



Pedagogical Attitudes And Practices Associated With The Mental Health Of Secondary School Youth: Teacher Self-Diagnosis And Student Perception

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ABSTRACT

The schooling educational process is mediated by teachers' pedagogical practices, which influence both academic and personal development, permeating the mental health of the students, which is why the research purpose is to describe the attitudes and pedagogical practices associated with the mental health of young secondary school students. The sample consisted of 128 teachers and 305 students from sixth to eleventh grades in the municipality of Floridablanca (Santander-Colombia). The CAMI test and the Questionnaire of practices associated with juvenile mental health were applied to the teachers; and the Scale of Evaluation of Pedagogical Practices for Schooled Adolescents was applied to the students. Attitudes were characterized and the practices implemented by teachers were characterized through self-diagnosis, and data were obtained regarding student perceptions on their influence on mental health, classifying them as generating well-being, generating discomfort and their influence on mood, negative changes in behavior, self-esteem, generating negative thoughts, generating fatigue or tiredness and those valued as indifferent; thus, it was possible to establish relevant and non-relevant practices for mental health. It is reaffirmed that specific pedagogical attitudes and practices act directly in the processes of psychological well-being or discomfort of students, achieving knowledge that contribute to classroom management and to the planning and design of school orientation strategies through the recognition of factors associated with classroom practices that influence the school process of students.

Key words: Mental health, pedagogical practice, attitudes, adolescents, school discomfort.

Educational scenarios are constituted as spaces of interrelation for learning, socialization and personal growth; the interaction of participants such as teachers, students and families shape learning through pedagogical practices (Muñoz Morán, 2018); it is from them that teachers as leaders of the educational process manage classroom dynamics such as didactic processes, coexistence, management and recognition of diversity. This pedagogical dynamic links school guidance, which in Colombia, according to Directive 02 of February 20, 2018 (cited in MINEDUCACIÓN, 2021) is a work that has as its axis the prevention and promotion within the educational institution, takes as a reference the proximity of teachers and guardians seeking actions to promote the formation of the student body, Thus supporting compliance with national guidelines set forth in the Colombian General Education Law, which establishes in Article 4 that "the State shall permanently attend to the factors that favor the quality and improvement of education" (Colombia Law 115, 1994); Similarly, Decree 1860 of 1994 in Article 40 refers with respect to the guidance service: "In all educational establishments a student guidance service will be provided, which will have as its general objective to contribute to the full development of the personality of the students" (Colombia Decree 1860, 1994); it is thus intended to recognize aspects associated with the educational process that influence mental health and contribute knowledge for the applied process of guidance and pedagogy.

In Colombia, secondary education includes grades six to eleven; enrolling adolescent students, a period characterized by transitions and psychological, bodily and biological modifications; a vulnerable stage for the experience of psychological suffering (Ferreira da Silva et al., 2019) and that can be marred by mental health disorders, with prevalences that vary depending on the regions, reaching even over 10% of the young population (Gómez-Restrepo et al., 2020); corroborated by De la Higuera-Romero et al. (2020) establishing emotional difficulties in 15-20%, which are underestimated and undertreated; also Fonseca-Pedrero et al. (2020) refer that one in five people present psychological problems from childhood and adolescence that may persist into adulthood. Regarding the Colombian population, in the last National Mental Health Survey (ENSM) it was established that 1.8% of young people between 12-17 years have presented mental problems during their lifetime and 51.7% have presented them in the last 12 months; 36.5% receiving treatment (Gómez-Restrepo et al., 2020). This raises the need for processes in favor of youth mental health, made visible by the World Health Organization (WHO, 2013) in its Mental Health Action Plan 2013-2020, proposing joint processes and greater cooperation with families and informal mental health care providers, linking here the teaching group, seeking to promote quality of life and youth welfare.

Mental health is a state of balance between individual processes and contextual experience of the person, associated with thinking, feeling and decision making; reflected in emotional, psychological and social well-being (Revuelta et al., 2016); it enables the harmonious development of daily life activities, making decisions articulated with contextual situations, making use of cognitive and emotional resources in an assertive and effective way; enabling the coping of normal stresses of life and development of productive acts (Godoy et al., 2020); it is not limited to a concept underlying neurobiological processes but arises from psychological and social interactions that shape it; built through "interdependence between well-being, capabilities, functioning and social contributions and is conditioned by social determinants" (Muñoz Arroyave, 2020, p.ii).

