# Promoting Adolescent Mental Health through Guidance and Counselling: A Teacher Education Perspective from India

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## Abstract

Adolescent mental health has emerged as a critical concern in contemporary education, particularly in societies where young learners are increasingly exposed to academic pressure, emotional vulnerability, social comparison, digital influence, family expectations and uncertainty regarding future pathways. Schools are not merely institutions for academic instruction; they are also significant developmental spaces where early signs of emotional, behavioural and social distress may become visible. In India, educational policy and institutional discourse have increasingly acknowledged the need for psychosocial support, counselling services, life skills education and holistic student development. However, the availability of trained counsellors and structured mental health support systems remains uneven across educational settings, especially in rural, semi-urban and resource-constrained schools.

This paper examines the role of guidance and counselling in promoting adolescent students' mental health from the perspective of teacher education in India. Adopting a conceptual-cum-analytical review approach, the paper draws upon global evidence, Indian policy documents and educational literature to argue that teacher education institutions must prepare prospective teachers with mental health literacy, counselling sensitivity, classroom-based observation skills, ethical awareness and referral readiness. The paper proposes the CARE-GC Model—Counselling Awareness, Assessment-oriented Observation, Responsive Support and Referral, Empowerment through Life Skills, and Guidance-Counselling Ecosystem—as a teacher education-oriented framework for strengthening adolescent mental health promotion in schools.

The model does not position teachers as clinical professionals. Rather, it conceptualises them as informed observers, supportive facilitators and responsible referral agents within a collaborative school mental health ecosystem. The paper concludes that integrating guidance and counselling readiness into teacher education can contribute to early identification, stigma reduction, timely support, life skills development and holistic adolescent development in Indian schools.


**Keywords:** Adolescent Mental Health; Guidance and Counselling; Teacher Education; Mental Health Literacy; School Counselling; Psychosocial Support; CARE-GC Model

## 1. Introduction

Adolescence is a decisive stage of human development in which biological maturation, cognitive expansion, emotional reorganisation, social identity formation and future-oriented decision-making occur simultaneously. During this period, students begin to negotiate complex expectations related to academic achievement, peer relationships, family aspirations, self-image, career choices, digital engagement and personal identity. Adolescence is also a period of identity formation and developmental task negotiation,

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during which young people attempt to understand themselves, their social roles and their future possibilities (Erikson, 1968; Havighurst, 1972). Although these experiences are part of normal development, they may also create conditions of stress, anxiety, emotional vulnerability, behavioural difficulties and maladjustment when adequate support systems are absent.

In contemporary educational contexts, adolescent mental health can no longer be viewed as a peripheral concern. It is closely connected with learning, motivation, classroom participation, peer interaction, decision-making, attendance, self-esteem and overall personality development. A student's emotional well-being influences not only academic performance but also social adjustment, resilience, communication and future readiness. Therefore, mental health promotion must be understood as an essential dimension of educational quality rather than as an external or purely clinical issue.

The global concern around adolescent mental health has intensified in recent years. The World Health Organization reports that globally one in seven adolescents aged 10–19 years experiences a mental disorder, and depression, anxiety and behavioural disorders are among the leading causes of illness and disability in this age group. Suicide also remains a serious public health concern among young people (World Health Organization, 2024). These facts indicate that adolescent mental health is not merely a matter to be addressed after problems become severe; it is also a preventive, developmental and educational concern requiring early recognition, sensitive support and sustained psychosocial care.

Schools occupy a critical position in this process because they provide daily opportunities for observation, interaction, guidance, peer engagement and timely referral. Teachers are often the first adults outside the family to notice changes in students' behaviour, mood, participation, academic engagement or peer relationships. However, teachers are not always adequately prepared to interpret such signs sensitively or to respond within appropriate ethical and professional boundaries. This creates a significant gap between students' psychosocial needs and the school system's capacity to respond effectively.

In India, the mental health and well-being of school students have gained increasing attention in educational policy, institutional practice and public discourse. The pressures of examination-oriented schooling, competitive academic culture, coaching systems, career uncertainty, social comparison, digital exposure and family expectations have made adolescence more demanding for many learners. The National Council of Educational Research and Training's survey on the mental health and well-being of school students brought attention to students' emotional experiences, academic concerns and coping patterns (National Council of Educational Research and Training, 2022). Such evidence suggests that student mental health must be addressed within the educational system rather than outside it.

The National Education Policy 2020 provides an important policy backdrop for this discussion. It emphasises holistic development, inclusive education, flexibility, socio-emotional learning and the creation of supportive learning environments. The policy recognises the role of counsellors, trained social workers, teachers and school complexes in working with students, parents and communities (Ministry of Education, 2020). This orientation is significant because it shifts the understanding of education from a narrow focus on academic achievement to a broader concern for the learner's emotional, social and developmental needs.

