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Research Article

Effect of Mental Health Education Integration into The School Curriculum on Students' Psychological Well-Being in The Buea Municipality, Cameroon

*Obenebob Ayukosok

Department of Educational Psychology, Faculty of Education, University of Buea, Cameroon.

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Abstract

Adolescent psychological well-being has become a major global public health concern, with increasing recognition that schools represent critical environments for mental health promotion and prevention. Despite growing evidence supporting school-based mental health education, limited empirical evidence exists from sub-Saharan African contexts regarding how curriculum-integrated mental health education contributes to students' psychological well-being. In Cameroon, where adolescent mental health services remain limited and stigma surrounding psychological difficulties persists, integrating mental health education into routine school curricula may provide an accessible and sustainable approach for promoting students' emotional competence, coping abilities, and psychological well-being. This study examined the relationship between mental health education integration into the school curriculum and students' psychological well-being in the Buea Municipality, Cameroon. A sequential explanatory mixed-methods design was employed among secondary school students in the Buea Municipality. Quantitative data were collected from 96 students using a structured questionnaire assessing three dimensions of curriculum-integrated mental health education: help-seeking behavior activities, emotional literacy, and stress management techniques, alongside students' psychological well-being. Quantitative data were analyzed using descriptive statistics, Pearson product-moment correlation, and Spearman rank-order correlation at a 0.05 level of significance. Qualitative data from students' open-ended responses were analyzed thematically to provide deeper explanations of the quantitative findings. Students demonstrated a moderate level of psychological well-being, with an overall mean score of 2.54 ($SD = 0.96$). The strongest indicators of psychological well-being were positive relationships with teachers and classmates ($M = 2.79$, $SD = 0.91$), sense of belonging within the school community ($M = 2.69$, $SD = 0.92$), and optimism regarding future school success ($M = 2.68$, $SD = 0.94$). However, lower levels were observed in emotional resilience ($M = 2.35$, $SD = 1.03$), emotional balance ($M = 2.38$, $SD = 1.02$), and effective stress management ($M = 2.40$, $SD = 1.01$). Integration of help-seeking behavior activities showed a significant positive association with students' psychological well-being (Pearson $r = 0.641$, $p < .001$; Spearman rho $= 0.654$, $p < .001$). Emotional literacy integration was also significantly associated with psychological well-being (Pearson $r = 0.568$, $p < .001$; Spearman rho $= 0.579$, $p < .001$), while stress management techniques demonstrated a significant positive association with students' psychological well-being (Pearson $r = 0.566$, $p < .001$; Spearman rho $= 0.637$, $p < .001$). Qualitative findings revealed that mental health education enhanced students' awareness of emotions, improved willingness to seek support, strengthened coping strategies, and promoted healthier responses to academic and personal challenges. Nevertheless, stigma, fear of judgment, and insufficient opportunities for practical skill application remained challenges. The findings demonstrate that curriculum-integrated mental health education is positively associated with students' psychological well-being and represents a promising approach for adolescent mental health promotion in Cameroon. Embedding help-seeking education, emotional literacy, and stress management skills within secondary school curricula may strengthen students' emotional competence, resilience, and access to psychological support. Sustainable implementation should emphasize experiential learning, teacher preparedness, and integration of mental health promotion within broader educational systems.

Keywords: *Mental Health Education; Curriculum Integration; Psychological Well-Being; Secondary School Students; Cameroon*

Background

Adolescence represents a critical developmental stage characterized by substantial biological, psychological, emotional, and social transformations. During this period, young people acquire cognitive, emotional, and interpersonal competencies that influence their future mental health, educational attainment, and social functioning. However, adolescence is also a period of increased vulnerability to psychological difficulties, including anxiety, depression, emotional dysregulation, stress-related problems, behavioral challenges, and suicidal behaviors. The World Health Organization estimates that approximately one in seven adolescents aged 10–19 years experiences a mental health condition globally, with anxiety, depression, and behavioral disorders contributing substantially to the burden of disease among young people (WHO, 2022). Furthermore, evidence indicates that a significant proportion of lifetime mental disorders emerge during childhood and adolescence, highlighting the importance of early preventive approaches (Kessler et al., 2005; Solmi et al., 2022). When psychological difficulties remain unrecognized and unsupported during these formative years, they may negatively affect academic performance, school engagement, interpersonal relationships, and long-term social functioning. The growing recognition of adolescent mental health as a public health priority has shifted global attention from treatment-focused approaches toward preventive and promotive strategies. Within this context, schools have emerged as critical settings for mental health promotion because they provide sustained access to large populations of adolescents during key developmental periods. Beyond their traditional educational function, schools serve as social environments where students develop emotional competencies, coping skills, interpersonal relationships, and adaptive behaviors. Consequently, contemporary mental health approaches increasingly emphasize the integration of mental health promotion into educational systems rather than relying exclusively on specialized services that are often inaccessible to many young people.

Psychological well-being is a central indicator of positive adolescent development because it reflects students' ability to function effectively, regulate emotions, maintain supportive relationships, cope with challenges, and experience competence and belonging. Ryff (1989) conceptualized psychological well-being as involving positive relationships, emotional balance, personal growth, purpose, and effective adaptation to life experiences. Among adolescents, higher psychological well-being is associated with improved academic engagement, motivation, resilience, emotional regulation, and social adjustment, whereas poor psychological well-being is linked with emotional distress, school disengagement, academic difficulties, and increased vulnerability to mental health disorders (Keyes, 2002; Suldo et al., 2011). Therefore, identifying school-based strategies that strengthen psychological well-being is essential for promoting healthy adolescent development.

One promising approach is the integration of mental health education into the school curriculum. Unlike traditional support systems that may only reach students who actively seek assistance, curriculum-based mental health education provides universal access to psychological knowledge and skills by embedding mental health promotion within routine learning experiences. Mental health education equips students with competencies related to emotional awareness, coping, stress management, interpersonal relationships, and help-seeking behaviors. Evidence from school-based interventions demonstrates that structured mental health education and social-emotional learning programs can improve emotional regulation, resilience, coping skills, interpersonal functioning, and students' willingness to seek psychological support (Durlak et al., 2011; Taylor et al., 2017; O'Reilly et al., 2018). However, much of this evidence originates from high-income settings, and less is known about how curriculum-integrated mental health education functions within low-resource educational contexts.

Among the key components of mental health education, help-seeking behavior represents an important pathway through which student's access psychological support. Help-seeking involves recognizing personal difficulties, communicating concerns, and obtaining assistance from appropriate sources, including teachers, counselors, peers, family members, or mental health professionals. Adolescents frequently experience barriers to help-seeking, including stigma, fear of judgment, concerns about confidentiality, limited mental health knowledge, and uncertainty regarding available support systems (Rickwood et al., 2005). Integrating help-seeking education within school curricula may therefore promote mental health literacy, normalize psychological support utilization, facilitate early identification of emotional difficulties, and prevent problems from escalating. Evidence suggests that school-based mental health literacy interventions can improve students' knowledge, attitudes, and readiness to seek support when experiencing psychological challenges (Kutcher et al., 2016).

Emotional literacy is another fundamental component of curriculum-based mental health education. Emotional literacy refers to the ability to recognize, understand, express, and regulate emotions effectively. These skills are essential for emotional awareness, empathy, communication, conflict resolution, and adaptive coping. Adolescents who develop stronger emotional literacy are better able to identify emotional experiences, manage frustration, respond constructively to challenges, and establish healthier relationships with peers and teachers. Conversely, limited emotional awareness may contribute to emotional suppression, interpersonal difficulties, impulsive behaviors, and increased psychological distress. Therefore, integrating emotional literacy activities into classroom experiences may provide students with lifelong competencies that support both academic functioning and psychological well-being.

Similarly, stress management education provides students with practical strategies for managing academic and personal pressures. Adolescents encounter multiple stressors related to examinations, academic expectations, peer relationships, family circumstances, and social challenges. Persistent unmanaged stress can contribute to anxiety, emotional exhaustion, reduced concentration, and diminished psychological well-being. Curriculum-based stress management approaches promote adaptive coping through techniques such as relaxation exercises, mindfulness, problem-solving, time management, and positive coping strategies. By developing these skills, students may become better equipped to regulate stress responses and maintain psychological balance during challenging experiences.

The relationship between curriculum-integrated mental health education and psychological well-being can be understood through complementary theoretical perspectives. Bandura's Social Learning Theory (1977) proposes that individuals acquire behaviors, attitudes, and coping strategies through observation, modeling, and reinforcement within social environments. Within schools, teachers and peers provide important models through which students learn emotional expression, coping behaviors, and support-seeking practices. Beck's Cognitive Behavioral Theory (1976) further explains that psychological functioning is influenced by the interaction between thoughts, emotions, and behaviors. Through mental health education, students may develop healthier cognitive interpretations, improve emotional regulation, and adopt adaptive coping responses. Additionally, Bronfenbrenner's Ecological Systems Theory (1979) emphasizes that adolescent development occurs through continuous interactions between individuals and multiple environmental systems, including schools, families, peers, and communities. Together, these theories suggest that curriculum-based mental health education influences psychological well-being by strengthening individual competencies while simultaneously promoting supportive educational environments.

