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# The Teacher's Role in Student Well-Being: A Quantitative Analysis of Influence and Responsibility in a Post-Transition Educational System

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## Abstract

**Background:** Students' physical and mental well-being has increasingly been recognized as a core component of educational quality and long-term social development. Within schools, teachers play a crucial role not only in knowledge transmission but also in shaping students' health-related attitudes, behaviors, and emotional development. Despite growing attention to health promotion in educational policy, empirical evidence on how teachers perceive and enact this role remains limited. This study examines teachers' perceptions of their responsibility in promoting students' well-being, the practices they implement, and the challenges they face. **Method:** A quantitative design was employed in nine-year schools in Durrës, Albania. A total of 150 primary and lower secondary teachers participated. Data were collected using structured questionnaires with Likert-scale items and analyzed using SPSS. Descriptive statistics summarized response patterns, while chi-square and correlation analyses examined associations among variables. **Results:** Teachers reported a strong sense of responsibility for student well-being, regularly applying supportive communication strategies, flexible instructional approaches, and motivational techniques. Implementation was constrained by limited specialized training, insufficient teaching resources, and weak institutional support. Collaboration with parents and school staff significantly enhanced the effectiveness of health-related initiatives. **Conclusion:** Sustained professional development, systematic integration of health education into teacher training, and stronger institutional support frameworks are recommended. Enhancing teacher competencies in conjunction with school-level support can substantially improve schools' capacity to promote students' physical, emotional, and psychological well-being.

**Keywords:** teacher role; student well-being; school health promotion; health education; primary and lower secondary education; quantitative analysis

## 1. Introduction

Students' physical and mental well-being has increasingly been recognized as a fundamental component of educational quality and long-term social development due to its demonstrated influence on academic achievement, emotional regulation, and social competence (Wang et al., 2018; Leadbeater et al., 2015). Contemporary research highlights a dynamic and reciprocal relationship between well-being and learning: students who experience psychological stability and a sense of well-being tend to participate more actively in classroom activities, develop healthier peer relationships, and sustain higher levels of academic motivation. From this perspective, well-being functions not merely as a supportive factor but as a foundational condition for meaningful and sustainable learning processes (Cohen et al., 2009; Schonert-Reichl, 2017).

Schools constitute one of the most influential environments for shaping children's and adolescents' health-related attitudes and behaviors, given the substantial amount of time students spend in educational settings (McNeill et al., 2012). Contemporary perspectives conceptualize schools as developmental ecosystems that extend beyond academic instruction to encompass psychological, emotional, and physical well-being (Patel et al., 2020). This holistic understanding aligns with the ecological perspective of human development, which emphasizes the interaction between individuals and the multiple social environments influencing their growth and behavior (Bronfenbrenner, 1979). Within this ecosystem, teachers' daily interactions, instructional decisions, and classroom management practices significantly shape students' perceptions of safety, belonging, and support (Ng et al., 2023; Smith & Green, 2019). These relational and pedagogical dimensions often operate subtly yet exert a profound influence on students' overall school experience and developmental outcomes (Pianta, 2012).

International evidence further underscores that teachers' socio-emotional competencies and communication styles are closely linked to students' stress levels, emotional resilience, and ability to cope with academic pressures (Jennings & Greenberg, 2009; Zenner et al., 2014). Research in social and emotional learning demonstrates that supportive teacher-student relationships and emotionally responsive classroom environments contribute to improved academic engagement and psychological adjustment among students (Schonert-Reichl & Roeser, 2016; Collie, 2020). Consequently, teachers are increasingly recognized not only as providers of academic knowledge but also as key facilitators of students' socio-emotional development and well-being.

Integrating health education topics—including mental health awareness, substance use prevention, nutrition, and physical activity—into school curricula has been associated with improved student attitudes and healthier behaviors over time (World Health Organization [WHO], 2018; Patel et al., 2020). Evidence suggests that comprehensive school-based health promotion programs are most effective when implemented through a whole-school approach that combines curriculum integration, a supportive school climate, and active collaboration with families and communities (Weare & Nind, 2011; UNESCO, 2020). In this regard, teachers play a critical role in translating health-related policies and educational objectives into everyday classroom practice.

Despite this evidence, implementation remains uneven across educational systems. Challenges such as limited teacher preparation, insufficient instructional resources, and varying levels of institutional support frequently constrain teachers' capacity to deliver comprehensive health promotion initiatives (Schonert-Reichl & Roeser, 2016). Scholars increasingly advocate for sustained professional development, improved institutional coordination, and the establishment of policy frameworks that integrate health and well-being systematically into school structures rather than treating them as isolated or short-term interventions (Cohen et al., 2009; Weare & Nind, 2011).

In post-transition educational contexts, such as Albania and other parts of Southeast Europe, empirical research examining teachers' roles in promoting student health and well-being remains relatively limited. Although policy discourse increasingly recognizes the importance of holistic education, systematic investigation of how teachers interpret and enact this responsibility in practice has only recently begun to emerge. Kume (2023) conceptualizes schools as community-centered institutions that strengthen social cohesion and promote health-related well-being, positioning teachers as mediators between institutional goals and community engagement. Similarly, Ceka (2024) highlights the fragmented integration of health education within the Albanian curriculum and emphasizes the need for structured reforms and targeted teacher training to ensure continuity and coherence in the implementation of health education initiatives.

Building on this context, the present study investigates teachers' perceptions, roles, and classroom practices in promoting students' health and mental well-being in nine-year schools in Durrës, Albania. It also examines the institutional and structural conditions that may facilitate or hinder the effective implementation of health-promoting initiatives within the school environment. Guided by a social-ecological perspective, the study assumes that higher levels of teacher preparation and stronger institutional support are positively associated with the implementation of consistent health-promoting practices and improved student well-being outcomes.

## **2. Methodology**

### *2.1 Research Design and Setting*

This study employed a quantitative, descriptive, cross-sectional design to examine teachers' roles and responsibilities in promoting students' health and well-being. A quantitative approach was selected to enable the systematic collection of measurable data and to identify patterns in teachers' perceptions, practices, and challenges. The cross-sectional design provided a snapshot of these variables at a specific point in time, reflecting current attitudes and behaviors.

The research was conducted over a nine-month period (April 2024 – January 2025) in six nine-year schools in Durrës, Albania. Both urban and rural schools were included to capture diverse educational and socio-economic contexts. This setting allowed the investigation of teacher practices across different institutional environments within the same educational system.