However, the practical availability of trained counsellors and structured psychosocial support systems remains uneven across Indian schools. While some urban private schools may have counsellors or wellness



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programmes, many government, rural and semi-urban schools lack systematic counselling infrastructure. This unevenness makes it necessary to strengthen the capacity of teachers and teacher education institutions without confusing the role of teachers with that of clinical mental health professionals.

Guidance and counselling can serve as a meaningful bridge between educational processes and adolescent mental health promotion. Guidance provides developmental, preventive and supportive assistance that helps students understand themselves, make informed choices, adjust constructively to academic and social situations and plan for the future. Counselling, when provided by trained professionals, offers a more structured and confidential helping process for students experiencing emotional, behavioural or personal difficulties. In school settings, both guidance and counselling contribute to early identification of distress, reduction of stigma, development of coping skills, improvement of communication, career awareness, emotional regulation and referral to specialised services when required.

Teacher education institutions occupy a strategic position in this context. Prospective teachers need preparation not only in subject knowledge and pedagogy but also in understanding adolescent development, mental health literacy, counselling sensitivity, ethical boundaries, classroom-based observation, life skills facilitation and referral procedures. A teacher need not become a counsellor, psychologist or therapist; however, a teacher should be able to recognise warning signs, respond empathetically, maintain appropriate confidentiality, avoid labelling, communicate responsibly with parents and refer students to trained professionals when necessary.

This paper examines the role of guidance and counselling in promoting adolescent students' mental health from the perspective of teacher education in India. It adopts a conceptual-cum-analytical review approach and draws upon global evidence, Indian policy documents and educational literature. The central argument of the paper is that adolescent mental health promotion in schools cannot depend solely on specialist services, particularly where such services are unevenly available. Teacher education institutions must therefore cultivate mental health literacy, counselling sensitivity, classroom-based observation skills, ethical awareness, life skills orientation and referral readiness among prospective teachers.

## 2. Adolescent Mental Health in the Contemporary Context

Adolescent mental health has become one of the most significant concerns in contemporary education because the conditions in which adolescents grow, learn, communicate and form their identities have changed substantially. Adolescents today are required to manage multiple and often competing pressures: academic expectations, examination stress, peer comparison, family aspirations, digital engagement, social media influence, body image concerns, career uncertainty and changing patterns of interpersonal relationships. These pressures do not affect all students in the same manner, but they create a developmental environment in which emotional distress, anxiety, withdrawal, irritability, low self-esteem and behavioural difficulties may become more visible within school settings.

Mental health during adolescence is not limited to the absence of mental illness. It includes emotional balance, self-understanding, resilience, healthy relationships, constructive coping, decision-making capacity and the ability to participate meaningfully in learning and social life. When adolescents experience persistent stress or emotional disturbance, its effects are often reflected in academic performance, classroom participation, peer



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interaction, attendance, motivation and behaviour. A student who appears inattentive, aggressive, isolated or academically disengaged may not always be unwilling to learn; such signs may sometimes indicate deeper emotional or psychosocial difficulties.

The World Health Organization has emphasised that mental health conditions commonly begin during adolescence and may continue into adulthood if they remain unidentified or unsupported. Globally, depression, anxiety and behavioural disorders are among the major contributors to illness and disability among adolescents (World Health Organization, 2024). These realities underline the importance of early recognition and preventive support. Schools cannot replace clinical mental health services, but they can provide an environment where distress is noticed early, stigma is reduced, help-seeking is encouraged and students are guided toward appropriate support.

The contemporary context has also introduced new forms of psychological pressure. Digital technologies have expanded access to information, learning resources and social connection, but they have also intensified comparison, distraction, cyberbullying, sleep disturbance and exposure to unrealistic standards of success, appearance and lifestyle. Many adolescents experience continuous pressure to perform socially and academically, both offline and online. The boundary between school life, home life and digital life has become increasingly blurred. As a result, students may carry emotional stress into the classroom even when the source of that stress lies outside the formal school environment.

Academic pressure remains another major factor influencing adolescent well-being, particularly in examination-oriented educational systems. Competitive schooling often links students' self-worth with marks, ranks and future career possibilities. For many adolescents, failure or underperformance is not experienced merely as an academic setback but as a threat to identity, family expectations and social recognition. In such situations, guidance and counselling can help students develop realistic goal-setting, study habits, emotional regulation, decision-making skills and resilience.

Peer relationships also play a central role in adolescent mental health. Acceptance, friendship, belongingness and social recognition are developmentally important during this stage. Experiences such as bullying, exclusion, peer pressure, social comparison and interpersonal conflict can affect students' emotional security and self-esteem. At the same time, positive peer relations can serve as protective factors by strengthening confidence, communication and social adjustment. Schools therefore need to cultivate a climate where students feel respected, heard and emotionally safe.

In the Indian context, adolescent mental health must be viewed in relation to both individual and structural factors. Family expectations, socio-economic diversity, gender norms, rural-urban differences, access to counselling services, academic competition and stigma around mental health all shape students' experiences. Many students may hesitate to seek help because emotional difficulties are often misunderstood as weakness, indiscipline, lack of effort or moral failure. This makes the role of teachers and school systems crucial.

