings should not be interpreted as representative of all primary-school students in Indonesia. Third, the study relied substantially on self-reported interviews, which may have been affected by social desirability, particularly when teachers described their own supportive practices. Although observations and member checking were used to strengthen credibility, observer presence may also have influenced classroom behavior. Fourth, the study did not employ standardized psychological measures, meaning that the research cannot determine the prevalence or clinical severity of students' anxiety, bullying-related distress, or other mental health conditions. Fifth, the cross-sectional nature of the data prevents conclusions about whether teacher-student relationships produce sustained improvements in students' mental health over time.

Future research should address these limitations through multi-site and longitudinal designs involving primary schools with different levels of resources and different geographical and socioeconomic contexts. A particularly valuable research question would be: How does the quality of teacher-student relationships predict changes in students' emotional regulation, school belonging, and psychological well-being over time? Mixed-method research could combine

qualitative observation and interviews with validated measures of student well-being, teacher-student relationship quality, school climate, and academic anxiety.

Future studies should also examine whether systematic teacher training can transform existing informal practices into more consistent school-wide provision. Experimental or quasi-experimental research could ask: Does professional development in social-emotional learning and basic mental health literacy improve teachers' confidence, relational practices, early identification, and referral behaviors? Another important question concerns implementation: How do leadership, counseling resources, parental engagement, and school policies moderate the sustainability of teacher-led mental health practices? Finally, comparative studies could examine whether the relational model observed in this resource-constrained school produces similar patterns in urban, private, Islamic, and larger public primary schools.

The central contribution of this study is the demonstration that teacher-student relationships can function as an important everyday foundation for mental health education even when formal institutional resources are limited. The findings move the discussion beyond the presence or absence of mental health programs by showing that mental health support is also enacted through ordinary pedagogical relationships: listening, encouraging, correcting respectfully, resolving conflict restoratively, and creating opportunities for cooperation. However, relational strength should not be mistaken for institutional sufficiency. The sustainability of these practices requires leadership, training, specialist pathways, facilities, family engagement, and school-wide structures. Thus, the most defensible implication of the study is not that teachers alone can provide school mental health support, but that strong teacher-student relationships constitute a critical foundation upon which more systematic and sustainable primary-school mental health systems can be built. This relational-to-institutional transition represents the study's principal theoretical and practical contribution.

5. Conclusion

This study examined how teacher-student relationships strengthen mental health education in a primary-school context, with particular attention to teachers' and students' perspectives, teachers' everyday practices, and the conditions supporting or constraining implementation. The findings demonstrate that mental health education at UPTD SDN 80 Kuri Lompo is already embedded in daily school practices, although it remains largely informal and dependent on relational resources and teachers' personal commitment.

Four principal conclusions can be drawn. First, teachers and school leaders demonstrated a broad understanding of mental health encompassing emotional, social, and academic well-being. Second, students generally experienced school positively and viewed teachers as approachable, although peer teasing, academic anxiety, and emotional difficulties remained evident. Third, teachers supported students' mental health through warm communication, positive reinforcement, private correction, restorative conflict management, and P5 activities. Fourth, close teacher-student relationships, teacher collaboration, and supportive leadership facilitated these practices, whereas the absence of counseling personnel and facilities, limited specialized training, time constraints, and uneven parental involvement constrained their development.

The study contributes theoretically by positioning teacher–student relationships as a relational foundation of everyday mental health education, complementing formal program-oriented approaches. Practically, schools should strengthen teacher training in child mental health and social-emotional learning, document effective relational practices, establish appropriate referral and counseling mechanisms, provide supportive facilities, and strengthen school–family collaboration. Policymakers should support schools in institutionalizing mental health education without transferring specialist responsibilities entirely to classroom teachers.

Future research should employ multi-school, longitudinal, and mixed-method designs to examine whether strengthening teacher–student relationships produces sustained improvements in student well-being and to determine how institutional support affects the sustainability of teacher-led mental health practices.

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