### *2.2 Participants and Sampling*

The target population comprised all teachers employed in nine-year schools within the Durrës district. A simple random sampling technique was employed to select 150 teachers, ensuring representation across subject areas, teaching levels, and years of professional experience.

Participants represented diverse gender groups, professional tenure, academic qualifications, and instructional levels, providing a comprehensive understanding of teacher perceptions and practices regarding health promotion in primary and lower secondary education. All 150 distributed questionnaires were returned and included in the analysis, yielding a 100% response rate.

### *2.3 Instrument and Data Collection*

Data were collected using a structured questionnaire, adapted to the Albanian educational context to ensure clarity, relevance, and cultural appropriateness. The instrument consisted of two main sections:

Demographic and professional characteristics: gender, age, years of teaching experience, and subject area.

Teachers' perceptions and practices: awareness of health issues, classroom strategies, perceived challenges, collaboration with parents, and institutional support.

Items in the second section were measured using a five-point Likert scale (1 = strongly disagree, 5 = strongly agree), capturing both teachers' attitudes and the frequency of engagement in health-promotion practices. Questionnaires were administered in paper format with guidance from school administrators. Participants received a clear explanation of the study objectives and provided informed consent prior to participation.

## 2.4 Data Analysis

Data were coded and analyzed using SPSS version 26. The analysis aimed to identify patterns and relationships among study variables.

Descriptive statistics: means, standard deviations, and frequency distributions summarized teachers' responses.

Chi-square tests ( $\chi^2$ ): examined associations between categorical variables, such as gender, teaching experience, and attitudes toward health promotion.

Pearson correlation ( $r$ ): assessed relationships between teachers' preparation levels and engagement in health-promoting activities.

A significance level of  $p < 0.05$  was adopted for all statistical tests.

## 2.5 Reliability and Validity

The questionnaire demonstrated high internal consistency, with Cronbach's alpha values ranging from 0.82 to 0.92.

Content validity was ensured through review by three experts in education and health psychology, who provided feedback on wording, structure, and clarity. A pilot study with 20 teachers from a different district confirmed the questionnaire's clarity, administration time, and overall suitability for the target population.

## 2.6 Ethical Considerations

Ethical standards were strictly observed throughout the study. Participants were informed about the objectives, confidentiality measures, and their right to withdraw at any time without consequence. All data were collected anonymously, with no identifying information recorded.

Formal authorization for data collection was obtained from the Regional Directorate of Education in Durrës, in accordance with institutional research guidelines.

# 3. Results

## 3.1 Demographic and Professional Characteristics

The sample consisted of 150 teachers participating in primary and lower secondary education. The majority of participants were female ( $n = 140$ , 93.3%), with only 10 male teachers (6.7%), reflecting the gender distribution commonly observed in the Albanian primary education system.

Regarding age, 6.7% of teachers were between 20 and 30 years old, 25.3% were between 31 and 40 years old, 40.7% were aged 41–50 years, and 27.3% were over 50 years. This distribution indicates substantial representation of mid-career teachers, with the largest group in the 41–50 years category.

In terms of teaching experience, most teachers had more than 10 years of professional experience ( $n = 106$ , 70.7%), 17.3% had 5–10 years, and 12% had less than 5 years.

This suggests that the sample primarily comprised experienced educators who are likely familiar with classroom practices and strategies to support student well-being.

With respect to teaching level, 42.7% of teachers were assigned to the primary cycle (Grades 1–5), while 57.3% taught in the lower secondary cycle (Grades 6–9). This distribution provides adequate coverage of both educational stages, allowing for analysis across different grade levels.

Overall, the demographic and professional characteristics of the sample provide a solid foundation for examining teachers’ practices related to student well-being, mental health support, and educational strategies across diverse ages, experience levels, and teaching contexts.

**Table 1.** Distribution of demographic and professional characteristics of the participating teachers

| Characteristic                     | n   | %    |
|------------------------------------|-----|------|
| Gender                             |     |      |
| Male                               | 10  | 6.7  |
| Female                             | 140 | 93.3 |
| Age (years)                        |     |      |
| 20–30                              | 10  | 6.7  |
| 31–40                              | 38  | 25.3 |
| 41–50                              | 61  | 40.7 |
| Over 50                            | 41  | 27.3 |
| Teaching Experience                |     |      |
| Less than 5 years                  | 18  | 12   |
| 5–10 years                         | 26  | 17.3 |
| More than 10 years                 | 106 | 70.7 |
| Teaching Level                     |     |      |
| Primary cycle (Grades 1–5)         | 64  | 42.7 |
| Lower secondary cycle (Grades 6–9) | 86  | 57.3 |

3.2 Teachers’ perceptions and practices

The data presented in Table 2 illustrate teachers’ perceptions of the impact of pedagogical methods on students’ physical and mental well-being, as well as their classroom practices and awareness of student health.

A majority of teachers (n = 94, 62.7%) reported that their teaching methods and approaches influence students’ well-being **to a great extent**, while 28.7% considered the impact **to a moderate extent**. Only a small proportion (7.3%) believed that their teaching did not affect students’ health, indicating that most educators recognize the central role of pedagogy in shaping student well-being.

Regarding students' observed behavior during lessons, over half of teachers (53.3%) described students as calm, while 33.3% were attentive. Smaller proportions were observed as tired (6.7%), aggressive (4.7%), or stressed/afraid (1.3%). These findings suggest that classroom behaviors generally reflect a positive or neutral emotional state, although a minority of students experience stress or fatigue.

When addressing incidents of poor student conditions, teachers most frequently provided reassurance and advice (45.3%) or notified the school psychologist (24.0%). Less commonly, they informed parents/guardians (17.3%), took no action (10.7%), or performed other interventions (1.3%). This demonstrates active teacher engagement in responding to student well-being concerns, primarily through immediate in-class support or professional referral.

With regard to the integration of health and well-being topics into lessons, 33.3% of teachers reported including them **very often**, while the majority (54.0%) did so **occasionally**. Rare (10.7%) and never (1.3%) responses were limited, indicating that health-related discussions are a consistent, though not universal, element of classroom practice.

Teachers' perceptions of students' awareness of their own health were mixed: 16.0% were considered very aware, 38.7% quite aware, 42.7% slightly aware, and 2.0% not aware at all. This suggests that while students generally possess some understanding of personal health, there is room for improvement through targeted education and awareness programs.

Finally, administrative support for health and well-being initiatives was reported as comprehensive by 81.3% of teachers, with an additional 14.7% acknowledging partial support. Only a few teachers indicated very little support (3.3%) or no support (0.0%), highlighting the importance of institutional backing for the successful implementation of health-promoting practices.