Despite increasing global recognition of school-based mental health promotion, implementation remains limited in many low- and middle-income countries. Educational systems within these contexts frequently prioritize academic outcomes while providing limited attention to students' emotional and psychological development. Challenges such as inadequate mental health resources, limited availability of trained school counselors, absence of structured mental health curricula, and persistent stigma surrounding psychological difficulties continue to restrict access to preventive interventions. In Cameroon, the need for school-based mental health education is particularly significant. Adolescents experience multiple psychosocial stressors, including academic pressures, family challenges, poverty-related difficulties, peer problems, substance-related risks, and the consequences of prolonged sociopolitical instability affecting the North West and South West Regions. These experiences may increase vulnerability to emotional difficulties, stress, anxiety, depression, and reduced psychological well-being. However, mental health education remains insufficiently integrated into mainstream secondary school curricula, limiting students' opportunities to develop structured skills in emotional awareness, stress management, and help-seeking behavior. Although previous research has explored adolescent mental health challenges and psychosocial interventions in Cameroon, limited evidence exists regarding how curriculum-integrated mental health education contributes to students' psychological well-being.

Therefore, this study examined the relationship between the integration of mental health education into the secondary school curriculum and students' psychological well-being in Buea Municipality, South West Region of Cameroon. Specifically, the study assessed the contribution of help-seeking behavior activities, emotional literacy, and stress management techniques to students' psychological well-being using a sequential explanatory mixed-methods design. By generating context-specific evidence from a low-resource educational setting, this study contributes to the growing global discourse on school-based mental health promotion and provides insights for curriculum development, educational policy, and adolescent mental health interventions in Cameroon and similar contexts.

Statement of the Problem

Adolescent mental health has emerged as a critical global public health and educational concern, with increasing recognition that psychological well-being during adolescence significantly influences academic achievement, social functioning, emotional development, and long-term health outcomes. Despite this recognition, many adolescents continue to experience psychological difficulties, including stress, anxiety, emotional dysregulation, depression, and reduced coping capacity, with a substantial proportion of these challenges remaining unidentified and unsupported. The consequences of untreated psychological difficulties during adolescence extend beyond individual distress, affecting school engagement, learning outcomes, interpersonal relationships, and future developmental trajectories. Consequently, international efforts have increasingly shifted from reactive mental health services toward preventive and promotive approaches that equip young people with psychological knowledge and skills before difficulties escalate. Schools represent one of the most strategic platforms for adolescent mental health promotion because they provide sustained access to young people within an environment where emotional, cognitive, and social competencies are developed. However, despite growing evidence supporting school-based mental health interventions, mental health education remains inconsistently integrated into many educational systems, particularly in low- and middle-income countries. Existing school structures often prioritize academic achievement while providing limited opportunities for students to develop essential psychological competencies such as emotional literacy, adaptive coping, stress management, resilience,

and effective help-seeking behaviors. As a result, many students may recognize academic and emotional difficulties without possessing the skills, confidence, or support pathways required to address them effectively.

In Cameroon, and particularly within the Buea Municipality of the South West Region, adolescents experience multiple psychosocial stressors, including academic pressures, family challenges, socioeconomic difficulties, peer-related concerns, exposure to sociopolitical instability, and limited access to adolescent-focused mental health services. These challenges create an increased vulnerability to psychological distress and impaired well-being among students. However, mental health education has not been systematically embedded within mainstream secondary school curricula, and students may have limited exposure to structured learning experiences that promote emotional awareness, coping skills, and appropriate help-seeking behaviors. Although schools provide an important environment for prevention, the absence of comprehensive curriculum-based mental health education limits their ability to function fully as protective settings for adolescent psychological development.

Furthermore, while previous studies have demonstrated the effectiveness of school-based mental health and social-emotional learning interventions in improving students' psychological outcomes, much of the existing evidence originates from high-income countries where educational systems, mental health resources, and school support structures differ substantially from those in Cameroon. Limited empirical evidence exists regarding how specific components of curriculum-integrated mental health education, including help-seeking behavior activities, emotional literacy, and stress management techniques, influence students' psychological well-being within resource-constrained African educational contexts. Additionally, insufficient attention has been given to understanding students' lived experiences and teachers' perspectives regarding the implementation and perceived benefits of integrating mental health education into routine classroom practices. This evidence gap creates uncertainty regarding the applicability, effectiveness, and sustainability of curriculum-based mental health education within the Cameroonian context. Without context-specific evidence, educational stakeholders and policymakers lack sufficient empirical guidance for designing and implementing school mental health promotion strategies that address the psychological needs of adolescents. Therefore, this study was conducted to examine the effect of integrating mental health education into the school curriculum on students' psychological well-being in the Buea Municipality, South West Region of Cameroon. Specifically, the study investigated the contribution of help-seeking behavior activities, emotional literacy integration, and stress management techniques while incorporating students' and teachers' perspectives to generate comprehensive evidence for strengthening school-based mental health promotion in Cameroon and similar low-resource settings.

Methodology

Research Design

This study adopted a mixed methods research design, specifically the sequential explanatory design. Mixed methods research involves the integration of both quantitative and qualitative approaches within a single study to achieve a more comprehensive understanding of the phenomenon under investigation. The sequential explanatory design, as advanced by scholars such as John W. Creswell, involves the collection and analysis of quantitative data in the first phase, followed by the collection and analysis of qualitative data in the second phase to explain or elaborate on the quantitative results. In the present study, quantitative data were initially collected through the administration of structured questionnaires to respondents in the selected high schools. The quantitative data were analysed using appropriate statistical techniques to identify patterns, trends, and relationships among the study variables. Subsequently, qualitative data were gathered using focus group discussion guides. The qualitative phase was designed to provide deeper insights, clarification, and explanation of the findings obtained from the quantitative phase. This sequential integration of methods enhanced the validity, complementarity, and overall robustness of the study findings.

Area of Study

This study was conducted in the Buea Municipality, located in Fako Division of the South West Region of Cameroon. Buea is an important educational and administrative centre that hosts a large population of secondary school students from diverse sociocultural backgrounds. The municipality contains several public and private secondary schools, making it an appropriate setting for examining the integration of mental health education within school environments. The South West Region, including Buea Municipality, has experienced prolonged sociopolitical instability, alongside existing challenges such as academic pressure, socioeconomic difficulties, family-related stressors, and limited access to adolescent-focused mental health services. These contextual factors may increase students' vulnerability to psychological distress while simultaneously highlighting the importance of preventive school-based mental health interventions. Therefore, Buea Municipality provides a relevant context for investigating how curriculum-integrated mental health education influences students' psychological well-being.

Population of the Study

The population of the study consisted of all secondary school students and teachers within the Buea Municipality. They were drawn from a variety of schools, including government, mission, and private secondary schools, representing a wide range of socio-economic, cultural, and academic backgrounds.

Table 1: Population Statistics of Secondary and High Schools in Buea

Category	S/N	School	Total Population of students
Public – General Education	1	Bilingual Grammar School (BGS), Molyko, Buea	5467
	2	Government High School (GHS), Bokwango, Buea	2049
	3	Government High School (GHS), Bonjongo, Buea	385
	4	Government Bilingual High School (GBHS), Muea, Buea	1903
	5	Government High School (GHS), Buea Rural, Bokova, Buea	1086
	6	Government High School (GHS), Buea Town	1569
	7	Government High School (GHS), Bolifamba, Mile 16, Buea	633
	8	Government High School (GHS), Bomaka, Buea	620
	9	Government Secondary School (GSS), Great Soppo, Buea	735
	10	Government Secondary School (GSS), Bwiyuku	400
	11	Government Secondary School (GSS), Dibanda	50
Public – Technical Education	12	Government Technical High School (GTHS), Molyko, Buea	1314
	13	Government Technical School (GTS), Buea	126
	14	Government Technical College (GTC), Bova, Buea	126
	15	Government Technical College (GTC), Lysoka, Buea	41
Sub-total (Public Schools)	-	-	16,504
Denominational / Confessional Schools	16	Baptist High School (BHS), Buea	890
	17	Saint Joseph's College (SJC), Sasse, Buea	947
	18	Bishop Rogan College, Small Soppo, Buea	431
	19	Our Lady of Mount Carmel College, Muea, Buea	43
	20	Presbyterian Comprehensive Secondary School (PCSS), Buea	1097
	21	St Paul's College, Bonjongo, Buea	378
	22	CUIB Buea	83
	23	Baptist Comprehensive Girls School, Great Soppo, Buea	322
	24	Bishop Jules Peters Memorial High School, Bokwango, Buea	200
Lay Private Schools	25	Inter' Comprehensive High School, Great Soppo, Buea	726
	26	Salvation Bilingual High School, Buea	397
	27	Marthlo Comprehensive Bilingual College, Buea	360
	28	Summerset Secondary School, Buea	1565
	29	Frankfils Comprehensive Secondary School, Buea	399
	30	Baird Memorial Secondary School, Buea	196
	31	St. Theresia International Secondary School, Buea	324
	32	Nabesk Comprehensive High School, Bonduma, Buea	242
	33	Palm Bilingual High School, Bonduma, Buea	114
	34	Lyokiki Secondary School	66
	35	Remedial Comprehensive High College	95
	36	Tonnic Comprehensive High School	65
	37	Champion Comprehensive College	96
	38	Saint Bernard High School	63
Sub-total (Lay Private Schools)	-	-	12,993

Source: Delegation of Secondary Education, South Region (2025/2026 Academic Year)

Target Population

The target population of this study consisted of students drawn from five selected secondary schools in the Buea Municipality. These schools include: Government High School Great Soppo, Baptist Comprehensive High School, NABESK Comprehensive College, Bilingual Grammar School (BGS) Molyko, and Government Technical High School (GTHS) Molyko, Buea.