Affecting mental health, disorders appear framed in psychopathological categories, with clinically significant alterations in functional processes, with variability in forms of presentation, dysfunctions of thought, behavioral, in the perception of reality, in emotional processes and social interrelationship (Medina Mesa et al., 2018; Sánchez Burgos, 2017; WHO, 2019); they can generate stigmatizations, since the human being, according to Sánchez Burgos (2017) has a tendency to generalize actions and behaviors, acting defensively in the face of dangerousness; creating social imaginaries, attitudes and perceptions that erroneously lead to undervaluation of the human condition, reducing it to a pathology that in many occasions is an indicator for the exclusion of contexts and possibilities of the human being, such as can occur in school dynamics. Different perceptions regarding health and mental illness lead to particular reactions as may occur in education professionals, since by nature the human being has a tendency to categorize and label in an oversized way dysfunctional behaviors or behaviors that are not within social parameters, interpreting them as threats and associating them with the need to distance or disassociate themselves from both the person who performs them and the situation (Crisp, 2001). This is how attitudes appear influencing the way of approaching mental health, they are implanted in mental processes consolidating cognitive schemes that activate intentions in the human being, predispose regarding a way of thinking, feeling or perceiving a real or psychological stimulus, being connected to the experience of who manifests or experiences them (Bravo, 2013; Luna Tascón et al., 2017; Sanhueza et al., 2012; Veas et al., 2019), they are linked to behavior generating an intention to act and although they increase the probability of interaction with a specific act, they do not become a peremptory factor for the behavioral response (Luna Tascón et al., 2017). Attitudes are susceptible to change, experience and interaction with stimuli generate particular perceptions; obtaining and analyzing information about a stimulus acts on the cognitive component, achieving resignifications in them, not being categorical in the behavior, since they have two additional components that shape it and are of great weight in its maintenance: the emotional and behavioral (López et al., 2008; Medina Mesa et al., 2018).

This view of attitudes aims to recognize the dispositions that teachers have towards mental health, as well as the meanings that derive from them, thus revealing the meaning of possible school actions and their associations with the pedagogical practices they develop, as stated by García-Álvarez et al. (2022), the latter are processes that interrelate with other factors such as competencies, teaching skills, school management, leadership and previous experiences that lead to classroom actions; likewise, socio-training states that pedagogical practices adhere different participants of the educational community, seek actions not only for academic development but, directly permeate human and social development, defining them as: "collaborative actions that are implemented between different participants (teachers, managers, advisors and community) so that students (and other members of educational institutions) learn to solve problems of the context through the management and co-creation of knowledge from relevant sources, the articulation of different knowledge and continuous improvement in an environment of inclusion, in such a way that contributes to transforming living conditions and contributes to environmental sustainability" (Ambrosio 2018 and Tobon 2017; cited by Tobon et al. , 2018; p.31).

The pedagogical practice should be conceived as a dynamic process that comes from interaction of educational agents, seeks to intervene a sociocultural reality in a certain time and space; annulling the reductionist view that frames it only in the execution of learning proposals (Arnaiz, 2000); they include all the actions that are developed and implemented in the classroom and in turn include the processes that derive from these such as: actions, forms of communication, mediation and interrelation and other behaviors that emerge in the daily life of the teaching-learning situation (Martínez-Maldonado et al. , 2019; Tobon et al., 2018). This pedagogical

practice is forged by factors such as social context, personality traits of the educational community, culture, institutional guidelines and principles, individual and collegiate strategies, curricular structure, Institutional Educational Project-PEI, among others (Pineda-Rodríguez and Loaiza-Zuluaga, 2018); therefore, it should not be visualized as a behavior structured by the teacher, or as an action plan mediated by the teaching of the professional discipline, since it is clear that it is impregnated with components of the school environment, community members, academic planning and educational management (Muñoz Morán, 2018); it is a dynamic process oriented to meet needs in a specific space and time of a sociocultural reality, implying that teachers develop recognition processes that involve the reality of the student body, including the findings of educational interaction.