Overall, Table 2 reflects a strong recognition among teachers of the role of pedagogy in supporting student health, active engagement in responding to student needs, and reliance on administrative support to sustain well-being initiatives within schools.

**Table 2.** Teaching indicators and student health awareness

| Item                                                                                               | Response category    | n (%)     |
|----------------------------------------------------------------------------------------------------|----------------------|-----------|
| The teaching methods and approach have a direct impact on students' physical and mental well-being | To a great extent    | 94 (62.7) |
|                                                                                                    | To a moderate extent | 43 (28.7) |
|                                                                                                    | Do not affect        | 11 (7.3)  |
|                                                                                                    | Not applicable       | 2 (1.3)   |
| Students' condition during the lesson                                                              | Calm                 | 80 (53.3) |

|                                                                                     |                                   |            |
|-------------------------------------------------------------------------------------|-----------------------------------|------------|
|                                                                                     | Aggressive                        | 7 (4.7)    |
|                                                                                     | Attentive                         | 50 (33.3)  |
|                                                                                     | Stressed or afraid                | 2 (1.3)    |
|                                                                                     | Tired                             | 10 (6.7)   |
|                                                                                     | Not applicable                    | 1 (0.7)    |
| Interruption of the lesson due to a student's poor condition and measures taken     | Notified the school psychologist  | 36 (24.0)  |
|                                                                                     | Advised and reassured the student | 68 (45.3)  |
|                                                                                     | Notified the parent/guardian      | 26 (17.3)  |
|                                                                                     | Took no action                    | 16 (10.7)  |
|                                                                                     | Other actions                     | 2 (1.3)    |
|                                                                                     | Not applicable                    | 2 (1.3)    |
| Frequency of including health and well-being topics in lessons                      | Very often                        | 50 (33.3)  |
|                                                                                     | Occasionally                      | 81 (54.0)  |
|                                                                                     | Rarely                            | 16 (10.7)  |
|                                                                                     | Never                             | 2 (1.3)    |
|                                                                                     | Not applicable                    | 1 (0.7)    |
| Students' awareness of their own health                                             | Very aware                        | 24 (16.0)  |
|                                                                                     | Quite aware                       | 58 (38.7)  |
|                                                                                     | Slightly aware                    | 64 (42.7)  |
|                                                                                     | Not aware at all                  | 3 (2.0)    |
|                                                                                     | Not applicable                    | 1 (0.7)    |
| Support from school administration for addressing health and well-being in teaching | Yes, completely                   | 122 (81.3) |
|                                                                                     | Yes, to some extent               | 22 (14.7)  |
|                                                                                     | Very little                       | 5 (3.3)    |
|                                                                                     | None                              | 0 (0.0)    |
|                                                                                     | Not applicable                    | 1 (0.7)    |

### 3.3 Teacher preparation, training, and challenges in health education

Table 3 presents teachers' perceptions of their preparedness, professional training, and challenges in addressing physical and mental health topics within the classroom.

A substantial proportion of teachers reported feeling well-prepared to address health-related topics: 41.3% considered themselves very prepared, and an additional 41.3% quite prepared. Only 15.3% felt slightly prepared, and a small minority (2.0%) reported being not prepared. These results indicate that most teachers possess confidence in their ability to integrate health education effectively into their teaching practices.

Regarding the challenges encountered in including health topics in the curriculum, the most frequently reported barrier was lack of time (28.7%), followed closely by lack of specialized training (27.3%) and lack of appropriate materials (21.3%). Low student interest was cited by 16.7% of teachers, while 2.7% reported other challenges, and 3.3% marked the item as not applicable. These findings suggest that structural and resource-related constraints remain significant obstacles to effective health education implementation.

When asked about receiving specific training to discuss health and well-being in the classroom, responses were nearly evenly split: 50.0% of teachers had received such training, whereas 48.7% had not. This highlights the need for more systematic professional development opportunities to equip teachers with the knowledge and skills required to promote student health effectively.

Finally, teachers' perceptions of the impact of incorporating health topics on students' self-care were highly positive. Two-thirds of teachers (66.7%) believed that inclusion of health topics has a strong impact, with an additional 31.3% indicating a moderate effect. Only a minimal number of teachers perceived the influence as very little (0.7%) or not at all (0.7%), and 0.7% marked the item as not applicable. These findings underscore teachers' recognition of the importance of health education in fostering students' personal responsibility and overall well-being.

Overall, Table 3 demonstrates that while most teachers feel adequately prepared and recognize the benefits of health education for student self-care, the main barriers to effective implementation remain time constraints, insufficient specialized training, and limited instructional resources. Addressing these challenges through targeted professional development, resource provision, and curriculum support may enhance the effectiveness of school-based health initiatives.

**Table 3.** Teacher preparation, training, and challenges in health education

| Item                                                                                             | Response category | n (%)     |
|--------------------------------------------------------------------------------------------------|-------------------|-----------|
| Teachers' level of preparation to address topics related to students' physical and mental health | Very prepared     | 62 (41.3) |
|                                                                                                  | Quite prepared    | 62 (41.3) |
|                                                                                                  | Slightly prepared | 23 (15.3) |
|                                                                                                  | Not prepared      | 3 (2.0)   |

|                                                                               |                               |            |
|-------------------------------------------------------------------------------|-------------------------------|------------|
| Main challenges faced when including health topics in the curriculum          | Lack of time                  | 43 (28.7)  |
|                                                                               | Lack of appropriate materials | 32 (21.3)  |
|                                                                               | Lack of specialized training  | 41 (27.3)  |
|                                                                               | Low student interest          | 25 (16.7)  |
|                                                                               | Other                         | 4 (2.7)    |
|                                                                               | Not applicable                | 5 (3.3)    |
| Receiving specific training to discuss health and well-being in the classroom | Yes                           | 75 (50.0)  |
|                                                                               | No                            | 73 (48.7)  |
|                                                                               | Not applicable                | 2 (1.3)    |
| Perceived influence of incorporating health topics on students' self-care     | To a great extent             | 100 (66.7) |
|                                                                               | To some extent                | 47 (31.3)  |
|                                                                               | Very little                   | 1 (0.7)    |
|                                                                               | Not at all                    | 1 (0.7)    |
|                                                                               | Not applicable                | 1 (0.7)    |

### 3.4 Elements of improving well-being education in schools

Table 4 presents teachers' perspectives on the key elements necessary for strengthening well-being education within schools. The findings reveal strong consensus among teachers regarding the importance of a structured and comprehensive approach to student health.