Thus, adolescent mental health in the contemporary context demands a shift from a crisis-oriented approach to a preventive, developmental and supportive approach. Guidance and counselling should not be treated as occasional interventions reserved only for severe cases. Rather, they should be integrated into the educational process as part of holistic student development.



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## 3. Indian Educational Context and Emerging Concerns

The Indian educational context presents a complex and layered background for understanding adolescent mental health. India has one of the largest school-going populations in the world, marked by wide variations in socio-economic status, language, region, gender, school type, family background and access to educational resources. Adolescents in Indian schools do not experience mental health concerns in a uniform manner; their emotional and psychosocial well-being is shaped by the intersection of academic expectations, family aspirations, social norms, institutional culture, digital exposure and availability of support services.

One of the most visible concerns in the Indian context is the pressure associated with academic achievement. Schooling is often linked with competitive examinations, career mobility, family prestige and future economic security. For many adolescents, academic performance becomes a central measure of personal worth and social recognition. This pressure is intensified by coaching cultures, board examinations, entrance tests and comparisons among peers, siblings and relatives. While academic aspiration can motivate students, excessive pressure may produce anxiety, fear of failure, sleep disturbance, irritability, avoidance, low self-esteem and emotional exhaustion.

Family expectations also play a significant role in shaping adolescent mental health. In many Indian families, parents invest considerable emotional and financial resources in children's education. This investment often reflects genuine concern for the child's future, but it may also create pressure when adolescents feel unable to meet expectations. Students may struggle to communicate their fears, interests or limitations because disagreement with parental expectations is sometimes interpreted as disobedience or lack of seriousness. Guidance and counselling can help bridge this communication gap by supporting students in self-understanding and helping parents appreciate the emotional dimensions of learning, career choice and adolescent development.

Another emerging concern is the uneven availability of school counselling and psychosocial support services. Although some urban private schools may have access to counsellors or wellness programmes, many government, rural and semi-urban schools have limited or no structured counselling services. Even where counsellors are available, the student-counsellor ratio may be inadequate, and counselling may be understood narrowly as a response to disciplinary problems or academic failure. This unevenness makes teacher preparedness particularly important.

Stigma remains a major barrier to mental health support in Indian educational settings. Emotional distress is often described in moral or behavioural terms rather than understood as a legitimate concern requiring support. Students experiencing anxiety, sadness, withdrawal or behavioural difficulties may be labelled as careless, weak, arrogant, disobedient or inattentive. Such labelling can deepen distress and discourage help-seeking. Adolescents may also fear that disclosure of emotional problems will lead to ridicule, punishment, parental anger or loss of social reputation.

The digital environment has added another layer to adolescent experience in India. Increased access to smartphones, online learning platforms and social media has created new opportunities for learning and communication, but it has also exposed students to distraction, cyberbullying, misinformation, online comparison and excessive screen engagement. During and after the COVID-19 pandemic, digital learning became more prominent, but it also revealed inequalities in access, supervision and emotional support.



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Policy developments in India indicate growing recognition of these concerns. The National Education Policy 2020 emphasises holistic development, inclusive education, socio-emotional learning and support systems involving teachers, counsellors and trained social workers (Ministry of Education, 2020). The Manodarpan initiative was launched to provide psychosocial support to students, teachers and families, especially in the context of mental health and emotional well-being (Ministry of Education, 2020). NCERT's work on students' mental health and well-being has further highlighted the need to understand learners' emotional experiences within school systems (National Council of Educational Research and Training, 2022).

However, the challenge lies in implementation. Policies and guidelines can create direction, but their effectiveness depends on institutional readiness, teacher preparation, availability of trained personnel, administrative support, referral networks and cultural acceptance. Many teacher education programmes still give limited practical attention to counselling skills, mental health literacy, adolescent emotional development, ethical boundaries and referral mechanisms. As a result, prospective teachers may enter classrooms without adequate preparation to respond to students' psychosocial needs.

## 4. Guidance and Counselling: Conceptual Foundation

Guidance and counselling are closely related but distinct educational support processes. Both aim to assist individuals in understanding themselves, making informed choices and adjusting constructively to personal, academic and social situations. In the context of adolescent mental health, guidance and counselling acquire special significance because adolescents often face developmental challenges that require timely understanding, emotional support and appropriate direction.

Guidance may be understood as a broad developmental process through which students are helped to recognise their abilities, interests, limitations, opportunities and responsibilities. It is preventive, promotive and educational in nature. Guidance supports students in areas such as academic planning, career awareness, study habits, interpersonal adjustment, decision-making and personal development. It does not necessarily require a crisis situation; rather, it functions as a continuous support mechanism that helps learners navigate the ordinary and complex demands of schooling and adolescence.