Table 2: Target Population

SCHOOLS	Population of Students
Bilingual Grammar School (BGS) Molyko	1086
Government high school Great soppo,	100
Baptist high school Great soppo,	60
Government technical high school [GTHS] Molyko, Buea	50
Nabesk Comprehensive College,	300
TOTAL	**1596**

Accessible Population

The accessible population for this study consisted of 100 students drawn from the five selected schools within the Buea Municipality, South West Region of Cameroon. These teachers represent a subset of the larger teaching population in the municipality, providing a focused group for investigating the effects of mental health education integration in the curriculum and its effects on the psychological of students. The sample was chosen to ensure a manageable yet meaningful representation, with teachers spanning diverse age groups, years of teaching experience, and school types (government, confessional, and lay private).

Table 3: Accessible population

School	Accessible Students
Bilingual Grammar School (BGS), Molyko	30
Government High School, Great Soppo	20
Baptist High School, Great Soppo	15
Government Technical High School (GTHS), Molyko, Buea	15
Nabesk Comprehensive College	20
Total	**100**

Sampling Technique

A multistage sampling technique combining purposive, stratified, and simple random sampling was employed to select student participants. In the first stage, five secondary schools in the Buea Municipality were purposively selected based on their formal recognition, established classroom structures, and relevance to the investigation of mental health education integration within school settings. The selected schools provided an appropriate representation of the educational context in which students experience curriculum-based mental health interventions. In the second stage, stratified sampling was used to ensure representation across different class levels within each selected school. In the final stage, simple random sampling was applied to select eligible students from class registers, ensuring that each student had an equal probability of participation and reducing the risk of selection bias. This multistage approach strengthened the representativeness of the sample and enhanced the credibility of the findings regarding the relationship between curriculum-integrated mental health education and students' psychological well-being.

Research Instrument

Data were collected using a structured student questionnaire and a qualitative focus group guide developed to assess the integration of mental health education into the school curriculum and its influence on students' psychological well-being. The questionnaire consisted of three major sections.

The first section collected socio-demographic information of students, including age, sex, class level, and school characteristics. The second section assessed students' experiences of curriculum-integrated mental health education across three domains: help-seeking behavior activities, emotional literacy integration, and stress management techniques. Items were developed based on existing literature on school-based mental health promotion, social-emotional learning, and adolescent psychological development. Responses were measured using a four-point Likert scale ranging from Never (1) to Often (4), with higher scores indicating greater exposure to mental health education activities. The third section assessed students' psychological well-being using items adapted from established measures of adolescent psychological functioning, including dimensions related to emotional regulation, resilience, social connectedness, school belonging, coping ability, and overall positive functioning. Items were rated on the same four-point Likert scale, with higher scores reflecting better psychological well-being. For the qualitative phase, a semi-structured focus group discussion guide was developed to explore students' lived experiences of mental health education integration, including how help-seeking activities, emotional literacy lessons, and stress management strategies influenced their emotional functioning, coping abilities, and overall well-being. The qualitative component provided deeper contextual understanding of the quantitative findings and allowed students to describe perceived benefits, challenges, and areas requiring improvement. The instruments were reviewed by experts in mental health, educational psychology, and research methodology to establish

content validity. A pilot study was conducted among students from a school outside the selected study sites to assess clarity, relevance, and reliability of the questionnaire items before the final data collection.

Method of Data Collection

Ethical approval and administrative authorization were obtained from the relevant institutional authorities and the selected schools before data collection commenced. Permission was obtained from school administrators, while informed consent was secured from teachers. For students who were minors, parental or guardian consent and student assent were obtained in accordance with established ethical guidelines. The quantitative phase involved the administration of structured questionnaires to the selected students. The researcher personally administered the questionnaires with the assistance of trained research assistants where necessary. Participants were informed about the purpose of the study, assured of confidentiality, anonymity, and voluntary participation, and given adequate time to complete the questionnaires. Completed questionnaires were collected immediately after completion to maximize the response rate. Following the quantitative phase, the qualitative phase was conducted to provide deeper explanations for the statistical findings. Focus Group Discussions (FGDs) were held with purposively selected groups of students from the participating schools. Each FGD consisted of students who freely shared their experiences and perceptions regarding the integration of mental health education into the curriculum and its influence on their psychological well-being. With participants' permission, the FGDs were audio-recorded and supplemented with field notes to ensure completeness and accuracy of the data.

Data Analysis

Quantitative data obtained from the questionnaires were coded, cleaned, and entered into the Statistical Package for the Social Sciences (SPSS) version 27.0 for analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' demographic characteristics and describe responses to the study variables. Inferential statistics were employed to test the study hypotheses. Pearson Product-Moment Correlation (r) was used to determine the strength and direction of the relationship between the curriculum dimensions (Help seeking behaviors, emotional literacy integration, and stress management techniques) and students' psychological well-being. Spearman Rank-Order Correlation (ρ) was also computed to validate the findings where appropriate. All hypotheses were tested at the 0.05 level of significance, with $p < 0.05$ considered statistically significant. Qualitative data obtained from the student Focus Group Discussions were transcribed verbatim and analyzed using thematic analysis following the approach proposed by Braun and Clarke. The transcripts were read repeatedly to achieve data familiarization before meaningful statements were coded. Similar codes were grouped into categories, from which broader themes were generated to reflect participants' experiences and perceptions. Representative quotations from both teachers and students were used to support and enrich the quantitative findings.

Findings

Profile of Research Participants

This section presents the profile of student and teacher participants. For each profile variable, a frequency and percentage table is provided, followed by a bar chart and a narrative interpretation of the observed distribution.

Students profile on Age

Figure 1. ***Students bar chart for Age***

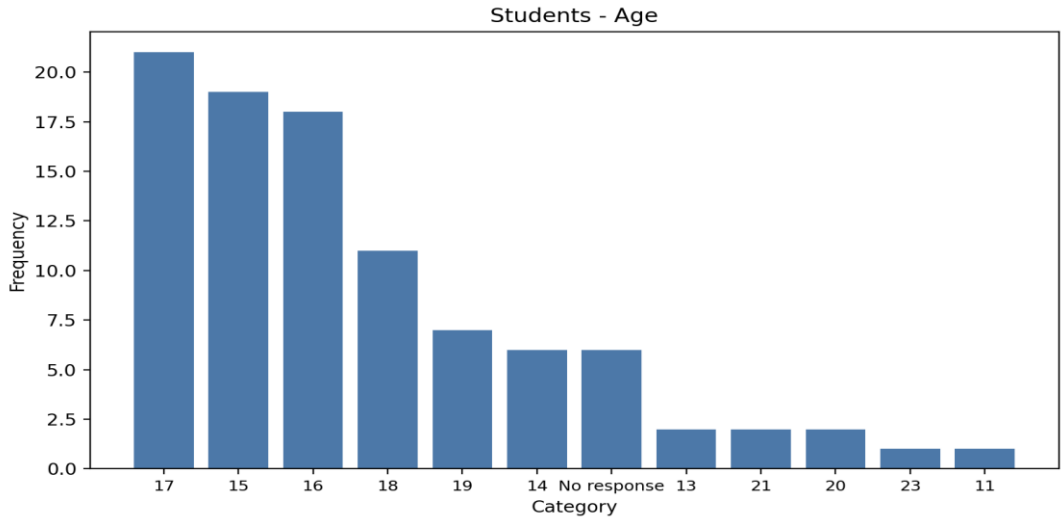

Figure 1 shows the distribution of students by age. The table was based on 96 responses. The most represented categories were 17 with 21 respondents (21.88%); 15 with 19 respondents (19.79%); 16 with 18 respondents (18.75%). A total of 6

respondents (6.25%) did not provide a usable response for this variable. Overall, the pattern indicates the dominant composition of the sample on this characteristic and helps to contextualize subsequent analyses of mental health education and psychological wellbeing.

Students profile on Gender

Figure 2. ***Students bar chart for Gender***

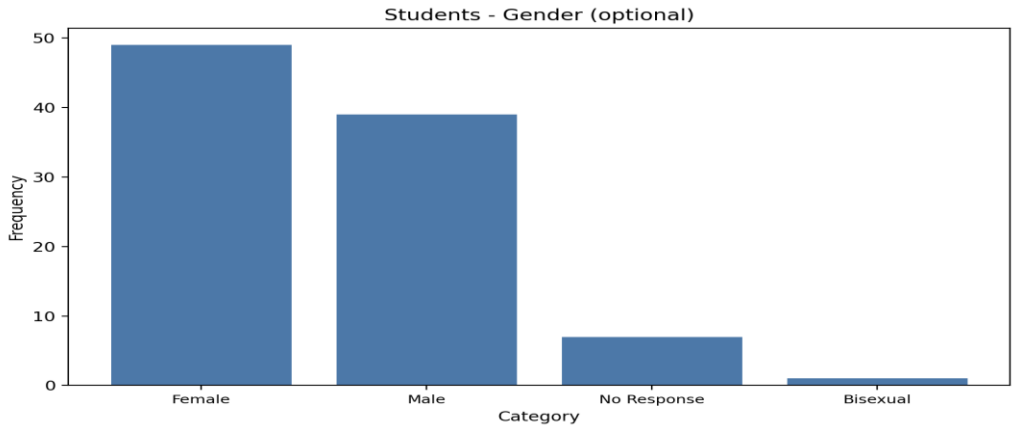

Figure 2 shows the distribution of students by gender. Response to this variable was optional. The table was based on 96 responses. The most represented categories were female with 49 respondents (51.04%); male with 39 respondents (40.62%); bisexual with 1 respondent (1.04%). A total of 7 respondents (7.29%) did not provide a usable response for this variable. Overall, the pattern indicates the dominant composition of the sample on this characteristic and helps to contextualize subsequent analyses of mental health education and psychological wellbeing.