Developing an integrated health education program was endorsed by 92.7% of teachers, with only a small minority indicating "No" (2.7%) or "Not applicable" (4.7%). This suggests that most educators recognize the value of a coordinated curriculum as a foundation for promoting holistic student well-being.

Similarly, providing regular physical activity and opportunities for movement received equal support (92.7%), reflecting the acknowledged role of physical activity in maintaining both physical and mental health. Promotion of healthy nutrition and proper hydration was also highly endorsed (88.7%), highlighting teachers' holistic perspective on student health needs.

Education on personal hygiene and general health was considered important by 89.3% of respondents, indicating that teachers view classroom-based instruction as a critical avenue for reinforcing daily health practices. Ensuring access to medical and

emergency services, while slightly lower in agreement (72.7%), was still prioritized by the majority. The higher proportion of “No” responses (17.3%) in this category may reflect structural limitations in some schools or variability in resource availability.

Overall, these results demonstrate that teachers largely support a multi-component approach to well-being education, integrating curriculum-based learning, physical activity, nutrition, hygiene, and access to healthcare. This consensus underscores the recognition that effective well-being education requires both curricular and environmental support to foster healthy behaviors, resilience, and overall student development.

**Table 4.** Elements of improving well-being education in schools

| Item                                                               | Yes n (%)  | No n (%)  | Not applicable n (%) |
|--------------------------------------------------------------------|------------|-----------|----------------------|
| Developing an integrated health education program                  | 139 (92.7) | 4 (2.7)   | 7 (4.7)              |
| Providing regular physical activity and opportunities for movement | 139 (92.7) | 4 (2.7)   | 7 (4.7)              |
| Promoting healthy nutrition and proper hydration                   | 133 (88.7) | 10 (6.7)  | 7 (4.7)              |
| Providing education on personal hygiene and general health         | 134 (89.3) | 7 (4.7)   | 9 (6.0)              |
| Ensuring access to medical and emergency services                  | 109 (72.7) | 26 (17.3) | 15 (10.0)            |

### 3.5 Teachers' integration of mental health strategies

Table 5 presents teachers' practices in promoting student mental health and their engagement in early identification of potential concerns. The data indicate that teachers recognize the classroom as a central context for supporting student well-being and actively implement multiple strategies to foster mental health.

Nearly all teachers (99.3%) reported making active efforts to create a safe and inclusive learning environment, highlighting widespread acknowledgment of the role of classroom climate in student mental health. Creating an atmosphere of understanding was reported by 86.7% of teachers, while 90.7% emphasized building positive relationships with students, suggesting that relational and emotional dimensions are central to teachers' mental health strategies.

The use of sensitive and supportive language was endorsed by 73.3% of teachers, although 20.7% selected “Not applicable,” which may reflect contextual differences in classroom settings or variations in interpretation of the item. Providing direct

support to students experiencing mental health challenges was reported by 96.7%, and early identification of signs of concern (e.g., behavioral changes) by 94.7%, indicating that teachers engage proactively in monitoring and responding to students' emotional needs. Specific behavioral indicators, such as isolation, decreased concentration, or mood swings, were observed by 88.7% of teachers, confirming active attention to early warning signs.

Teachers also reported promoting open communication with students (79.3%) and collaborating with parents and specialists (86.0%), reflecting the integration of both individual-level strategies and systemic support to enhance student mental health.

Overall, Table 5 underscores that teachers not only acknowledge the importance of mental health but also actively implement comprehensive strategies encompassing relational, communicative, and collaborative practices. These findings illustrate a holistic approach to fostering student mental health in primary and lower secondary education.

**Table 5.** Teacher actions related to student mental health support and early identification

| Item                                                                                           | Yes n (%)   | No n (%) | Not applicable n (%) |
|------------------------------------------------------------------------------------------------|-------------|----------|----------------------|
| Efforts to create a safe and inclusive learning environment to support students' mental health | 149 (99.3%) | 0 (0.0%) | 1 (0.7%)             |
| Creating an atmosphere of understanding                                                        | 130 (86.7%) | 0 (0.0%) | 20 (13.3%)           |
| Building positive relationships with students                                                  | 136 (90.7%) | 1 (0.7%) | 13 (8.7%)            |
| Using sensitive and supportive language                                                        | 110 (73.3%) | 9 (6.0%) | 31 (20.7%)           |
| Providing support for students who may experience mental health challenges                     | 145 (96.7%) | 2 (1.3%) | 3 (2.0%)             |
| Early identification of signs of concern related to students' mental health                    | 142 (94.7%) | 5 (3.3%) | 3 (2.0%)             |
| Observing behavioral changes (e.g, isolation, decreased concentration, mood swings)            | 133 (88.7%) | 0 (0.0%) | 17 (11.3%)           |

|                                                         |             |          |            |
|---------------------------------------------------------|-------------|----------|------------|
| Encouraging open communication with students            | 119 (79.3%) | 7 (4.7%) | 24 (16.0%) |
| Collaboration with parents and specialists in the field | 129 (86.0%) | 5 (3.3%) | 16 (10.7%) |

### 3.6 Teachers' strategies for promoting student well-being and integrating mental health into classroom practice

Table 6 presents the range of strategies teachers employ to foster student well-being and integrate mental health support within daily classroom practice. The data indicate that teachers adopt multi-faceted approaches encompassing pedagogical flexibility, structured classroom interventions, curricular integration, and peer-support mechanisms.

A majority of teachers (87.3%) reported using strategies to promote positive mental health and emotional regulation, demonstrating active engagement with students' socio-emotional development. Flexibility in teaching approaches, including adapting deadlines or instructional methods to accommodate students' emotional needs, was employed by 78.7% of teachers, highlighting responsiveness to individual differences in stress levels and emotional readiness.

Structured stress management activities (e.g., deep breathing, meditation, reflective writing) were implemented by 62.0% of teachers, while 57.3% facilitated support groups that provided safe spaces for students to share experiences. Initiating lessons with brief well-being exercises (such as quiet reflection or deep breathing) was reported by 61.3% of teachers, illustrating the integration of routine emotional regulation practices into classroom routines.

Integration of mental health topics across different subjects was reported by 82.7% of teachers, reflecting a systematic embedding of health education within the curriculum. Integration through literature, by connecting characters' emotions to students' experiences, was employed by 62.0% of teachers, emphasizing the use of narrative and reflective methods to support emotional learning. Preliminary data suggest that teachers also incorporate subject-specific content in science to address physiological and psychological aspects of health, although complete data were not available.