Counselling, on the other hand, is a more structured and specialised helping process. It involves a confidential, empathetic and purposeful interaction between a trained counsellor and an individual or group seeking support. Counselling helps students explore emotional difficulties, conflicts, anxieties, behavioural concerns, relationship issues or adjustment problems in a safe and non-judgmental environment. Unlike casual advice, counselling does not impose ready-made solutions. It encourages self-reflection, emotional expression, problem understanding and responsible decision-making.

The emphasis on empathy, acceptance and non-judgmental listening in school counselling is consistent with the humanistic and client-centred orientation of counselling theory, which regards the helping relationship as central to personal growth and emotional adjustment (Rogers, 1951, 1961).

The distinction between guidance and counselling is important for teacher education. Teachers may participate meaningfully in guidance-related activities and may provide initial emotional support, but they should not be expected to perform the role of professional counsellors unless they are appropriately trained. A teacher can observe, listen, encourage, guide, document concerns and refer students to trained professionals. A



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counsellor, however, is responsible for structured counselling intervention, psychological support and case-specific follow-up within ethical and professional boundaries.

In adolescent mental health promotion, guidance and counselling operate across three interrelated levels: preventive, developmental and responsive. At the preventive level, they help reduce risk factors by promoting awareness, emotional literacy, positive peer relationships, study skills, stress management and help-seeking behaviour. At the developmental level, they support identity formation, self-confidence, decision-making, career exploration, resilience and social adjustment. At the responsive level, they assist students who are already experiencing emotional, academic or behavioural difficulties by providing support, referral and follow-up.

For teacher education, the conceptual foundation of guidance and counselling must be translated into practical preparation. Prospective teachers need to understand what guidance means, what counselling involves, where their role begins, where it ends and when referral becomes necessary. They should learn that empathy is not the same as therapy, and observation is not the same as diagnosis. They should be trained to avoid labelling students, making clinical judgments, breaching confidentiality or offering simplistic advice for complex emotional problems.

Thus, guidance and counselling form an essential bridge between educational development and mental health promotion. They help schools move from a purely academic model of education to a more holistic model in which emotional well-being, social adjustment and personal growth are recognised as integral to learning.

## 5. Role of Guidance and Counselling in Promoting Adolescent Mental Health

Guidance and counselling play a central role in promoting adolescent mental health because they connect educational support with emotional, social and developmental needs. Adolescents do not always express distress directly. Their difficulties may appear through academic decline, absenteeism, withdrawal, irritability, aggression, loss of interest, peer conflict, examination fear, confusion about career choices or sudden changes in classroom participation. A school system informed by guidance and counselling is better able to recognise these signs as possible indicators of distress rather than treating them only as discipline problems or lack of effort.

The first important role of guidance and counselling is preventive. Preventive support aims to reduce the likelihood of serious emotional and behavioural difficulties by creating awareness, strengthening coping skills and promoting healthy adjustment. In schools, preventive guidance may include orientation programmes, study skills training, stress management sessions, emotional literacy activities, peer relationship education, anti-bullying initiatives and career awareness programmes.

The second role is developmental. Adolescence is a period of identity formation, value clarification, self-evaluation and future planning. Guidance and counselling help students explore their interests, abilities, aspirations and limitations in a realistic manner. They support the development of self-awareness, self-esteem, resilience, decision-making, problem-solving and interpersonal competence.

The third role is supportive and remedial. Some adolescents experience emotional or behavioural difficulties that require individual attention and structured support. These may include persistent anxiety, sadness,



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anger, grief, bullying-related distress, family conflict, examination fear, low confidence or social isolation. Counselling provides a confidential and empathetic space where students can express concerns without fear of ridicule or punishment.

The fourth role is related to early identification and referral. Guidance and counselling systems help schools develop procedures for noticing warning signs and connecting students with appropriate support. Teachers, because of their daily interaction with students, may observe behavioural and emotional changes earlier than external professionals. However, early identification should not be confused with diagnosis. Teachers and school staff need to recognise possible indicators of distress and refer students to counsellors or specialised professionals when required.

The fifth role is the reduction of stigma and promotion of help-seeking behaviour. In many educational settings, students hesitate to seek support because they fear being judged, labelled or misunderstood. Guidance and counselling can normalise conversations about stress, emotions, failure, relationships and mental health. When schools communicate that seeking help is a sign of awareness rather than weakness, students become more willing to approach teachers, counsellors or trusted adults.

The sixth role is academic and career-related support. Academic uncertainty and career confusion are closely linked with adolescent stress. Students often face pressure to choose subjects, streams or career paths without adequate self-understanding or information. Guidance helps them relate their interests, abilities, values and opportunities to educational and career decisions.

The seventh role is strengthening the school climate. Guidance and counselling are not limited to individual sessions; they also influence the culture of the school. A school with a strong guidance orientation promotes respect, inclusion, emotional safety, positive discipline and supportive communication. Such a climate can reduce bullying, isolation and fear.