Analysis of Findings per Research Questions

Research Question One: To what extent do help-seeking behavior activities integrated into the curriculum affect students' psychological well-being?

Table 4: Students' Frequency and Percentage Distribution on the Integration of Help-Seeking Behavior Activities

S/N	Item	Valid N	Never	Rarely	Sometimes	Often
1	I learn in school how to ask for help when I have emotional problems.	91	10 (10.99%)	25 (27.47%)	36 (39.56%)	20 (21.98%)
2	Teachers encourage me to seek support from school counselors when stressed.	92	8 (8.70%)	22 (23.91%)	39 (42.39%)	23 (25.00%)
3	I feel confident approaching teachers or staff when I need help.	91	12 (13.19%)	24 (26.37%)	34 (37.36%)	21 (23.08%)
4	I participate in classroom activities that teach how to seek social support.	90	14 (15.56%)	27 (30.00%)	31 (34.44%)	18 (20.00%)
5	I learn strategies for asking friends or peers for help appropriately.	92	9 (9.78%)	25 (27.17%)	36 (39.13%)	22 (23.91%)
6	School lessons teach me when to seek professional help for mental health issues.	91	8 (8.79%)	20 (21.98%)	39 (42.86%)	24 (26.37%)
7	I know whom to contact at school when I feel anxious or stressed.	90	11 (12.22%)	24 (26.67%)	34 (37.78%)	21 (23.33%)
8	Teachers encourage open discussions about challenges students face.	92	7 (7.61%)	21 (22.83%)	38 (41.30%)	26 (28.26%)
9	I feel safe sharing personal concerns with teachers or counselors.	90	13 (14.44%)	24 (26.67%)	33 (36.67%)	20 (22.22%)
10	School activities teach me that seeking help is a positive behavior.	92	6 (6.52%)	22 (23.91%)	37 (40.22%)	27 (29.35%)
11	I practice asking for help through role plays or guided exercises in school.	89	15 (16.85%)	26 (29.21%)	30 (33.71%)	18 (20.22%)
12	I am encouraged to seek help early before problems get worse.	91	8 (8.79%)	21 (23.08%)	38 (41.76%)	24 (26.37%)
13	I feel that school support services are	90	12	23	34	21

	available and effective.		(13.33%)	(25.56%)	(37.78%)	(23.33%)
14	I have learned how to ask for help without feeling embarrassed or shy.	89	13 (14.61%)	25 (28.09%)	31 (34.83%)	20 (22.47%)
15	Overall, help-seeking activities in school improve my ability to manage stress and emotional challenges.	90	7 (7.78%)	20 (22.22%)	39 (43.33%)	24 (26.67%)
	Overall Total	**1360**	**163 (11.99%)**	**349 (25.66%)**	**529 (38.90%)**	**319 (23.46%)**

The frequency and percentage distribution of students' responses regarding the integration of help-seeking behavior activities into the school curriculum shows an overall response pattern of Never 163 (11.99%), Rarely 349 (25.66%), Sometimes 529 (38.90%), and Often 319 (23.46%). These findings indicate that students generally perceived help-seeking behavior activities as being integrated into the curriculum at a moderate to high level, with the majority of responses clustered within the Sometimes and Often response categories (62.36%). The strongest positive endorsements (Sometimes + Often) were observed for School activities teach me that seeking help is a positive behavior (69.57%), Teachers encourage open discussions about challenges students face (69.56%), Overall, help-seeking activities in school improve my ability to manage stress and emotional challenges (70.00%), School lessons teach me when to seek professional help for mental health issues (69.23%), and Teachers encourage me to seek support from school counselors when stressed (67.39%). These findings suggest that schools are making deliberate efforts to normalize help-seeking behaviors and create supportive learning environments where students are encouraged to access available emotional and psychological support. Conversely, the least endorsed items included I practice asking for help through role plays or guided exercises in school (53.93%), I participate in classroom activities that teach how to seek social support (54.44%), and I have learned how to ask for help without feeling embarrassed or shy (57.30%). These lower levels of endorsement imply that although help-seeking is promoted conceptually, fewer students experience structured opportunities to practice these skills or overcome barriers such as embarrassment and fear of stigma. Overall, the findings suggest that the integration of help-seeking behavior activities within the curriculum is perceived positively by students. Nevertheless, the relatively lower ratings for practical skill-building activities indicate the need for schools to strengthen experiential learning approaches that actively develop students' confidence and competence in seeking psychological and emotional support.

Table 5: Students' Mean, Standard Deviation, and Variance for the Integration of Help-Seeking Behavior Activities and Students' Psychological Well-Being

S/N	Item	N	Mean	SD	Variance
1	School activities teach me that seeking help is a positive behavior.	92	2.93	0.88	0.77
2	Teachers encourage open discussions about challenges students face.	92	2.90	0.89	0.79
3	Overall, help-seeking activities in school improve my ability to manage stress and emotional challenges.	90	2.89	0.87	0.76
4	School lessons teach me when to seek professional help for mental health issues.	91	2.87	0.90	0.81
5	I am encouraged to seek help early before problems get worse.	91	2.86	0.89	0.79
6	Teachers encourage me to seek support from school counselors when stressed.	92	2.84	0.91	0.83
7	I learn strategies for asking friends or peers for help appropriately.	92	2.77	0.93	0.86
8	I know whom to contact at school when I feel anxious or stressed.	90	2.72	0.95	0.90
9	I feel that school support services are available and effective.	90	2.71	0.94	0.88
10	I feel confident approaching teachers or staff when I need help.	91	2.70	0.96	0.92
11	I feel safe sharing personal concerns with teachers or counselors.	90	2.67	0.97	0.94
12	I learn in school how to ask for help when I have emotional problems.	91	2.66	0.91	0.83
13	I have learned how to ask for help without feeling embarrassed or shy.	89	2.65	0.98	0.96
14	I participate in classroom activities that teach how to seek social support.	90	2.59	0.99	0.98
15	I practice asking for help through role plays or guided exercises in school.	89	2.57	1.02	1.04
	Grand/Overall Total	**90**	**2.75**	**0.93**	**0.87**

The mean, standard deviation, and variance results indicate a grand mean of 2.75, an average standard deviation of 0.93, and an average variance of 0.87. The grand mean suggests that students generally perceived the integration of help-seeking behavior activities into the curriculum to occur between the "Sometimes" and "Often" response categories, reflecting a moderately high level of implementation across participating schools. The highest-rated item was School activities teach me that seeking help is a positive behavior (M = 2.93, SD = 0.88), followed closely by Teachers encourage open discussions about challenges students face (M = 2.90, SD = 0.89), Overall, help-seeking activities in school improve my ability to manage stress and emotional challenges (M = 2.89, SD = 0.87), School lessons teach me when to seek professional help for mental health issues (M = 2.87, SD = 0.90), and I am encouraged to seek help early

before problems get worse (M = 2.86, SD = 0.89). These findings indicate that students generally recognized teachers' efforts to promote positive attitudes toward help-seeking, encourage open communication, and provide guidance on accessing mental health support when needed. Conversely, the lowest-rated items were I practice asking for help through role plays or guided exercises in school (M = 2.57, SD = 1.02), I participate in classroom activities that teach how to seek social support (M = 2.59, SD = 0.99), I have learned how to ask for help without feeling embarrassed or shy (M = 2.65, SD = 0.98), and I learn in school how to ask for help when I have emotional problems (M = 2.66, SD = 0.91). Although these items still fall above the midpoint of the response scale, they suggest that practical training in help-seeking behaviors and confidence-building opportunities may not be as consistently integrated into classroom activities as awareness-raising initiatives. The standard deviations ranged from 0.87 to 1.02, indicating moderate variability in students' responses. This suggests that while the majority of respondents held favorable perceptions regarding the integration of help-seeking behavior activities, there were noticeable differences in students' experiences across schools and classrooms. The relatively low variance values further imply a reasonable degree of consistency in students' perceptions, supporting the reliability of the observed response patterns. Overall, the findings demonstrate that schools are making meaningful efforts to integrate help-seeking behavior into the curriculum by promoting awareness, encouraging students to seek support, and fostering positive attitudes toward accessing assistance. However, greater emphasis should be placed on experiential learning strategies, such as role-playing, guided practice, and structured social support exercises, to enhance students' confidence and competence in applying help-seeking skills in real-life situations.