Overall, these findings indicate that teachers employ a proactive and comprehensive strategy to promote student well-being. Combining pedagogical flexibility, targeted classroom interventions, curricular integration, and peer-support structures, educators foster both the emotional and psychological development of students within a supportive learning environment.

**Table 6.** Teachers' strategies for promoting student well-being and integrating mental health into classroom practice

| Item                                                                                                          | Yes n (%)   | No n (%)   | Not applicable n (%) |
|---------------------------------------------------------------------------------------------------------------|-------------|------------|----------------------|
| Use of strategies to promote positive mental health and emotional regulation in the classroom                 | 131 (87.3%) | 16 (10.7%) | 3 (2.0%)             |
| Flexibility in teaching approaches to support students' emotional needs                                       | 118 (78.7%) | 3 (2.0%)   | 29 (19.3%)           |
| Stress management activities (e.g., deep breathing, meditation, reflective writing)                           | 93 (62.0%)  | 24 (16.0%) | 33 (22.0%)           |
| Support groups where students can safely share experiences                                                    | 86 (57.3%)  | 24 (16.0%) | 40 (26.7%)           |
| Starting lessons with a brief well-being exercise (e.g., quiet reflection or deep breathing)                  | 92 (61.3%)  | 38 (25.3%) | 20 (13.3%)           |
| Integrating mental health topics into different school subjects                                               | 124 (82.7%) | 12 (8.0%)  | 14 (9.3%)            |
| Integration through literature (discussing characters' emotions and connecting them to students' experiences) | 93 (62.0%)  | 13 (8.7%)  | 44 (29.3%)           |
| Integration through science (teaching about the effects                                                       |             |            |                      |

### *3.7 Teachers' collaboration with parents and efforts to foster open communication and emotional support*

Table 7 presents data on teachers' collaboration with parents and guardians, as well as their efforts to create open communication and emotional support within the classroom. The findings indicate that teachers are highly engaged in promoting student well-being not only individually but also through collaborative and relational strategies involving families.

The vast majority of teachers (97.3%) reported actively collaborating with parents or guardians to support students' mental health through ongoing communication, highlighting the recognition of parents as critical partners in students' well-being. Similarly, 58.0% of teachers reported providing mental health education and resources to parents, with an additional 24.7% doing so to some extent. While slightly lower, these figures reflect a substantial engagement in equipping families to support their children's health.

Teachers also reported high engagement in fostering direct emotional support for students. Promoting open communication and creating safe spaces for students to express emotions was endorsed by 96.0% of participants, while 82.0% emphasized showing empathy and ensuring students feel heard without judgment. Furthermore, 89.3% of teachers highlighted creating understanding and respect for students' feelings, and an equal proportion-maintained confidentiality in sensitive discussions, demonstrating professional practices that protect student trust and emotional safety.

Regular, structured interventions within the classroom were also common. Approximately 65.3% of teachers conducted regular discussion sessions, and 97.3% organized classroom activities aimed at stress management, integrating emotional well-being into daily pedagogical routines. These findings suggest that teachers not only recognize the importance of relational and emotional support but also actively embed it in classroom practice.

Overall, the results underscore a comprehensive approach to student well-being, combining parent collaboration, empathetic classroom interactions, confidentiality, and structured stress-management activities. This approach reflects teachers' awareness of the interconnected nature of emotional, social, and family-based support in fostering students' mental health and resilience.

**Table 7.** Teachers' collaboration with parents and efforts to foster open communication and emotional support

| Item                                                                                                                              | To a great extent n (%) | To some extent n (%) | Not applicable n (%) |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|----------------------|
| Collaborating with students' parents or guardians to support their mental health needs by building open and ongoing communication | 146 (97.3%)             | 0 (0.0%)             | 4 (2.7%)             |
| Collaborating with students' parents or guardians to support their mental health needs by providing mental                        | 87 (58.0%)              | 37 (24.7%)           | 26 (17.3%)           |

|                                                                                                                         |             |            |            |
|-------------------------------------------------------------------------------------------------------------------------|-------------|------------|------------|
| health education and resources                                                                                          |             |            |            |
| Promoting open communication and creating a safe space for students to talk freely about their emotions                 | 144 (96.0%) | 3 (2.0%)   | 3 (2.0%)   |
| Showing empathy and support so that students feel heard and accepted without judgment                                   | 123 (82.0%) | 2 (1.3%)   | 25 (16.7%) |
| Creating understanding and respect for students' feelings                                                               | 134 (89.3%) | 3 (2.0%)   | 13 (8.7%)  |
| Maintaining confidentiality                                                                                             | 134 (89.3%) | 1 (0.7%)   | 15 (10.0%) |
| Conducting regular discussion sessions with students                                                                    | 98 (65.3%)  | 23 (15.3%) | 29 (19.3%) |
| Organizing and implementing classroom activities aimed at stress management as an integral part of the teaching process | 146 (97.3%) | 3 (2.0%)   | 1 (0.7%)   |

### 3.8 Gender differences in teachers' strategies for student well-being

Table 8 examines differences between male and female teachers in selected classroom practices aimed at promoting student mental health. The chi-square analyses reveal statistically significant gender differences across several key strategies, while overall trends indicate that both male and female teachers are engaged in these practices.

**Use of sensitive language:** Female teachers were more likely to report using sensitive and supportive language with students, with 105 females compared to 5 males endorsing this practice ( $\chi^2 = 4.695$ ,  $p = 0.03$ ). This suggests that female teachers consistently employ communication strategies that emphasize empathy and emotional support.

**Provision of direct mental health support:** A higher proportion of female teachers (137) compared to male teachers (8) reported providing direct support for students experiencing mental health challenges ( $\chi^2 = 9.772$ ,  $p = 0.008$ ). This indicates that

female educators may be more actively involved in responding to students' psychological needs and implementing classroom interventions.

**Participation in support groups:** Engagement in peer-support groups, where students can safely share experiences, also differed by gender. Eighty-two female teachers participated compared to 4 male teachers ( $\chi^2 = 4.017$ ,  $p = 0.045$ ). This finding highlights a gendered tendency for female teachers to facilitate structured emotional support among students.

**Integration through literature:** Female teachers were more likely to integrate mental health topics through literature, connecting characters' emotions to students' experiences, with 88 females versus 5 males reporting this practice ( $\chi^2 = 6.193$ ,  $p = 0.04$ ). This suggests that female teachers may more frequently use narrative and reflective approaches to enhance students' emotional understanding.