Therefore, guidance and counselling promote adolescent mental health through a combination of prevention, development, support, referral, stigma reduction, academic-career assistance, school climate improvement and collaborative care.

## 6. Teacher Education Perspective

Teacher education occupies a pivotal position in any serious attempt to promote adolescent mental health through guidance and counselling. Schools may formulate policies, appoint counsellors and organise wellness activities, but the everyday emotional climate of the classroom is shaped largely by teachers. Teachers interact with students regularly, observe their participation, notice changes in behaviour and often become the first institutional adults to whom students' difficulties become visible.

In the Indian context, the need for a teacher education perspective becomes particularly important because access to professional counselling services remains uneven across schools. Many institutions, especially in rural, semi-urban and resource-constrained settings, may not have full-time counsellors or structured psychosocial support systems. Even where counsellors are available, teachers continue to play an essential role in recognising early signs of distress and creating a supportive classroom environment.



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A major component of this preparation is mental health literacy. Prospective teachers need a basic understanding of adolescent development, common emotional concerns, stress responses, behavioural indicators and the difference between ordinary developmental difficulties and warning signs requiring professional attention. Mental health literacy does not mean clinical expertise. It means the ability to recognise that persistent sadness, withdrawal, aggression, absenteeism, sudden academic decline, excessive fear, self-isolation or repeated emotional outbursts may reflect distress rather than indiscipline or laziness.

Counselling sensitivity is another essential dimension of teacher education. Many students do not require formal counselling at the first stage; they require a trusted adult who can listen without immediate judgment. Prospective teachers should therefore be introduced to basic helping attitudes such as empathy, patience, respect, confidentiality, acceptance and non-threatening communication.

Teacher education must also clarify ethical boundaries. One of the risks in school mental health work is role confusion. Teachers may either ignore student distress because they feel unprepared, or they may attempt to handle serious psychological concerns without adequate training. Both situations are problematic. Teacher education programmes should make it clear that teachers are not expected to diagnose mental disorders, conduct therapy or manage high-risk cases independently.

Another important area is classroom-based observation. Teachers are uniquely placed to notice patterns that may not be visible in formal counselling settings. Changes in attendance, participation, peer interaction, assignment completion, emotional expression, attention span and classroom behaviour can provide early signals of difficulty. However, observation must be trained and responsible. A single incident should not lead to labelling.

Teacher education should also integrate guidance-related competencies. Prospective teachers need preparation in academic guidance, study habits, examination stress management, career awareness, peer relationship support and communication with parents. Many adolescent concerns are not clinical at the beginning; they are educational, developmental or situational.

This expectation is consistent with the broader vision of teacher education in India, which emphasises the preparation of professionally competent, humane and learner-sensitive teachers (National Council for Teacher Education, 2009, 2014).

The teacher education perspective is therefore not an optional addition to adolescent mental health promotion; it is central to its sustainability. A school-based guidance and counselling system can function effectively only when teachers understand their role within it. They must neither become passive spectators nor untrained therapists. They should become informed, humane and referral-aware educators who can contribute to prevention, early recognition and supportive classroom culture.

## 7. Policy Context in India

The policy context in India has gradually begun to recognise that student well-being is inseparable from educational quality. Earlier discussions on schooling often centred mainly on enrolment, retention, curriculum, examination performance and infrastructure. While these concerns remain important, contemporary educational policy has increasingly acknowledged that students cannot learn effectively in environments



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marked by fear, emotional neglect, exclusion or psychological distress. The policy discourse has therefore moved toward holistic development, socio-emotional learning, inclusive education, psychosocial support and the creation of safe and supportive school environments.

The National Education Policy 2020 provides a major foundation for this shift. It presents education as a process aimed at the full development of human capacities rather than the mere acquisition of information. The policy emphasises holistic and multidisciplinary development, flexibility, inclusion, equity and the well-being of learners. Importantly, it recognises the need for counsellors and well-trained social workers connected to schools and school complexes, who can work with students, parents, teachers and communities (Ministry of Education, 2020). This recognition is significant because it places psychosocial support within the structure of school education rather than treating it as an external or optional service.

NEP 2020 also highlights the importance of reducing stress and making learning more meaningful, experiential and learner-centred. Its emphasis on holistic report cards, competency-based learning, flexibility in subject choices and reduction of rigid curricular boundaries can be read as part of a broader attempt to reduce the excessive academic pressure that often affects adolescent learners. Although the policy does not present a detailed school counselling model, it creates a favourable policy environment for integrating guidance, counselling, socio-emotional learning and mental health promotion into educational practice.

The Manodarpan initiative is another important development in India's educational response to student mental health. Launched by the Ministry of Education, Manodarpan focuses on psychosocial support for the mental health and well-being of students, teachers and families during the COVID-19 outbreak and beyond. Its significance lies in the fact that it publicly acknowledges the emotional and psychological impact of educational disruption, uncertainty and stress. It also provides a platform for guidance, counselling resources and expert support (Ministry of Education, 2020).