Therefore, it is necessary to recognize the attitudes of teachers towards mental health, as well as the pedagogical processes that are developed in the school experience and act directly on the well-being of students; practices that need to be identified from the point of view of teachers and students, bearing in mind that subjective processes are activated in students from their interrelationship with the school and teachers, which become key factors for individual well-being (Veas et al., 2019). Thus, the research purpose arises: To describe the attitudes and pedagogical practices associated with the mental health of young people, students from sixth to eleventh grade of the municipality of Floridablanca (Santander-Colombia); being specific purposes: 1. To assess the knowledge of stigma and attitudes of teachers towards mental health; 2. To describe the pertinent and non-pertinent pedagogical practices of teachers, associated with the process of juvenile mental health and 3.

The propensity to present mental health situations in the adolescent population shows the need to focus attention here; at this stage, emotional instability can be reflected in various problems and psychological discomfort influencing low academic performance and even school dropout, triggering anxiety problems, depression, isolation or social failure (González et al., 2019). This propensity of adolescence, accompanied by the stigma generated by mental illness, leads to behaviors that do not favor those who suffer from some type of mental health condition, as stated by Godoy et al. (2020), who state that the stigma attached to the diagnosis of mental disorder is attributed to negative beliefs that lead to discrimination, exclusion, mistreatment and limitation of their social participation, in addition to difficulties for timely intervention.

Affected mental health in young people has a strong impact on their development process and spheres, in family relationships, performance and interaction at school, health, labor future, requiring the implementation of strategies that favor early intervention (Fonseca-Pedrero et al., 2020; Gómez-Restrepo et al., 2020); the teacher should favor through pedagogical practices the development of well-being processes that have an impact on the quality of life and psycho-emotional balance of the students.

The recognition of teachers' attitudes towards mental health and the possible practices that influence it, makes it possible to visualize the educational environment as a favorable scenario to strengthen youth well-being and to encourage and turn the gaze from the pedagogical environment to reflect on the comprehensiveness of the processes for students, encouraging the recognition of factors that lead to imbalances in well-being during adolescence, since, as Gómez-Restrepo et al, (2020): "in the country [referring to Colombia] there is a gap about what are the reasons or factors associated with the non-recognition of mental health problems or disorders in adolescents." (p.3).

Methodology

Design: Quantitative, non-experimental, cross-sectional, Descriptive scope.

Participants: Population comprised of teachers of secondary education and group of students from sixth to eleventh grade, from schools in the Municipality of Floridablanca, Santander (Colombia). Probabilistic sample; simple random sampling, 128 teachers and 305 students.

Instruments: Two tests for teachers, one was the Community Attitudes Questionnaire for people with mental illness (CAMI), Author: Taylor SM, Dear MJ., 40-item scale, evaluates Authoritarianism, Benevolence, Social Restriction and Ideology of mental health in the community. Original internal consistency shows acceptable levels for subscales with Cronbach's Alpha for mental health ideology 0.88, social restraint 0.80, benevolence 0.76 and authoritarianism 0.68 (Taylor and Dear, 1981). The other, Profile of Pedagogical Practices Associated with Students' Mental Health; designed with dichotomous items, evaluates 11 components: 1.Intentional planning on mental health vs. planning limited to academic content, 2.Planning of activities from diversity vs. standardized academic planning, 3.Flexible planning of tasks vs. strict planning of tasks as an educational requirement, 4.Continuous training in mental health vs. Disinterest in mental health issues, 5.Support Vs. Indifference, 6.Leadership in classroom environment Vs. Passivity before the classroom environment, 7.Emotional self-control Vs. deliberate expression of emotions, 8.Empathic communication Vs. academic directive communication, 9.Pedagogical self-reflection and adaptation Vs. inflexible pedagogical practices, 10.Formativ evaluation Vs. evaluation as a product, 11.Evaluative concept according to diversity Vs. concept according to standard. Content validity by means of Aiken's V for pertinence and writing, evidences values in the Total Scale of General Belongingness 0.82; General Writing 0.87 and General Satisfaction of 0.80 indicating similarity in the evaluation of judges; the values allow inferring the content validity being the general

scales greater than 0.800; the reliability of the instrument was verified by means of Cronbach's Alpha value of 0.84.