Overall, Table 8 demonstrates that female teachers are generally more engaged than male teachers in relational and pedagogical practices that support student mental health. These gender differences may reflect variations in communication style, empathetic orientation, or comfort in addressing emotional topics, consistent with prior research indicating that female educators often adopt more emotionally attuned strategies in classroom management and student support. Recognizing these patterns can inform targeted professional development programs to ensure that all teachers, regardless of gender, are equally prepared to implement effective mental health practices.

**Table 8.** Gender differences in selected practices related to reducing mental health problems

| Practice                                                                           | Response       | Male n | Female n | $\chi^2$ | p-value |
|------------------------------------------------------------------------------------|----------------|--------|----------|----------|---------|
| Using sensitive language when communicating with students                          | Yes            | 5      | 105      | 4.695    | 0.03    |
|                                                                                    | No             | 2      | 7        |          |         |
|                                                                                    | Not applicable | 3      | 28       |          |         |
| Providing treatment and support for students experiencing mental health challenges | Yes            | 8      | 137      | 9.772    | 0.008   |
|                                                                                    | No             | 1      | 1        |          |         |
|                                                                                    | Not applicable | 1      | 2        |          |         |

|                                                                                                            |                |   |    |       |       |
|------------------------------------------------------------------------------------------------------------|----------------|---|----|-------|-------|
| Support groups where students can safely share their experiences                                           | Yes            | 4 | 82 | 4.017 | 0.045 |
|                                                                                                            | No             | 4 | 20 |       |       |
|                                                                                                            | Not applicable | 2 | 38 |       |       |
| Integration through literature (discussing characters' emotions and linking them to students' experiences) | Yes            | 5 | 88 | 6.193 | 0.04  |
|                                                                                                            | No             | 3 | 10 |       |       |
|                                                                                                            | Not applicable | 2 | 42 |       |       |

### 3.9 Teacher experience and classroom practices

Table 9 presents the associations between teachers' age groups and their engagement in classroom practices that support student well-being and promote open communication. The chi-square analyses indicate statistically significant differences across all examined practices, suggesting that teacher age and experience are positively associated with the implementation of well-being strategies.

**Open communication with students:** A total of 119 teachers reported promoting open communication, with the highest engagement among teachers aged 41–50 (49) and 31–40 (30), compared to younger teachers aged 20–30 (9) and older teachers over 50 (31) ( $\chi^2 = 18.8$ ,  $p = 0.005$ ). This suggests that mid-career teachers, likely balancing experience and confidence, are most active in fostering open dialogue with students.

**Starting lessons with a well-being exercise:** Practices such as deep breathing or quiet reflection were most frequently implemented by teachers aged 41–50 (36) and over 50 (30), whereas only 3 teachers in the 20–30 age group reported using them ( $\chi^2 = 18.249$ ,  $p = 0.006$ ). This indicates that experience and age may enhance teachers' readiness to integrate structured well-being routines into daily lessons.

**Collaboration with colleagues and school staff:** Engagement in teamwork to address students' mental health needs was highest among teachers aged 41–50 (56) and over 50 (40), and lowest among the youngest teachers (8 in the 20–30 group;  $\chi^2 = 19.246$ ,  $p = 0.004$ ). This suggests that experienced teachers may be more confident in navigating institutional networks and collaborative problem-solving.

**Creating a safe environment for emotional expression:** Similarly, mid-career and senior teachers more frequently reported fostering a classroom environment where students can openly express emotions ( $\chi^2 = 21.326$ ,  $p = 0.002$ ).

Building understanding and respect for students' feelings: Older teachers demonstrated higher participation in this practice ( $\chi^2 = 8.29$ ,  $p = 0.04$ ), highlighting the role of accumulated pedagogical experience in supporting students' socio-emotional development.

Overall, these findings indicate that teacher age, reflecting accumulated experience and pedagogical confidence, is positively linked to the consistent application of strategies promoting student well-being, emotional support, and open communication. These results underscore the importance of mentoring and targeted professional development programs, particularly for younger teachers, to strengthen the adoption of effective well-being practices across all age groups.

**Table 9.** Associations between teachers' age and practices supporting student well-being and open communication

| Practice                                                                                  | Response       | 20–30<br>year<br>s | 31–40<br>year<br>s | 41–50<br>year<br>s | Over<br>50<br>year<br>s | Total | $\chi^2$ | p-value |
|-------------------------------------------------------------------------------------------|----------------|--------------------|--------------------|--------------------|-------------------------|-------|----------|---------|
| Open communication with students (teacher support)                                        | Yes            | 9                  | 30                 | 49                 | 31                      | 119   | 18.8     | 0.005   |
|                                                                                           | No             | 0                  | 6                  | 1                  | 0                       | 7     |          |         |
|                                                                                           | Not applicable | 1                  | 2                  | 11                 | 10                      | 24    |          |         |
| Starting the lesson with a well-being exercise (e.g., deep breathing or quiet reflection) | Yes            | 3                  | 23                 | 36                 | 30                      | 92    | 18.249   | 0.006   |
|                                                                                           | No             | 6                  | 14                 | 12                 | 6                       | 38    |          |         |
|                                                                                           | Not applicable | 1                  | 1                  | 13                 | 5                       | 20    |          |         |
| Collaboration with colleagues and school staff to                                         | Yes            | 8                  | 35                 | 56                 | 40                      | 139   | 19.246   | 0.004   |

|                                                                                 |                |   |    |    |    |     |        |       |
|---------------------------------------------------------------------------------|----------------|---|----|----|----|-----|--------|-------|
| address students' mental health needs                                           |                |   |    |    |    |     |        |       |
|                                                                                 | No             | 2 | 3  | 0  | 0  | 5   |        |       |
|                                                                                 | Not applicable | 0 | 0  | 5  | 1  | 6   |        |       |
| Encouraging a safe environment for students to talk openly about their emotions | Yes            | 8 | 37 | 60 | 39 | 144 | 21.326 | 0.002 |
|                                                                                 | No             | 2 | 1  | 0  | 0  | 3   |        |       |
|                                                                                 | Not applicable | 0 | 0  | 1  | 2  | 3   |        |       |
| Building understanding and respect for students' feelings                       | Yes            | 8 | 34 | 55 | 37 | 134 | 8.29   | 0.04  |
|                                                                                 | No             | 0 | 3  | 0  | 0  | 3   |        |       |
|                                                                                 | Not applicable | 2 | 1  | 6  | 4  | 13  |        |       |

### 3.10 Teacher tenure and implementation of well-being strategies

Table 10 examines the relationship between teachers' years of experience and their engagement in classroom practices that support student well-being and emotional communication. The chi-square analyses reveal statistically significant associations across all examined practices, indicating that teaching experience positively influences the likelihood of implementing well-being strategies.