Table 6: Students' Responses on How the Integration of Help-Seeking Behavior Education into the Curriculum Influences Their Psychological Well-being

Theme	Supporting Direct Quotations
Increased awareness that seeking help improves emotional well-being	*"The mental health lessons have taught us that when we have problems, we should not keep everything to ourselves because talking to someone can make us feel better."*
	"Before, some students thought they had to handle all problems alone, but now we understand that seeking help can reduce stress and emotional pressure."
	"When we share our problems with trusted people, we feel relieved and receive advice on how to handle difficult situations."
	"Mental health education has helped us know that asking for help is a way of taking care of our mental health."
Improved willingness to seek support from teachers and counselors	*"We have learned that teachers and counselors are there to support us when we face emotional or academic challenges."*
	"When I am stressed or worried, I feel more comfortable talking to my teacher because I know they can guide me."
	"The counseling sessions encourage students to speak about things affecting them instead of suffering silently."
	"Students now know that the counselor is not only for students with problems but also for anyone who needs guidance."
Reduction of stigma associated with seeking psychological support	*"Mental health education has changed the way students see counseling because they now know that asking for help does not mean someone is weak."*
	"Some students used to laugh at others who visited the counselor, but the lessons have helped us understand that everyone may need support at some point."
	"We now understand that emotional problems are normal and should be addressed like physical health problems."
Development of peer support and supportive relationships	*"Students have learned to support their friends when they notice someone is sad, stressed or facing difficulties."*
	"Sometimes we talk to our friends first because they understand what we are experiencing."
	"Mental health education has taught us how to listen and encourage others who may be struggling."
Challenges affecting help-seeking despite mental health education	*"Some students still fear that others will judge them if they talk about their problems."*
	"A few students keep their problems because they feel embarrassed or think people will not understand them."
	"More programs are needed to encourage students to seek help early."

The findings indicate that integrating help-seeking behavior education into the curriculum contributes positively to students' psychological well-being by increasing awareness of available support systems, reducing stigma, and encouraging early communication of emotional difficulties. Students reported that mental health education helped them understand the importance of seeking assistance from teachers, counselors, peers, and trusted adults when experiencing psychological challenges. These findings explain the quantitative results by demonstrating the mechanism through which help-seeking behavior contributes to psychological well-being; students who recognize the value of seeking support are more likely to receive timely assistance, develop healthier coping strategies, and prevent emotional difficulties from escalating.

Research Question Two: How does the integration of emotional literacy in the curriculum affect student's psychological well-being?

Table 7: Students frequency and percentage distribution for how does the integration of emotional literacy in the curriculum affect student's psychological well-being?

S/N	Item	Valid N	Never	Rarely	Sometimes	Often
1	I learn to identify and name my emotions during class activities.	96	20 (20.83%)	26 (27.08%)	39 (40.62%)	11 (11.46%)
2	i practice expressing my feeling appropriately in school	93	16 (17.20%)	35 (37.63%)	34 (36.56%)	8 (8.60%)
3	i understand how my emotion affect my behavior and decisions	96	9 (9.38%)	20 (20.83%)	36 (37.50%)	31 (32.29%)
4	I participate in role plays or discussions that help me manage emotions.	93	23 (24.73%)	21 (22.58%)	32 (34.41%)	17 (18.28%)
5	I use strategies learned in class to calm down when upset or stressed.	95	19 (20.00%)	25 (26.32%)	37 (38.95%)	14 (14.74%)
6	Teachers encourage me to reflect on my feelings and emotional reactions.	94	22 (23.40%)	23 (24.47%)	34 (36.17%)	15 (15.96%)
7	I can recognize and understand the emotions of my classmates.	95	13 (13.68%)	31 (32.63%)	27 (28.42%)	24 (25.26%)
8	Activities in school help me to manage conflicts with others calmly.	93	13 (13.98%)	22 (23.66%)	43 (46.24%)	15 (16.13%)
9	I feel more confident in handling my emotions because of school lessons.	93	11 (11.83%)	31 (33.33%)	24 (25.81%)	27 (29.03%)
10	Overall, emotional literacy activities help me feel better psychologically and socially.	94	18 (19.15%)	28 (29.79%)	28 (29.79%)	20 (21.28%)
11	I can stay calm in stressful situations because of what I learned in class.	95	14 (14.74%)	28 (29.47%)	37 (38.95%)	16 (16.84%)
12	I reflect on my emotions regularly through school activities.	93	13 (13.98%)	27 (29.03%)	35 (37.63%)	18 (19.35%)
13	I understand how my moods can affect my relationships with classmates.	94	14 (14.89%)	19 (20.21%)	31 (32.98%)	30 (31.91%)
14	Class activities teach me ways to respond positively when upset.	96	10 (10.42%)	35 (36.46%)	38 (39.58%)	13 (13.54%)
15	I feel emotionally prepared to face challenges at school because of lessons.	95	13 (13.68%)	21 (22.11%)	27 (28.42%)	34 (35.79%)
	Overall total	1415	228 (16.11%)	392 (27.70%)	502 (35.48%)	293 (20.71%)

The frequency and percentage distribution for the student responses shows an overall pattern of Never 228 (16.11%), Rarely 392 (27.70%), Sometimes 502 (35.48%), and Often 293 (20.71%). The strongest positive endorsements were observed for i understand how my emotion affect my behavior and decisions at 69.79%; I understand how my mood can affect my relationships with classmates at 64.89%; I feel emotional prepared to face challenges in school because of lessons at 64.21%. By contrast, the least endorsed items were i practice expressing my feeling appropriately in school at 45.16%; overall, emotional literacy activities help me feel better physiologically and socially at 51.06%. Taken together, the table suggests that the respondents generally clustered around the upper response categories; although item-level differences show that some aspects of the program were more consistently experienced than others.

Table 8: **Students mean, standard deviation, and variance for how does the integration of emotional literacy in the curriculum affect students psychological well-being***?*

S/N	Item	N	Mean	SD	Variance
1	i understand how my emotion affect my behavior and decisions	96	2.93	0.95	0.91
2	I feel emotional prepared to face challenges in school because of lesson's	95	2.86	1.06	1.12
3	I understand how my mood can affect my relationships with classmates	94	2.82	1.05	1.1
4	i feel more confident in handling my emotions because for school lessons	93	2.72	1.01	1.03
5	Activities in school help me to manage conflict with others calmly	93	2.65	0.92	0.84
6	i recognize and understand the emotions of my classmates	95	2.65	1.01	1.02
7	i reflect on my emotions regularly through school activities.	93	2.62	0.95	0.91
8	I can stay calm in stressful situations because of what i learn in class.	95	2.58	0.94	0.88
9	Class activities teach me ways to respond positively when upset.	96	2.56	0.86	0.73
10	Overall, emotional literacy activities help me feel better physiologically and socially.	94	2.53	1.03	1.07
11	i use strategies learned in class to calm down when upset r stress	95	2.48	0.98	0.95
12	I participate in role plays or discussion that help me manage emotions	93	2.46	1.06	1.12
13	teacher encourage me to reflect no my feelings and emotional reactions	94	2.45	1.02	1.05
14	I learn to identify and name my emotions during class activities.	96	2.43	0.95	0.9
15	i practice expressing my feeling appropriately in school	93	2.37	0.87	0.76
	Grand/Overall total	94	2.61	0.98	0.96

The mean, standard deviation, and variance table shows a grand mean of 2.61, an average standard deviation of 0.98, and an average variance of 0.96. This overall mean indicates that responses tended to fall around the sometime to often range of the response scale. The highest-rated items were i understand how my emotion affect my behavior and decision (M = 2.93, SD = 0.95); I feel emotional prepared to face challenges in school because of lesson's (M = 2.86, SD = 1.06); I understand how my mood can affect my relationships with classmates (M = 2.82, SD = 1.05). The lowest-rated items were teacher encourage me to reflect no my feelings and emotional reactions (M = 2.45, SD = 1.02); I learn to identify and name my emotions during class activities. (M = 2.43, SD = 0.95); i practice expressing my feeling appropriately in school (M = 2.37, SD = 0.87). The variability estimates indicate moderate dispersion across most items, meaning that although the general direction of responses was positive, experiences were not entirely uniform across respondents.

Table 9: Students' Responses on How the Integration of Emotional Literacy Education into the Curriculum Influences Their Psychological Well-being

Theme	Supporting Direct Quotations
Improved understanding and identification of emotions	*"Mental health education has helped us understand different emotions and recognize when we are feeling sad, angry, worried or stressed."*
	"Before these lessons, some students could not explain why they were feeling a certain way, but now they can identify their emotions."
	"We have learned that emotions are normal and that understanding them helps us manage our behaviour."
	"The lessons help students know the difference between normal feelings and when they need support."
Improved emotional expression and communication	*"Students are encouraged to talk about their feelings instead of keeping everything inside."*
	"When I have a problem, I can explain how I feel rather than becoming angry or fighting with others."
	"Mental health education has taught us how to communicate our emotions respectfully."
	"Some students who were quiet before are now able to share their concerns with teachers and friends."
Development of emotional regulation skills	*"We have learned ways of controlling our emotions when we are angry, disappointed or under pressure."*
	"The lessons teach us to calm down first before reacting to situations."
	"Students are learning that responding peacefully is better than reacting aggressively."