Student test: Pedagogical practices assessment scale for adolescents in school; it assesses the influence of teachers' pedagogical practices on the mental health of students from sixth to eleventh grade; it establishes relevant and non-relevant practices for mental health. Reactives designed according to the test categories of the profile of teaching practices; one item for each one of them; in total 22 items. It establishes feelings of discomfort, well-being or indifference with respect to pedagogical practices evidenced in their teachers. The sensations of discomfort can be determined on mood, negative changes in behavior, self-esteem, bad thoughts, generating fatigue or tiredness.

Procedure: Carried out in five phases: 1).Theoretical review and constructs, 2). Preparation and design of instruments, study of validity and reliability; 3). Approach and descriptive analysis of participants; 4). Recognition of teaching practices associated with mental health; 5). Statistical and interpretative analysis of data.

Ethical considerations: The principles of bioethics apply in all phases; Principle of autonomy, reflected in the freedom of participants to participate, authorizing with informed consent; Principle of Beneficence, denoting the search for benefits derived for the pedagogical processes, orientation and mental health of the student body; Principle of Non-Maleficence, from conception to its culmination, there are no processes or products that generate harm, making it possible to withdraw at any stage, in the same way the information is kept under safeguard; Principle of justice, visible in the equal treatment for each participant.

Results

The results and statistical analyses are presented, starting with the characterization of teachers, in Table 1.

Table 1. Characterization of teachers

	f	%	% accumulated
Age Range Teacher	Between 20 - 40 years old	34	26.6
	Between 41-50 years old	43	33.6
	Over 51 years old	51	39.8
	Total	128	100
Gender Teachers	Female	105	82.0
	Male	23	18.0
	Total	128	100
Years of Teaching Experience	1 to 10 years	27	21.1
	11 years and over	101	78.9
	Total	128	100
Academic Level	Technician/Technologist	4	3.1
	Graduate/Professional	33	25.8
	Postgraduate	91	71.1
	Total	128	100

The teaching sample presented homogeneous percentages in terms of age, but not the same in terms of gender; the majority were women (82%) and 78.95% had 11 or more years of teaching experience.

The results in Table 2 show data from the CAMI test, teachers' attitudes towards mental health.

Table 2. Descriptive Attitude Scale - CAMI for teachers

	N	Mean	Standard deviation
Authoritarianism Attitude	128	26.49	4.26
Benevolence Attitude	128	41.38	4.77
Attitude Social Restraint	128	22.65	5.53
Attitude Community Health Ideology	128	37.83	5.84
N valid (according to list)	128		

Benevolence registered high scores in the mean 41.38 ± 4.77 , followed by community ideology 37.83 ± 5.84 . Manova analysis was applied for differences in Attitudes in groups of: age range, teaching gender, years of experience and academic level of the teaching staff, finding significant values in the variables Teaching age range and Academic level.

The values for teaching age range under the Pillai model were $F(8,214) = 2.173$, $sig. = .031$, $1-\beta = .97$, $f = .08$, Games Howell was performed as Post Hoc analysis. Differences are found for variables Social constraint and Health community ideology variable. Specifically, Social constraint presents differences between the age range for the group over 51 years (23.96 ± 4.976) and group 41 to 50 years (20.47 ± 5.13); $sig. = .004$, $CI95\% [-5.99, -1.00]$. For the variable Community ideology differences between the 41 and 50 years' group (40.23 ± 4.191)

with the other two groups, with the 20 to 40 years' group (36.62 ± 6.71), $\text{sig.} = .022$, $\text{CI95\%} [-6.79, -.44]$; with the over 51 years' group (36.61 ± 5.91), $\text{sig.} = .002$, $\text{CI95\%} [-6.12, -1.13]$.

The values for academic level under the Pillai model were $F(8, 214) = 2.861$, $\text{sig.} = .005$, $1-\beta = .69$, $f = .10$. Games Howell was performed as Post Hoc analysis, finding differences in groups of variables Benevolence Attitude and Social Restraint Attitude. For the Benevolent Attitude variable, significant differences were found between the Technician/Technologist group ($46.00 \pm .001$) with the Graduate/Professional group (40.79 ± 5.34), $\text{sig.} = .001$, $\text{CI95\%} [-7.50, -2.92]$ and with the Postgraduate group (41.38 ± 4.57) $\text{sig.} = .001$, $\text{CI95\%} [-5.76, -3.47]$. Regarding the variable Social Restraint Attitude, the differences are evidenced in the Graduate group (22.80 ± 5.44) with the Technician/Technologist group (20.00 ± 1.15) $\text{sig.} = .013$, $\text{CI95\%} [-4.98, -.62]$.