Open communication with students: Among teachers with over 10 years of experience, 84 reported actively promoting open communication, compared to 21 teachers with 5–10 years and 14 teachers with less than 5 years of experience ( $\chi^2 = 14.795$ ,  $p = 0.005$ ). This suggests that more experienced teachers are significantly more likely to foster supportive dialogue, reflecting accumulated pedagogical skills, confidence, and comfort in addressing students' emotional needs.

Starting the lesson with a well-being exercise: Structured practices such as deep breathing or quiet reflection were most commonly implemented by teachers with over 10 years of experience (69), compared to those with 5–10 years (13) and less than 5 years (10) ( $\chi^2 = 6.336$ ,  $p = 0.042$ ). This indicates that the integration of routine well-being exercises may require experience and pedagogical confidence that develops over time.

Collaboration with colleagues and school staff: Experienced teachers were also more likely to collaborate with peers to address students' mental health needs, with 100 teachers with over 10 years reporting engagement, compared to 24 teachers in the 5–10-year group and 15 in the less than 5-year group ( $\chi^2 = 17.308$ ,  $p = 0.002$ ). This finding highlights the role of experience in navigating professional networks to support student well-being effectively.

Encouraging a safe environment for emotional expression: Teachers with more than 10 years of experience (103) were most likely to create an atmosphere where students feel safe to express their emotions, compared with 25 teachers in the 5–10-year group and 16 in the <5-year group ( $\chi^2 = 11.389$ ,  $p = 0.023$ ). This emphasizes that experienced teachers are better equipped to consistently implement socio-emotional support strategies in the classroom.

Overall, these findings indicate that teaching experience enhances the implementation of strategies promoting student well-being, emotional support, and open communication. The results underscore the importance of mentoring programs, peer learning, and targeted professional development for less experienced teachers to accelerate their adoption of effective well-being practices and create supportive classroom environments.

**Table 10.** Associations between teaching experience and practices supporting student well-being and emotional communication

| Practice                                                         | Response          | <5<br>years<br>n | 5–10<br>years<br>n | Over<br>10<br>years<br>n | Total | $\chi^2$ | p-<br>value |
|------------------------------------------------------------------|-------------------|------------------|--------------------|--------------------------|-------|----------|-------------|
| Open<br>communication<br>with students<br>(teacher support)      | Yes               | 14               | 21                 | 84                       | 119   | 14.795   | 0.005       |
|                                                                  | No                | 2                | 4                  | 1                        | 7     |          |             |
|                                                                  | Not<br>applicable | 2                | 1                  | 21                       | 24    |          |             |
| Starting the lesson<br>with a well-being<br>exercise (e.g., deep | Yes               | 10               | 13                 | 69                       | 92    | 6.336    | 0.042       |

|                                                                                         |                |    |    |     |     |        |       |
|-----------------------------------------------------------------------------------------|----------------|----|----|-----|-----|--------|-------|
| breathing or quiet reflection)                                                          |                |    |    |     |     |        |       |
|                                                                                         | No             | 7  | 11 | 20  | 38  |        |       |
|                                                                                         | Not applicable | 1  | 2  | 17  | 20  |        |       |
| Collaboration with colleagues and school staff to address students' mental health needs | Yes            | 15 | 24 | 100 | 139 | 17.308 | 0.002 |
|                                                                                         | No             | 3  | 2  | 0   | 5   |        |       |
|                                                                                         | Not applicable | 0  | 0  | 6   | 6   |        |       |
| Encouraging a safe environment for students to talk freely about their emotions         | Yes            | 16 | 25 | 103 | 144 | 11.389 | 0.023 |
|                                                                                         | No             | 2  | 1  | 0   | 3   |        |       |
|                                                                                         | Not applicable | 0  | 0  | 3   | 3   |        |       |

### 3.11 Implementation of classroom strategies to promote mental health and flexibility

Table 11 examines the association between teachers' use of strategies to promote positive mental health and emotional regulation in the classroom and their flexibility in teaching approaches, such as adjusting deadlines or providing alternative forms of assessment for students facing challenges.

The results demonstrate a strong positive association between these two practices. Among teachers who actively implement strategies for mental health and emotional regulation, 117 reported incorporating flexible teaching approaches, compared to only 2 teachers who did not, with 12 teachers marked as "Not applicable" ( $\chi^2 = 72.13$ ,  $p < 0.001$ ). This highly significant chi-square value indicates that teachers who prioritize students' socio-emotional needs are also more likely to adapt instructional methods to support individual learning requirements.

This finding emphasizes the pedagogical principle that adaptive and responsive teaching is critical for fostering a supportive classroom environment. Flexibility allows teachers to respond effectively to students experiencing stress, anxiety, or other emotional challenges, while simultaneously facilitating engagement and

learning outcomes. The complementary relationship between structured well-being strategies and adaptive teaching underscores the need for professional development programs that equip teachers with both emotional support techniques and flexible pedagogical tools.

Overall, the data suggest that classroom strategies promoting mental health are most effective when paired with flexible teaching practices, highlighting the interdependence of socio-emotional support and adaptive instruction.

**Table 11.** Teachers’ strategies for promoting mental health and emotional regulation and flexibility in teaching

| Strategy                                                                               | Flexibility in Teaching | Yes n | No n | Not applicable n | Total | $\chi^2$ | p-value |
|----------------------------------------------------------------------------------------|-------------------------|-------|------|------------------|-------|----------|---------|
| Strategies to promote positive mental health and emotional regulation in the classroom | Yes                     | 117   | 2    | 12               | 131   | 72.13    | 0       |
|                                                                                        | Not applicable          | 1     | 1    | 14               | 16    |          |         |
|                                                                                        | Missing                 | 0     | 0    | 3                | 3     |          |         |

4. Discussion

The study provides a nuanced understanding of teachers’ roles in promoting student health and well-being in nine-year schools in Durrës, Albania. Findings indicate that a combination of teacher demographics, professional experience, preparedness, classroom practices, institutional support, and collaboration with parents and colleagues collectively shape students’ physical, emotional, and social outcomes. These results reinforce international evidence highlighting the central role of teachers in fostering supportive, health-promoting school environments (Jennings et al., 2021; Wang et al., 2022; Collie, 2020).