	"When I feel stressed, I try to control my emotions and think about solutions instead of panicking."
Improved relationships and empathy towards others	*"Understanding emotions helps students respect each other because they know everyone experiences different challenges."*
	"We have become more supportive of our friends because we can understand how they feel."
	"Students are able to solve conflicts better because they learn to consider other people's feelings."
	"Emotional literacy has improved friendships because students communicate better."
Increased self-awareness and confidence	*"Knowing my emotions has helped me understand myself better and become more confident."*
	"The lessons have helped me recognize my strengths and weaknesses."
	"Students become more confident when they understand themselves and know how to handle challenges."
Challenges affecting emotional literacy development	*"Some students still find it difficult to express their emotions because they are afraid of being judged."*
	"Not all students take these lessons seriously because they think mental health is not as important as academic subjects."
	"More practical activities are needed to help students practice emotional skills."

The findings demonstrate that integrating emotional literacy education into the curriculum contributes positively to students' psychological well-being by improving their ability to recognize, express, and regulate emotions. Students explained that mental health education helped them understand their emotional experiences, communicate their feelings appropriately, and develop healthier ways of responding to stressful situations. The development of emotional awareness and regulation also strengthened interpersonal relationships by promoting empathy, conflict resolution, and social support. These findings provide qualitative explanations for the quantitative results by demonstrating that emotional literacy serves as an important pathway through which mental health education enhances students' psychological well-being.

Research Question Three: What effect does stress management techniques integrated into the curriculum have on student's psychological well-being?

Table 10: **Students frequency and percentage distribution for what effect does stress management techniques integrated into the curriculum have on student's psychological well-being?**

S/N	Item	Valid N	Never	Rarely	Sometimes	Often
1	I practice deep breathing exercise in school to manage stress	94	31 (32.98%)	21 (22.34%)	24 (25.53%)	18 (19.15%)
2	I use relaxation technique like guided imagery or meditation	94	18 (19.15%)	29 (30.85%)	36 (38.30%)	11 (11.70%)
3	I take breaks during study time to reduce tension and refresh my mind	96	11 (11.46%)	26 (27.08%)	43 (44.79%)	16 (16.67%)
4	Teachers provide lessons on time management to reduce academic stress	89	12 (13.48%)	24 (26.97%)	32 (35.96%)	21 (23.60%)
5	I participate in physical activities e.g sport exercise to cope with stress.	93	12 (12.90%)	23 (24.73%)	37 (39.78%)	21 (22.58%)
6	I write down my thoughts and feelings to relief stress	95	20 (21.05%)	30 (31.58%)	28 (29.47%)	17 (17.89%)
7	I use problems-solving strategic thoughts in school to handle difficult situations	93	14 (15.05%)	26 (27.96%)	32 (34.41%)	21 (22.58%)
8	School activities teach me how to plan and organize tax t avid stress	95	20 (21.05%)	21 (22.11%)	33 (34.74%)	21 (22.11%)
9	I practice mindfulness exercises learned in school to stay calm	92	18 (19.57%)	23 (25.00%)	36 (39.13%)	15 (16.30%)

S/N	Item	Valid N	Never	Rarely	Sometimes	Often
10	I share my worries to teacher and counselors to reduce stress	95	24 (25.26%)	25 (26.32%)	29 (30.53%)	17 (17.89%)
11	I use peer support or group discussions to cope with stress	95	16 (16.84%)	26 (27.37%)	35 (36.84%)	18 (18.95%)
12	I feel prepared to manage exams stress because of school activities	94	15 (15.96%)	23 (24.47%)	36 (38.30%)	20 (21.28%)
13	Teachers encourage positive coping strategies when students feel over whelmed	95	12 (12.63%)	28 (29.47%)	44 (46.32%)	11 (11.58%)
14	I can stay calm under pressure due to stress management lessons	94	15 (15.96%)	30 (31.91%)	31 (32.98%)	18 (19.15%)
15	Overall, my stress management technique help me to feel less anxious and more focus	93	17 (18.28%)	29 (31.18%)	33 (35.48%)	14 (15.05%)
	Overall total	1407	255 (18.12%)	384 (27.29%)	509 (36.18%)	259 (18.41%)

The frequency and percentage distribution for the student responses shows an overall pattern of Never 255 (18.12%), Rarely 384 (27.29%), Sometimes 509 (36.18%), and Often 259 (18.41%). The strongest positive endorsements were observed for I participate in physical activities e.g sport exercise to cope with stress at 62.37%; I take break during study time to reduce tension and refresh my mind at 61.46%; I feel prepared to manage exams stress because of school activities at 59.57%. By contrast, the least endorsed items were I practice deep reading exercise in school to manage stress at 44.68%; I write down my thoughts and feelings to relief stress at 47.37%. Taken together, the table suggests that the respondents generally clustered around the upper response categories; although item-level differences show that some aspects of the program were more consistently experienced than others.

Table 11: **Students mean, standard deviation, and variance for what effect do stress management techniques integrated into the curriculum have on student's psychological well-being?**

S/N	Item	N	Mean	SD	Variance
1	I participate in physical activities e.g sport exercise t cope with stress.	93	2.72	0.96	0.92
2	Teachers provide lessons on time management to reduce academic stress	89	2.7	0.98	0.96
3	I take break during study time t reduce tension and refresh my mind	96	2.67	0.89	0.79
4	I feel prepared to manage exams stress because of school activities	94	2.65	0.99	0.98
5	I use problems-solving strategic thoughts in school to handle difficult situations	93	2.65	1.0	0.99
6	I use peer support or group discussions to cope with stress	95	2.58	0.98	0.97
7	School activities teach me how to plan and organize tax to avoid stress	95	2.58	1.06	1.12
8	Teachers encourage positive coping strategies when students feel over whelmed	95	2.57	0.86	0.74
9	I can stay calm under pressure due to stress management lessons	94	2.55	0.98	0.96
10	I practice mindfulness exercises learned in school to stay calm	92	2.52	0.99	0.98
11	Overall, my stress management technique help me to feel less anxious and more focus	93	2.47	0.96	0.93
12	I write down my thoughts and feelings to relief stress	95	2.44	1.02	1.04
13	I use relaxation technique like guided imagery or meditation	94	2.43	0.93	0.87
14	I share my worries to teacher and counselors to reduce stress	95	2.41	1.06	1.12
15	I practice deep reading exercise in school to manage stress	94	2.31	1.13	1.27
	Grand/Overall total	93	2.55	0.99	0.98

The mean, standard deviation, and variance table shows a grand mean of 2.55, an average standard deviation of 0.99, and an average variance of 0.98. This overall mean indicates that responses tended to fall around the sometime to often range of the response scale. The highest-rated items were I participate in physical activities for example sport exercise to cope with stress. (M = 2.72, SD = 0.96); Teachers provide lessons on time management to reduce academic stress (M = 2.70, SD = 0.98); I take break during study time to reduce tension and refresh my mind (M = 2.67, SD = 0.89). The lowest-rated items were I use relaxation technique like guided imagery or meditation (M = 2.43, SD = 0.93); I share my worries to teacher and counselors to reduce stress (M = 2.41, SD = 1.06); I practice deep reading exercise in school to manage

stress (M = 2.31, SD = 1.13). The variability estimates indicate moderate dispersion across most items, meaning that although the general direction of responses was positive, experiences were not entirely uniform across respondents.

Table 12: Students' Responses on How the Integration of Stress Management Techniques Education into the Curriculum Influences Their Psychological Well-being

Theme	Supporting Direct Quotations
Increased awareness of stress and its effects	*"Mental health education has helped us understand what stress is and how it can affect our emotions, thoughts and behavior."*
	"Before these lessons, some students did not know that feeling tired, worried or unable to concentrate could be signs of stress."
	"We have learned that stress is common, especially among students, but it can be managed in healthy ways."
	"The lessons help us identify when academic pressure is becoming too much and when we need support."
Development of effective coping strategies	*"Teachers have taught us different ways to manage stress, such as planning our time, relaxing and talking to someone we trust."*
	"When I feel overwhelmed with school work, I try to organize my activities instead of becoming anxious."
	"The strategies we learn help us handle examinations and other challenges better."
	"Students now know that there are healthy ways to deal with stress instead of giving up or engaging in harmful behaviors."
Improved time management and academic coping	*"Mental health education has helped me plan my studies better and avoid last-minute pressure during examinations."*
	"Teachers encourage us to balance academic work, rest and other activities."
	"Managing my time has reduced the stress I experience because I know what I need to do each day."
	"Students are learning that good preparation can reduce examination anxiety."
Use of relaxation and emotional regulation techniques	*"We have learned relaxation exercises such as deep breathing when we feel anxious or under pressure."*
	"Taking time to calm down helps me think clearly when I have problems."
	"Sports, music and physical activities help students release stress and feel better emotionally."
	"Counseling sessions teach us ways to remain calm during difficult situations."
Seeking social and emotional support when stressed	*"When stress becomes too much, I talk to my friends, teachers or counselors for advice."*
	"Mental health education has taught us that we do not have to face stressful situations alone."
	"Support from teachers and friends helps students feel encouraged during difficult times."
	"Talking about problems makes students feel relieved and less worried."
Challenges affecting the use of stress management techniques	*"Although we know the strategies, sometimes school workload makes it difficult to practice them."*
	"Some students know how to manage stress but still struggle because of family and personal problems."
	"More practical sessions are needed because students learn better when they practice these techniques."