Pedagogical practices of the teaching staff were evaluated, obtaining:

Table 3. Descriptive Pedagogical Practices Scale applied to teaching group.

Items	Mean	Standard deviation
1. Intentional planning on mental health vs. planning limited to academic content.	2.66	1.25
2. Activity planning based on diversity vs. standardized academic planning.	3.07	1.09
3. Flexible planning of tasks vs. strict planning of tasks as an educational requirement.	3.05	1.13
4. Continuous training in mental health vs. little interest in updating on mental health issues.	2.93	1.05
5. Support Vs. Indifference	3.42	1.06
6. Leadership in the classroom environment Vs. Passivity in the classroom environment.	3.12	1.06
7. Emotional self-control Vs. Deliberate expression of emotions..	3.35	.80
8. Empathic Communication Vs. Academic directive communication.	3.30	1.09
9. Pedagogical self-reflection and adequacy vs. inflexible pedagogical practices.	3.30	.90
10. Formative evaluation vs. Evaluation as product.	3.27	.88
11. Evaluative concept according to diversity Vs. concept according to standard.	3.28	.89

A t-test was performed to establish the significance of the data, with the results shown in Table 4.

Table 4. T-test for data of teachers of the Scale of Pedagogical Practices in Mental Health.

Test for one sample							
	Test value= 33		Sig. (bilateral)	Difference of means	95% Confidence interval for difference		p
	T	gl			Lower	Upper	
Pedagogical Pract. Total	3.195	127	.002	1.766	.67	2.86	

Comparison of data obtained in the sample of the Pedagogical Practices Scale against the reference value of the test which is 33 indicates that there are significant differences between group data and mean values of the instrument $\text{sig.} = .002$ being $P < .05$.

Table 5 shows the significance data of the comparison of means of the variables, according to the established ranges.

Table 5. Comparison of Pedagogical Practices means according to the variables studied.

	n	Mean	Standard deviation.	t*/F**	gl	p
Age Range Teacher	Between 20 - 40 years old	34	35.12	6.39		
	Between 41-50 years old	43	34.79	5.51	.096**	.909
	Over 51 years old	51	34.51	6.82		
Gender Teachers	Female	105	34.88	5.94	.426	.671
	Male	23	34.26	7.65		
Years of Teaching Experience	1 to 10 years	27	34.96	5.01	.215*	.831
	11 years and over	101	34.71	6.51		
Academic Level	Technician/Technologist	4	30.75	5.37		
	Graduate/Professional	33	35.97	6.0	1.528**	.221
	Postgraduate	91	34.51	6.31		

*Student's t; **F Anova

There are no statistically significant differences between groups in responses to Pedagogical Practices in Teaching age ($\text{sig.} = .909$), gender ($\text{sig.} = .671$), years of experience ($\text{sig.} = .831$) and academic level ($\text{sig.} = .221$), assuming that the data show that pedagogical practices have the same tendency among the teachers in the sample.

Results of student tests:

Table 6. Characterization of students Participants

	f	%	% accumulated
Age Students	Between 10 - 12 years old	88	29.1
	Between 13 - 15 years old	134	44.4
	Between 16 - 19 years old	80	26.5
	Total	302	100
Gender Students	Female	172	57.0
	Male	130	43.0
	Total	302	100
School Grade	Sixth - Seventh	104	34.4
	Eighth - Ninth	80	26.5
	Tenth - Eleventh	118	39.1
	Total	302	100

Scale of evaluation of pedagogical practices: Frequencies unveil the perception on the influence of each practice on the well-being or discomfort of the student body associated with mental health:

a). Generators of well-being, the following are identified with high percentages (>85%): Empathic-emotional communication with the teacher (93.7%), emotional self-control of the teacher (91%), teacher knowledgeable about mental health and well-being (87.1%), dynamic and flexible classes (85.8%). In contrast, the following practices are found to generate discomfort: Teacher does not accept excuses for grades (64.5%); Summative/quantitative evaluation (63.7%); Inflexible classes and teacher (61.5%); Lack of control in the teacher's expression and management of emotions (60.6%); Teacher preoccupation with classroom situations (58.9%); Multiple activities for reinforcement, work at home (56.9%).