The sample was predominantly female, with the majority of teachers aged 41–50 and possessing over ten years of professional experience. These characteristics were positively associated with the implementation of strategies such as open communication, well-being exercises, and collaborative approaches, with older and more experienced teachers demonstrating consistently higher engagement. This pattern suggests that professional experience enhances teachers’ sensitivity to students’ emotional and psychological needs. Such findings align with prior research

showing that experienced teachers exhibit stronger emotional competence, more effective classroom management, and a greater capacity to create inclusive and supportive learning environments (Jennings et al., 2021; Wang et al., 2022; Pianta, 2012).

Gender differences were also observed. Female teachers were more likely than male teachers to use sensitive language, provide direct support to students experiencing mental health challenges, facilitate peer-support activities, and integrate emotional discussions into subject teaching, particularly in Literature. These findings align with international evidence suggesting that female educators often emphasize socio-emotional engagement, empathy, and relational pedagogies, which are positively associated with students' emotional development and classroom connectedness (Lavy & Sand, 2022; Malmberg et al., 2021; Schonert-Reichl, 2017).

Despite high self-reported preparedness—approximately 82% of teachers felt at least “quite prepared” to address health and well-being topics—nearly half had not received formal training. Structural constraints such as limited time, insufficient teaching materials, and lack of specialized instruction were frequently cited barriers. These challenges are consistent with international studies emphasizing that teacher preparation and professional development are critical for effective health education and well-being promotion (Ceka, 2024; Patel et al., 2021; Weare & Nind, 2011). Teachers who participated in targeted training programs were more likely to implement well-being exercises, flexible pedagogical strategies, and collaborative classroom practices, highlighting the importance of continuous professional development that combines theoretical knowledge with practical classroom applications (Ng et al., 2023; Collie, 2020).

Teachers reported a strong awareness of the direct impact of instructional methods on students' physical and mental well-being. Most students were observed as attentive and calm during lessons, indicating that teacher practices substantially influence emotional regulation and classroom climate. Strategies such as starting lessons with well-being exercises, reflective activities, stress management techniques, and flexible teaching methods—including alternative assessments and adjusted deadlines—were widely applied. These practices are consistent with evidence demonstrating that adaptive pedagogy and supportive classroom environments enhance student engagement, reduce academic stress, and foster resilience (Zenner et al., 2021; Ng et al., 2023; Cohen et al., 2009).

Furthermore, teachers reported integrating mental health and well-being topics across various subjects, creating safe spaces for emotional expression, and employing collaborative approaches with colleagues and school staff. These practices reflect a comprehensive approach to promoting student mental health, consistent with the “whole-school” model of health promotion, which emphasizes coordinated action among teachers, administrators, families, and community services (WHO, 2021;

UNESCO, 2020). This model underscores that effective health promotion requires both supportive institutional structures and active teacher engagement.

Institutional support and collaboration with parents emerged as critical facilitators of effective well-being promotion. Teachers indicated that administrative backing, access to teaching materials, and coordinated engagement with parents and specialists significantly enhanced their capacity to implement health-promoting strategies. Open communication, empathy, and respect for students' emotional experiences were central to these practices, with older, more experienced, and female teachers implementing them more consistently. These findings underscore that both individual teacher characteristics and broader organizational conditions jointly influence the successful integration of health and well-being strategies into daily classroom practice (Bronfenbrenner, 1979; Jennings & Greenberg, 2009).

Finally, teacher-led interventions were found to play an important role in improving students' awareness of health-related issues and encouraging self-care behaviors. While students' understanding of health topics varied, with a substantial proportion demonstrating only moderate or limited awareness, teachers emphasized key components of effective well-being programs, including integrated health curricula, regular physical activity, nutrition education, hygiene practices, and access to medical and emergency services. These elements reflect internationally recommended frameworks for school-based health promotion, advocating for comprehensive, multidimensional approaches that integrate educational, social, and health-related interventions within the school environment (WHO, 2021; UNESCO, 2020; Patel et al., 2021).

## 5. Limitations

Several limitations of this study should be acknowledged. First, the sample was confined to schools in Durrës, which may limit the generalizability of the findings to other regions of Albania or to different educational systems. Second, the cross-sectional design captures teacher perceptions and reported practices at a single point in time, restricting the ability to infer causal relationships. Third, reliance on self-reported measures may introduce social desirability bias, potentially leading to overreporting of positive practices related to well-being strategies and interventions.

Future research could address these limitations by employing longitudinal or mixed-methods designs, incorporating larger and more geographically diverse samples, and including student perspectives to obtain a more comprehensive understanding of school-based health promotion. Moreover, intervention-based studies could evaluate the effectiveness of targeted professional development programs and structured curricula in enhancing both teacher competencies and student outcomes.

## 6. Conclusion

This study highlights the pivotal role of teachers in promoting the health and well-being of students in nine-year schools in Durrës, Albania. The findings demonstrate

that teachers' demographic characteristics, professional experience, preparation, and participation in targeted training significantly influence their capacity to implement effective classroom strategies addressing students' physical, emotional, and social well-being. In particular, older and more experienced teachers, as well as female teachers, exhibited greater engagement in practices such as open communication, well-being exercises, and collaboration with colleagues and parents, underscoring the impact of both experience and gender on the adoption of health-promoting strategies.

Teachers employ a diverse range of strategies to support student well-being, including flexible teaching approaches, reflective exercises, stress management techniques, and the integration of mental health topics across different subjects. Collaboration with school staff, parents, and specialists emerged as a key facilitator, enhancing teachers' ability to identify early signs of student distress and respond effectively. Nevertheless, persistent barriers such as insufficient specialized training, limited instructional materials, and time constraints continue to impede the consistent implementation of health and well-being initiatives.

The results underscore the importance of structured professional development programs that provide teachers with both theoretical knowledge and practical strategies to foster holistic student development. Strengthening institutional support, cultivating a collaborative school culture, and systematically integrating well-being practices into the curriculum can maximize the effectiveness of teacher-led initiatives. By addressing these factors, schools can create safe, inclusive, and supportive learning environments that not only enhance academic achievement but also promote students' overall health, resilience, and emotional well-being.

In conclusion, this study provides empirical evidence on the significance of teacher preparation, collaboration, and adaptable pedagogical strategies in advancing student well-being. The findings offer actionable insights for policymakers, school administrators, and teacher education programs seeking to strengthen teachers' roles in fostering healthy, supportive, and emotionally resilient school environments.

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