The findings indicate that integrating stress management education into the curriculum enhances students' psychological well-being by improving their awareness of stress, developing adaptive coping strategies, and promoting healthier responses to academic and personal challenges. Students reported that mental health education helped them recognize stress symptoms, manage academic demands, practice relaxation techniques, and seek support when necessary. These findings explain the quantitative results by demonstrating that stress management techniques act as a pathway through

which mental health education reduces psychological distress and strengthens students' ability to cope with challenging experiences.

Psychological Well-Being

Table 13: Students' Frequency and Percentage Distribution on Psychological Well-Being

S/N	Statement	Valid N	Never	Rarely	Sometimes	Often
1	I feel confident and capable in handling school challenges.	90	16 (17.78%)	28 (31.11%)	29 (32.22%)	17 (18.89%)
2	I feel happy and satisfied with my school life.	91	18 (19.78%)	27 (29.67%)	30 (32.97%)	16 (17.58%)
3	I have positive relationships with my teachers and classmates.	92	9 (9.78%)	23 (25.00%)	38 (41.30%)	22 (23.91%)
4	I can manage stress and pressure effectively at school.	90	21 (23.33%)	28 (31.11%)	25 (27.78%)	16 (17.78%)
5	I feel a sense of accomplishment in my academic work.	90	15 (16.67%)	26 (28.89%)	31 (34.44%)	18 (20.00%)
6	I feel optimistic about my future and school success.	91	12 (13.19%)	25 (27.47%)	34 (37.36%)	20 (21.98%)
7	I feel emotionally balanced and calm most of the time.	90	22 (24.44%)	27 (30.00%)	25 (27.78%)	16 (17.78%)
8	I can focus and concentrate well during school activities.	91	17 (18.68%)	28 (30.77%)	29 (31.87%)	17 (18.68%)
9	I feel supported by teachers and peers when I face difficulties.	90	13 (14.44%)	25 (27.78%)	33 (36.67%)	19 (21.11%)
10	I feel confident expressing my thoughts and ideas in school.	91	16 (17.58%)	27 (29.67%)	31 (34.07%)	17 (18.68%)
11	I feel motivated and engaged in learning activities.	90	14 (15.56%)	25 (27.78%)	32 (35.56%)	19 (21.11%)
12	I feel a sense of belonging in my school community.	90	12 (13.33%)	24 (26.67%)	34 (37.78%)	20 (22.22%)
13	I feel able to solve problems and make decisions independently.	89	18 (20.22%)	26 (29.21%)	28 (31.46%)	17 (19.10%)
14	I feel emotionally resilient when facing setbacks.	89	22 (24.72%)	26 (29.21%)	25 (28.09%)	16 (17.98%)
15	Overall, I feel psychologically healthy and well at school.	90	19 (21.11%)	27 (30.00%)	27 (30.00%)	17 (18.89%)
	Overall Total	**1354**	**244 (18.02%)**	**392 (28.95%)**	**441 (32.57%)**	**277 (20.46%)**

Table 14: Students' Mean, Standard Deviation and Variance

S/N	Item	N	Mean	SD	Variance
1	Positive relationships with teachers and classmates	92	2.79	0.91	0.83
2	Optimistic about future and school success	91	2.68	0.94	0.88
3	Sense of belonging in school	90	2.69	0.92	0.85
4	Supported by teachers and peers	90	2.64	0.93	0.86
5	Motivated and engaged in learning	90	2.62	0.95	0.90
6	Sense of accomplishment	90	2.58	0.93	0.86
7	Confident expressing ideas	91	2.54	0.94	0.88
8	Confident handling school challenges	90	2.52	0.96	0.92
9	Able to solve problems independently	89	2.49	0.97	0.94
10	Focus and concentration	91	2.48	0.95	0.90
11	Happy and satisfied with school life	91	2.47	0.98	0.96
12	Overall psychologically healthy	90	2.47	0.96	0.92
13	Manage stress effectively	90	2.40	1.01	1.02
14	Emotionally balanced and calm	90	2.38	1.02	1.04
15	Emotionally resilient when facing setbacks	89	2.35	1.03	1.06
	Grand Total	**90**	**2.54**	**0.96**	**0.91**

A grand mean of 2.54 reflects moderate psychological well-being, with strengths in social connectedness and optimism but lower scores in stress management, emotional balance, and resilience.

Inferential Statistics and Testing of Hypotheses

Help-seeking behavior activities integrated into the curriculum have no significant effect on students' psychological well-being.

Respondent Set	Predictor	Outcome	N	Pearson r	Pearson p	Spearman rho	Spearman p	Decision at .05
Students	Student composite for Research Question One	Psychological well-being composite	90	**0.641**	**0.000**	**0.654**	**0.000**	Reject H_0

The hypothesis for this research question was tested using Pearson product-moment correlation and Spearman rank-order correlation at the 0.05 level of significance. For the student data, the findings revealed a positive and statistically significant relationship between the integration of help-seeking behavior activities and students' psychological well-being, with Pearson's correlation coefficient (r) = 0.641, $p < .001$, and Spearman's rho = 0.654, $p < .001$. These coefficients indicate a moderately strong positive association, suggesting that students who reported greater exposure to help-seeking behavior activities also tended to report higher levels of psychological well-being. Accordingly, the decision was to reject the null hypothesis (H_0) because the observed probability values were less than the 0.05 level of significance.

Emotional literacy integration in the curriculum has no significant effect on student's psychological well-being.

Table 16: Pearson and Spearman correlation results for how does the integration of emotional literacy in the curriculum affect student's psychological well-being?

Respondent set	Predictor	Outcome	N	Pearson r	Pearson p	Spearman rho	Spearman p	Decision at .05
Students	Student composite for Research Question Two	Psychological wellbeing composite	88	0.568	0.0	0.579	0.0	Reject H0

The hypothesis test for this research question was examined with Pearson product-moment correlation and Spearman rank-order correlation at the .05 level of significance. For the student data, the relationship was positive and statistically significant, Pearson r = 0.568, $p < .001$, and Spearman rho = 0.579, $p < .001$. Accordingly, the decision was to reject h0 for the student data. In substantive terms, this means that higher levels of emotional literacy integration in the curriculum were associated with better psychological wellbeing outcomes and stronger perceived wellbeing benefits.

Stress management techniques integrated into the curriculum has no significant effect on student's psychological well-being.

Table 17: Pearson and Spearman correlation results for what effect does stress management techniques integrated into the curriculum have on student's psychological well-being?

Respondent set	Predictor	Outcome	N	Pearson r	Pearson p	Spearman rho	Spearman p	Decision at .05
Students	Student composite for Research Question Three	Psychological wellbeing composite	88	0.566	0.0	0.637	0.0	Reject H0

The hypothesis test for this research question was examined with Pearson product-moment correlation and Spearman rank-order correlation at the .05 level of significance. For the student data, the relationship was positive and statistically significant, Pearson r = 0.566, $p < .001$, and Spearman rho = 0.637, $p < .001$. Accordingly, the decision was to reject h0 for the student data. In substantive terms, this means that higher levels of Stress management techniques integrated into the curriculum were associated with better psychological wellbeing outcomes or stronger perceived wellbeing benefits.

Discussion of Findings

Discussion of Objective One: Effect of Help-Seeking Behavior Activities Integrated into the Curriculum on Students' Psychological Well-being

The findings of this study demonstrate that the integration of help-seeking behavior activities into the school curriculum significantly enhanced students' psychological well-being. Quantitative findings revealed a moderately strong positive and statistically significant relationship between curriculum-based help-seeking activities and psychological well-being (Pearson $r = 0.641$, $p < .001$; Spearman rho $= 0.654$, $p < .001$), leading to the rejection of the null hypothesis. This indicates that students who experienced greater exposure to activities promoting help-seeking behaviors were more likely to report improved emotional functioning, social connectedness, and overall psychological well-being. The qualitative findings further supported this relationship by demonstrating that students perceived mental health education as increasing their awareness of available support systems, reducing stigma associated with seeking assistance, and improving their willingness to communicate emotional difficulties.

These findings are consistent with current evidence showing that school-based mental health education strengthens mental health literacy, improves recognition of psychological difficulties, and promotes appropriate help-seeking behaviors among adolescents. Adolescents frequently experience barriers to seeking support, including stigma, limited knowledge of mental health services, confidentiality concerns, and negative beliefs about emotional difficulties (Rickwood et al., 2005; Gulliver et al., 2010). Recent studies continue to demonstrate that improving mental health literacy and reducing stigma are important mechanisms for increasing adolescents' willingness to seek psychological assistance (Radez et al., 2021; Wei et al., 2021). Therefore, integrating help-seeking education into the curriculum provides students with essential knowledge and confidence required to identify psychological challenges and access appropriate support before problems become severe. The findings also support previous research demonstrating that school-based mental health literacy interventions improve students' understanding of mental health problems and increase positive attitudes toward seeking help (Kutcher et al., 2016; Mcluckie et al., 2019). Recent systematic reviews further indicate that curriculum-based mental health interventions are effective in improving students' knowledge, reducing stigma, and enhancing readiness to seek support, particularly when interventions include interactive learning activities rather than information delivery alone (O'Connor et al., 2021; Wei et al., 2021).