b). Within the Generators of discomfort, with the highest percentage for Changes in mood are: Teacher does not accept excuses for grades (36.4%), Summative/quantitative evaluation (35.8%), Inflexible classes and teacher (31.8%), Indifferent attitude of the teacher to student situations (26.8%); for negative changes in behavior the following were evidenced: unconcern of the teacher in classroom situations (12.9%), lack of control in the expression and management of emotions of the teacher (11.6%); for Influence on self-esteem: the teacher's indifferent attitude towards student situations (15.6%); for Discomfort that generates negative thoughts: the teacher's lack of concern for classroom situations (10.9%), lack of control in the teacher's expression and management of emotions (10.9%); for generators of fatigue or tiredness we find: multiple activities for reinforcement, work at home (34.4%).

Discussion

The mental health of adolescents in the school environment is mediated, among other factors, by pedagogical practices, attitudes and knowledge of teachers about it; generating in the student body processes of well-being or discomfort as evidenced in the results obtained; reaffirming the position of Leiva et al. (2015) that establishes that direct actions for mental health have effects on the student population, acting in the reduction of internalizing and externalizing problems; this finding allows school guidance to reaffirm the influence of teachers' actions on student development, making it possible to generate, as proposed by the Ministry of National Education (MINEDUCACIÓN, 2021), strategies from guidance for the entire community, aimed at prevention and promotion.

Attitudes underlie and predispose behavior and conduct, they are processes learned about a phenomenon person or situation, mediated by experience (Angenscheidt Bidegain and Navarrete Antola, 2017; Bravo, 2013); they permeate the work of teachers, also fulfilling functions associated with the organization of knowledge, personal construction and social adjustment function, the latter related to the management of group processes related to mental health as established by Cota Valenzuela et al. (2019), and Ubillos, Mayordono and Páez (2004); and being consistent with the results, which show that the teacher's interrelationship mediated by attitudes and practices affect the educational and personal process. Another finding is the tendency towards benevolence, mostly in the group of technicians/technologists and postgraduates; lower values in graduates/professionals; likewise, community ideology showed higher values in the age range 40-50 years; presupposing the presence of actions tending to welcome students with diverse situations in their mental health, taking into account their well-being, as well as intentions of support and linkage to community and social processes for people with mental health disorders; intentions mostly in the group of 40-50 years old. As a risk of the attitude of benevolence could be found the excess of paternalism (Ochoa et al., 2016) that linked to the role of teacher would harm the pedagogical action and relationship with the students, even limiting the development of individual potentialities and possibilities.

The attitude of Social Restriction evidences differences in the group of teachers older than 51 years, indicating a tendency to prevention and limitation of inclusion of people with mental disorders (Ochoa et al., 2016), the data make visible that the teaching age may be associated with less flexible and possibly limiting ways of thinking regarding students with mental difficulties, leading to prevention actions towards them and low understanding of their academic and personal possibilities, contradicting the attitude of the Technical/technologists group who denote greater acceptance towards the linking of students with these difficulties or in school and social adaptation; This is how the technical/technological training is established with greater social sensitivity; the attitudes that emerge in each group corroborate what was proposed by