NCERT has also contributed to the policy and practice discourse through resources related to mental health and well-being in schools. Its materials for teachers emphasise that schools have a role in promoting students' mental health and creating supportive environments. Such resources are important because they translate policy concerns into practical educational language. They recognise that teachers can contribute to student well-being through classroom climate, observation, communication, life skills activities and referral awareness (National Council of Educational Research and Training, 2024).

The NCERT survey on the mental health and well-being of school students further strengthened the evidence base for policy attention. By documenting students' emotional experiences, academic concerns and well-being-related issues, the survey brought visibility to the fact that mental health concerns are present within the ordinary life of schools (National Council of Educational Research and Training, 2022). Such evidence challenges the assumption that mental health support is required only for a small number of severe cases.

The UMMEED guidelines further reinforce the need for prevention-oriented, sensitive and timely support mechanisms in schools, particularly in relation to student distress and crisis situations (Department of School Education and Literacy, 2023).

The School Health and Wellness Programme under Ayushman Bharat also provides a wider institutional context for student well-being. It includes themes related to emotional well-being, interpersonal relationships,



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values, responsible behaviour, gender sensitivity, nutrition, health and safety. Although it is not limited to mental health counselling, it reflects a broader understanding of health as physical, emotional and social well-being (Ministry of Health and Family Welfare & Ministry of Education, 2018).

Despite these policy initiatives, implementation remains a major challenge. Policies may recommend counsellors, social workers, wellness programmes and psychosocial support, but many schools continue to face shortages of trained personnel, limited institutional capacity, stigma, inadequate referral networks and lack of systematic teacher preparation. This gap between policy intention and school-level practice makes teacher education crucial.

The Indian policy context thus provides both justification and direction for integrating guidance and counselling into teacher education. NEP 2020, Manodarpan, NCERT resources, UMMEED guidelines and school health initiatives collectively indicate that student mental health is now an educational concern. However, the success of these initiatives depends on the development of a school ecosystem in which teachers, counsellors, parents, administrators and external professionals work collaboratively.

## 8. Proposed CARE-GC Model for Teacher Education-Based Adolescent Mental Health Promotion

The preceding discussion indicates that adolescent mental health promotion in Indian schools requires a structured, realistic and ethically grounded approach. It is neither sufficient to depend exclusively on specialist mental health services nor appropriate to transfer clinical responsibilities to teachers. A balanced framework is required—one that recognises the everyday role of teachers in observing students, creating supportive classrooms and facilitating timely referral, while also respecting the professional boundaries of counselling and mental health care.

The CARE-GC Model is proposed in this paper to address this need within the context of teacher education. The model has been developed as a teacher education-oriented framework for integrating guidance and counselling readiness into the professional preparation of prospective teachers. It is not a clinical intervention model and does not aim to train teachers as therapists or mental health professionals. Rather, it identifies the non-clinical competencies that teachers require in order to contribute responsibly to adolescent mental health promotion.

The model is based on the assumption that teachers occupy a unique relational position in students' lives. They interact with adolescents regularly, observe behavioural and academic patterns and often become aware of distress before formal support systems are activated. However, without adequate preparation, teachers may misinterpret distress as indiscipline, ignore early warning signs, respond harshly or attempt to handle complex concerns beyond their competence.

The CARE-GC Model organises teacher preparation around five interconnected dimensions: Counselling Awareness, Assessment-oriented Observation, Responsive Support and Referral, Empowerment through Life Skills, and Guidance-Counselling Ecosystem.