The positive relationship identified in this study can be explained through Bandura's Social Learning Theory, which proposes that individuals acquire behaviors through observation, modeling, reinforcement, and interaction with their social environment (Bandura, 1977, 1986). Within the school context, teachers, counselors, and peers serve as important social models who demonstrate acceptable ways of expressing emotions and seeking support. The present findings suggest that repeated exposure to classroom discussions, guidance activities, and supportive teacher interactions may normalize help-seeking as a positive health behavior rather than a sign of weakness. This interpretation is supported by recent evidence showing that supportive school environments and positive teacher–student relationships enhance adolescents' psychological safety and willingness to disclose emotional difficulties (Aldridge et al., 2018; Long et al., 2020). Furthermore, the findings support Beck's Cognitive Behavioral Theory, which emphasizes that emotional responses and behaviors are influenced by individuals' perceptions, beliefs, and interpretations of experiences (Beck, 1976; Beck, 2011). Curriculum-based help-seeking education may challenge maladaptive beliefs that seeking psychological support reflects personal failure and replace them with healthier interpretations of help-seeking as a coping strategy and form of self-care. Recent cognitive behavioral research emphasizes that modifying negative beliefs and improving adaptive coping responses are important pathways for enhancing adolescent mental health outcomes (Hofmann & Hayes, 2022).

Discussion of Objective Two: Effect of Emotional Literacy Integration into the Curriculum on Students' Psychological Well-being

The findings of this study demonstrate that integrating emotional literacy education into the school curriculum significantly contributes to students' psychological well-being. The quantitative findings revealed a positive and statistically significant relationship between emotional literacy integration and students' psychological well-being (Pearson $r = 0.568$, $p < .001$; Spearman rho $= 0.579$, $p < .001$), resulting in the rejection of the null hypothesis. This indicates that students who reported greater exposure to emotional literacy activities were more likely to demonstrate improved psychological functioning, including emotional awareness, interpersonal relationships, and adaptive coping abilities. Qualitative findings further explained this association by showing that students perceived emotional literacy education as improving their ability to identify emotions, express feelings appropriately, regulate emotional responses, develop empathy, and manage interpersonal challenges. These findings are consistent with existing evidence demonstrating that emotional literacy and social-emotional learning interventions are effective in improving adolescents' psychological outcomes. Emotional literacy equips young people with essential competencies for recognizing, understanding, expressing, and managing emotions, which are fundamental processes underlying resilience, positive relationships, and psychological well-being (Brackett et al., 2019). Recent evidence from large-scale reviews indicates

that school-based social and emotional learning interventions significantly improve emotional regulation, social competence, resilience, and mental health outcomes among students (Taylor et al., 2017; Cipriano et al., 2023). The present study extends this evidence by demonstrating that these benefits are also applicable within a Cameroonian educational context where structured mental health education remains limited.

The findings are theoretically supported by Bandura's Social Learning Theory, which emphasizes that emotional behaviors and coping skills are acquired through observation, modeling, reinforcement, and interaction within social environments (Bandura, 1977, 1986). Through classroom discussions, teacher guidance, and peer interactions, students are exposed to positive emotional behaviors that can be observed, practiced, and internalized. The improvement in emotional awareness and interpersonal understanding reported by students suggests that curriculum-based emotional literacy activities create opportunities for students to develop adaptive emotional responses through social learning processes. Recent research similarly highlights that supportive classroom environments and teacher-led emotional learning activities play important roles in strengthening adolescents' emotional competence and psychological adjustment (Durlak et al., 2011; Mahoney et al., 2021). Furthermore, the findings align with Beck's Cognitive Behavioral Theory, which proposes that emotions and behaviors are influenced by individuals' interpretations and cognitive appraisal of experiences (Beck, 1976; Beck, 2011). Emotional literacy education may improve psychological well-being by helping students identify emotional triggers, challenge negative thought patterns, and develop healthier responses to stressful situations. The qualitative evidence from this study, particularly students' reports of improved emotional control and reduced impulsive reactions, reflects the cognitive and behavioral mechanisms described within cognitive-behavioral frameworks. Recent psychological interventions have similarly emphasized that improving emotional awareness and cognitive regulation enhances adolescents' ability to manage distress and maintain psychological balance (Hofmann & Hayes, 2022).

The results also support Bronfenbrenner's Ecological Systems Theory, which highlights the importance of supportive environments in shaping adolescent development (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). Schools represent critical developmental environments where students acquire emotional competencies through interactions with teachers and peers. Therefore, integrating emotional literacy into the curriculum strengthens the school environment as a protective context that promotes psychological well-being beyond academic achievement. This perspective is supported by recent global frameworks emphasizing that schools should function as environments that promote emotional development, social connectedness, and mental health protection among young people (WHO, 2021; UNICEF, 2021).

However, although the overall findings were positive, lower ratings were observed for practical components such as emotional expression activities, role plays, and guided emotional reflection. This suggests that while students may acquire knowledge about emotions, opportunities for experiential practice remain insufficient. Previous research indicates that emotional competencies develop most effectively when students actively practise emotional skills through structured activities rather than receiving information alone (Taylor et al., 2017; O'Connor et al., 2017). Recent evidence further supports the integration of interactive approaches, including role plays, reflective exercises, peer discussions, and teacher-facilitated emotional coaching, to ensure that emotional literacy translates into daily behaviors (Cipriano et al., 2023). Overall, this study provides important evidence that curriculum-integrated emotional literacy education represents a feasible and culturally relevant approach for strengthening adolescent psychological well-being in Cameroon. By improving emotional awareness, regulation, empathy, and interpersonal functioning, emotional literacy education can serve as a foundational component of comprehensive school mental health promotion, particularly in settings where access to specialized mental health services remains limited. These findings contribute to the growing international evidence supporting the integration of social-emotional competencies within educational systems as a sustainable strategy for improving adolescent mental health outcomes.

Discussion of Objective Three: Effect of Stress Management Techniques Integrated into the Curriculum on Students' Psychological Well-being

The findings of this study demonstrate that stress management techniques integrated into the school curriculum significantly influenced students' psychological well-being. A statistically significant positive relationship was observed between stress management education and psychological well-being (Pearson $r = 0.566$, $p < .001$; Spearman rho = 0.637, $p < .001$), indicating that students with greater exposure to stress management activities reported better psychological outcomes. Qualitative findings further revealed that students perceived these activities as improving their awareness of stress, enhancing coping abilities, promoting emotional regulation, and supporting better management of academic and personal challenges. These findings are consistent with existing evidence demonstrating that school-based stress management interventions contribute to improved emotional functioning, resilience, and adaptive coping among adolescents. Adolescence is associated with multiple stressors, including academic demands, peer relationships, family challenges, and developmental transitions, which may negatively influence psychological well-being when effective coping mechanisms are unavailable (Compas et al., 2017). Recent studies have shown that structured school-based interventions incorporating mindfulness, relaxation strategies, problem-solving skills, and coping skills training can

reduce psychological distress and strengthen emotional regulation among young people (Zenner et al., 2014; Klingbeil et al., 2020). Therefore, integrating stress management education into the curriculum provides adolescents with practical skills required to manage daily challenges and maintain psychological balance.

The findings are further supported by Beck's Cognitive Behavioral Theory, which suggests that psychological distress is influenced by maladaptive interpretations of stressful experiences, while cognitive restructuring and adaptive coping strategies promote emotional adjustment (Beck, 1976; Beck, 2011). Through curriculum-based stress management education, students develop the ability to reinterpret stressful situations, regulate emotional responses, and adopt healthier coping behaviors. Additionally, Bandura's Social Learning Theory explains that students acquire stress management skills through observation, practice, and reinforcement within supportive classroom environments (Bandura, 1977). However, the lower ratings observed for some practical techniques, including relaxation exercises and sharing concerns with teachers or counsellors, suggest the need for greater emphasis on experiential learning approaches. Recent evidence indicates that stress management interventions are most effective when students actively practise coping strategies rather than only receive theoretical information (Cipriano et al., 2023). Overall, the findings highlight that integrating stress management techniques into school curricula represents an important preventive strategy for strengthening adolescent psychological well-being, particularly within resource-limited contexts such as Cameroon where access to specialized mental health services remains constrained.

Conclusion

This study provides empirical evidence that integrating mental health education into the school curriculum positively influences students' psychological well-being in the Buea Municipality, Cameroon. The findings demonstrate that curriculum-based mental health education contributes to improve psychological functioning through three interconnected pathways: strengthening help-seeking behaviors, enhancing emotional literacy, and developing effective stress management skills. Students exposed to these educational components demonstrated greater mental health awareness, improved emotional regulation, stronger willingness to seek support, and enhanced ability to cope with academic and personal challenges. The findings contribute to the expanding global evidence on school-based mental health promotion by demonstrating the relevance and applicability of curriculum-integrated approaches within a low-resource African educational context. Guided by Bandura's Social Learning Theory, Beck's Cognitive Behavioral Theory, and Bronfenbrenner's Ecological Systems Theory, the study highlights that adolescent psychological well-being is influenced not only by individual competencies but also by supportive learning environments, teacher interactions, peer relationships, and institutional commitment to mental health promotion.

Although positive effects were observed across all components, the findings emphasize the importance of moving beyond knowledge-based instruction toward practical and experiential approaches, including role plays, guided emotional activities, peer-support initiatives, and structured coping skills practice. Therefore, integrating mental health education into secondary school curricula represents a sustainable preventive strategy for promoting adolescent mental health, reducing stigma, strengthening early identification and support systems, and improving psychological well-being among students in Cameroon and similar low- and middle-income settings.

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