García-Álvarez et al. (2022) on the influence of factors associated with teaching processes such as competence, school management, leadership, previous experiences, on attitudinal development; these findings denote that attitudes directly influence the behavioral expression of teachers, specifically in educational practice, involved in both the process and school results, restoring and consolidating teachers in their role as leaders of interactions and pedagogical management, as proposed by Aguado and Gil-Jaurena (2008) and Sanhueza et al. (2012) attitudes have an impact on the expectations placed on the student, likewise, the lack of acceptance of their influence as teachers would lead to attributions of success or failure to contextual or personal situations of each student and to the undervaluation of their professional confidence; therefore, actions stemming from conscious and favorable attitudes towards mental health would be providing more humanized and meaningful pedagogical scenarios and, alternatively, strengthening the professional role by channeling educational action. The knowledge about mental health in the teaching group evidences understanding of the construct referring to the transitory and pathological; enabling teachers to differentiate between emotional wellbeing and discomfort, establishing that they have knowledge to generate relevant pedagogical practices from the student's diversity, which can be used to promote the development of life skills, so that from the classroom support spaces are offered to promote mental health (Cuenca Doimeadios and Marsal Ramos, 2021); Similarly, it is noted that knowledge by itself does not directly activate behavior, but is linked to other factors for the generation of responses, as is the case with attitudes that, in addition to the cognitive element, are made up of affective and behavioral elements (López et al. , 2008; Medina Mesa et al., 2018). Thus, each teacher from his or her knowledge and within his or her training role has the feasibility of recognizing expressions or behaviors of discomfort of their students, therefore, in the absence of ignorance it can be stated that the pedagogical practices associated with school well-being, are at the mercy of the autonomous decision of teachers on generating such intentional actions; who in order to strengthen the educational and emotional development of their students should mediate with institutional criteria and PEI, so that their educational work encourages academic and personal development from the diversity of the student body; reinforcing the need raised by Rojas-Andrade and Leiva (2018) to incorporate socioemotional content in the curriculum and strategies; seeking to consolidate an educational model that takes into account the emotional needs of the student body. Although pedagogical practices did not present statistically significant differences between groups of teachers, it was possible to determine relevant practices, relating them to educational actions that make visible the role of teachers as active and managers of dynamic and comprehensive processes, mediated by assertive treatment, communication, and reflection of professional actions and the possibilities of students; reaffirming that communication and relevant interrelation contribute to comprehensive training, as Ramírez Lorenzo et al. (2004) state. Two non-pertinent practices were also identified: Planning limited to academic contents and little interest in updating on mental health issues; indicating prioritization of thematic contents of subjects, being typical of the educational culture mediated by traditional curricula, in which the teaching work is measured by the achievement of learning goals, disciplinary management, and even by external evaluation results, and in which emotional development is not contemplated in the academic encounter. The imaginary about the intervention in mental health and emotional well-being as part of the actions of other professionals is united, limiting the generation of preventive and supportive actions, resulting in disinterest in acquiring knowledge in this area and leading to difficulties in responding to the demands of students in mental health situations; generating stress in teachers due to their inability to respond and student discomfort due to the feeling of lack of understanding (Mesa Ochoa & Gómez Arango, 2015). It should be taken into account that in educational scenarios there are other factors that intervene in the teaching praxis mediated by the institutional pedagogical model, the dynamics of the educational institution and its participants, which should be redefined in the pedagogical planning processes, to minimize the development of practices that are not relevant for the well-being of the students as proposed by Martin and Rimm-Kaufman (2015) to establish educational plans with diversified activities that lead to positive results from the individual as emotional strengthening and encourage school commitment.

In educational interaction, non-neutral dynamics arise due to intrapersonal and interpersonal factors, particular actions and relationships with both students and teachers (Boronat and Rajadell-Puiggròs, 2020); specifically, interaction with teachers is immersed in pedagogical practices that interweave mutual relationships, becoming the underlying factor for learning and school well-being. As relevant findings, pedagogical practices generating well-being and practices generating discomfort were established, the latter affecting mental health, as proposed by Macaya Sandoval et al. (2019) in aspects such as: academic performance, interrelation, motivation, attendance, behavior and even reaching situations of school violence; likewise, a negative perception of the school environment and dissatisfaction with the treatment or acceptance of each teacher can lead to school dropout (Gómez-Restrepo et al., 2016). Non-relevant pedagogical practices also affect the formation of self-concept due to the appearance of negative thoughts, undervaluation of self-esteem and behavioral changes, among others; the formation of self-concept is nourished by the perceptions of the behavior of others towards the students, the feedback of their behavior, school results, being managed through the cognitive-affective process and alteration in self-concept generates demotivation (González-Pianda et al., 1997). The interaction generated between student and teacher activates emotional processes, which is confirmed by the feelings of discomfort experienced by participating students, thus consolidating the idea of Luckner and Pianta, (2011) who state that good interaction allows prosocial behaviors and helps students to a better emotional adjustment.