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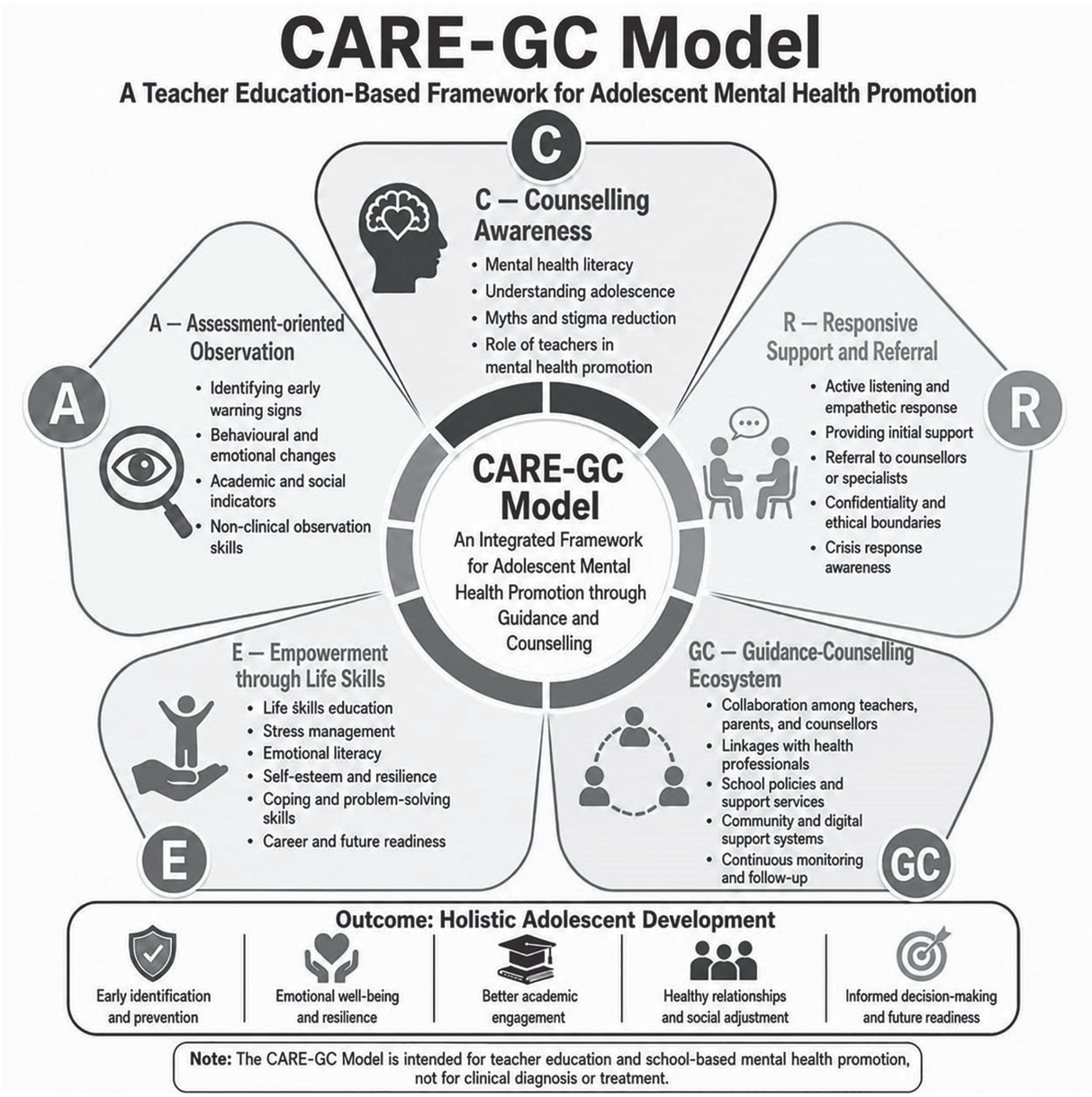



**Figure 1:** CARE-GC Model for Adolescent Mental Health Promotion through Guidance and Counselling: A Teacher Education Framework

### 8.1 Counselling Awareness

Counselling Awareness refers to the basic conceptual and attitudinal understanding that prospective teachers should develop regarding guidance, counselling, adolescent development and mental health promotion. It does not imply professional counselling expertise; rather, it indicates that future teachers should understand the purpose of guidance and counselling, the nature of adolescent emotional development, common sources of student distress and the importance of supportive school environments.



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In teacher education, counselling awareness should include the distinction between ordinary developmental stress and possible warning signs of deeper distress. Prospective teachers should learn that examination anxiety, peer conflict or temporary sadness may be part of adolescent experience, but persistent withdrawal, repeated absenteeism, sudden academic decline, self-harming expressions, extreme fear or prolonged emotional disturbance require serious attention and referral.

This awareness helps teachers avoid both neglect and overreaction. It also contributes to stigma reduction because teachers who understand mental health as part of overall well-being are more likely to create classrooms where students feel emotionally safe. Counselling awareness further enables prospective teachers to appreciate that guidance and counselling are not disciplinary tools but developmental and supportive processes aimed at strengthening student well-being.

### 8.2 Assessment-oriented Observation

Assessment-oriented Observation is used here in a non-clinical educational sense. It does not refer to diagnosis, psychological testing or labelling of students. Rather, it refers to systematic and sensitive observation of classroom behaviour, academic engagement, peer interaction, attendance patterns and emotional expression. Teachers are often in a position to notice changes that may not be immediately visible to parents or external professionals.

This dimension requires teachers to look for patterns rather than isolated incidents. A student may remain silent on a particular day for ordinary reasons; however, persistent withdrawal, repeated avoidance, sudden decline in performance, frequent conflicts, unusual irritability or continuous lack of participation may indicate a need for attention. Teacher education programmes can strengthen this competency through school internship tasks, observation schedules, case vignettes and supervised reflection.

However, observation should never become surveillance, public labelling or informal diagnosis. It should remain a respectful process aimed at early support and referral. Prospective teachers should be trained to observe duration, intensity, frequency and impact on functioning rather than making immediate judgments about a student's character or mental state.