Another factor of discomfort found is stress, coinciding with Maturana and Vargas (2015), associating it with the excess of tasks or support activities, generating a feeling of high emotional burden to meet many school requirements that limit satisfaction with the academic process; such overload falls on school performance, socialization and even difficulties in physical and mental health. Also added to the educational experiences are the characteristics of the life cycle itself, in this case the physical and emotional changes of adolescence, being a period of vulnerability for mental health (WHO, 2018; cited in Casañas et al., 2020), evidencing that for the strengthening of school well-being, greater reflection and competencies of professionals in education are required for the management of emotional situations and to provide an educational service that enables learning from the maintenance of mental health.

The alterations in mental health reported by the students' experience validate that unhealthy environments make well-being impossible; prioritizing the influence of the school environment as García-Álvarez et al. (2022) states that educational environments are promoters of mental health when they are healthy environments that enable a healthy experience and promote the ability to learn and work.

The self-diagnosis of the teaching group on pedagogical practices and attitudes towards mental health, outlines pertinent and non-pertinent practices for school wellbeing and mental health, contributing knowledge for the generation of pedagogical strategies and school orientation, which aim at educational scenarios for wellbeing and diversity; It encourages the resignification of the work of each teacher, aiming at the humanized action of education, with flexible processes in which discipline and academic results are not the goal but become factors that have conciliated guidelines and serve to support the educational and formative school work. It was achieved the recognition of the experience of young students before the pedagogical practices, showing that the pedagogical behavior of the teacher generates reactions in the students, framed in the welfare or discomfort, reason for which it was established from the experience of students the reactions that the relevant and non-relevant practices generate, validating Leiva et al. (2015) by establishing that it is essential for the processes of promotion and school prevention and generation of student welfare, joint efforts between participants of the educational process.

One limitation was the type of study, being cross-sectional the data makes it impossible to recognize information over time and alternate factors that support or expand the knowledge of the practices of the teaching group and factors associated with the educational development of adolescent students. On the other hand, correlation of data between teachers and students is also suggested for further studies.

Conclusions

Pedagogical practices permeate the mental health of students, establishing from the perception of adolescent students as relevant pedagogical practices for mental health: having empathic-emotional communication with teachers, perceiving emotional self-control in teachers, that teachers show knowledge on mental health and well-being issues, participating in dynamic and flexible classes according to the diversity characteristics of the student body. Likewise, non-pertinent practices that generate discomfort are: responses or actions in which teachers do not accept explanations for poor grades, forms of evaluation that are only summative or quantitative, inflexible classes and teachers, teaching behaviors that denote lack of control in the expression and management of emotions, lack of concern of teachers in classroom situations, excessive homework or multiple activities for reinforcement at home; likewise, these non-pertinent practices lead to psychological dysfunctional experiences such as: changes in mood, changes in behavior that are adaptively negative, decreased self-esteem, negative thoughts about life and the school environment, and feelings of fatigue or tiredness.

The evaluation from the self-diagnosis of each teacher on the practices developed in the classroom, establishes that the following are implemented as pertinent practices for mental health: planning of activities from diversity, flexible planning of tasks; support to personal situations, leadership in the classroom environment, emotional self-control, empathic communication, pedagogical self-reflection and adaptation, formative evaluation, evaluative concept according to diversity. Likewise, non-pertinent practices are recognized such as: planning limited to academic content and little interest in updating on mental health issues.

There is a difference between practices perceived by the students and those conceived by the teaching group, the teachers do not perceive that in their applied process they generate actions that interfere directly in the wellbeing of the students, such as: not accepting explanations in case of difficulties in grades, development of evaluation process only summative or quantitative; implementation of inflexible classes and postures, behaviors that denote lack of control in the expression and management of emotions, lack of concern in classroom situations; excess of homework or multiple activities for reinforcement at home.

The group of participating teachers recognize and differentiate the processes associated with mental health and illness, both psychopathological and emotional disorders that intervene in them, likewise the analysis shows that there are no statistically significant differences between the groups of age, gender, years of experience or academic level.

In the behavior of the teaching staff, underlying attitudes are revealed, predominantly those of benevolence and community ideology. Attitudes, knowledge and pedagogical practices act directly and indirectly on the mental health of students, each of the actions that arise from them mediate the pedagogical process, generating reactions in the welfare of each student.

The development of intentional practices towards mental health, perception of emotional control, knowledge in management of mental health issues, good communication and understanding of life situations and flexibility of the processes taking into account the conditions of the students, have a direct and significant impact on the welfare of each student, improving performance in academic and emotional processes.

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