### 8.3 Responsive Support and Referral

Responsive Support and Referral refers to the teacher's ability to respond humanely when signs of distress become visible and to connect the student with appropriate support when required. An insensitive response can increase shame, fear or resistance, while a supportive response can encourage the student to seek help. Responsive support involves listening with patience, speaking respectfully, avoiding blame, maintaining appropriate confidentiality and helping the student feel that support is available.

At the initial level, teachers can provide a humane first response. This may include asking the student privately if they are facing any difficulty, listening without interruption, acknowledging the student's concern and encouraging them to speak to the school counsellor or another designated support person. Teachers should avoid making promises of absolute secrecy, giving simplistic advice, threatening the student, comparing them with others or dismissing their distress as weakness.



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Concerns such as self-harm risk, severe anxiety, persistent sadness, abuse, violence, substance use, serious behavioural disturbance or traumatic experiences require professional attention. In such cases, teachers should follow school protocols and involve counsellors, school authorities, parents or mental health professionals as appropriate. Referral readiness is therefore an essential component of teacher education.

### 8.4 Empowerment through Life Skills

Empowerment through Life Skills highlights the preventive and developmental side of adolescent mental health promotion. Mental health support should not be limited to responding after distress appears. It should also strengthen students' capacity to cope with ordinary and extraordinary challenges. Life skills education contributes to this goal by developing self-awareness, emotional regulation, decision-making, problem-solving, communication, empathy, resilience and help-seeking behaviour.

Teachers can play an important role in integrating life skills into classroom and school activities. They can encourage students to reflect on emotions, manage examination stress, communicate respectfully, resolve conflicts, set realistic goals and seek support when needed. Such activities do not require teachers to conduct therapy; rather, they require a pedagogical orientation that recognises emotional and social learning as part of education.

Life skills-based guidance also strengthens adolescents' perceived self-efficacy by enabling them to believe that they can manage academic, emotional and social challenges more constructively (Bandura, 1997).

In the Indian context, where academic pressure and career uncertainty often dominate adolescent experience, life skills-based guidance can help students develop healthier coping patterns and more realistic self-understanding. It can also support career readiness, emotional balance and constructive decision-making.

### 8.5 Guidance-Counselling Ecosystem

The Guidance-Counselling Ecosystem emphasises that adolescent mental health promotion cannot be sustained by individual teachers alone. It requires collaboration among teacher educators, trainee teachers, school teachers, counsellors, school leaders, parents, health professionals and community resources. Guidance and counselling should be embedded within institutional culture rather than treated as occasional activities.

In a functional guidance-counselling ecosystem, teachers observe and support students, counsellors provide specialised assistance, school leaders create enabling policies, parents offer emotional continuity and external professionals provide clinical care when required. Teacher education institutions contribute by preparing future teachers to understand and participate in this ecosystem.

This ecosystem approach is necessary because adolescent distress is rarely caused by a single factor. Academic pressure, family expectations, peer relations, digital exposure, socio-economic conditions and personal vulnerabilities often interact. A fragmented response is therefore inadequate. A collaborative ecosystem enables schools to respond more responsibly and sustainably.

### 8.6 Application of the CARE-GC Model in Teacher Education

The CARE-GC Model can be applied in teacher education through curriculum, practicum, workshops and institutional partnerships. At the curriculum level, modules on adolescent mental health, school guidance,



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counselling sensitivity, ethical boundaries, referral readiness and life skills can be integrated into existing courses on educational psychology, inclusive education and school internship.

At the practicum level, prospective teachers can engage in guided observation, case reflection, group guidance activities and supervised interaction with school counsellors. Workshops may focus on active listening, stress management, referral protocols, parent communication, bullying prevention, digital well-being and crisis awareness. These workshops should be practical rather than purely theoretical.

Case-based learning can help prospective teachers understand real school situations and distinguish between what they can handle and what requires referral. Institutional partnerships can further strengthen implementation. Teacher education institutions may collaborate with schools, counsellors, psychologists, child protection units and health services to provide exposure to actual support systems.

The model can also be used as a self-audit tool for teacher education institutions. Institutions may ask whether their programmes provide adequate exposure to counselling awareness, observation skills, referral readiness, life skills education and collaborative support mechanisms. If any dimension is weak, curriculum and practicum experiences can be revised accordingly.

## 9. Discussion

The preceding analysis suggests that adolescent mental health promotion in schools requires a shift from a narrow problem-response approach to a broader educational, developmental and preventive framework. In many school systems, mental health concerns are noticed only when they become visible as serious behavioural problems, academic failure, absenteeism or crisis situations. Such a delayed response is inadequate for adolescents, whose distress often develops gradually and may remain hidden behind silence, irritability, withdrawal or declining academic engagement.

A central argument of this paper is that adolescent mental health cannot be separated from the everyday processes of schooling. The classroom is not merely an instructional space; it is also a social and emotional environment where students experience recognition, comparison, pressure, belonging, exclusion, encouragement and fear. Teachers' responses, peer relations, assessment practices, communication patterns and institutional culture all influence how adolescents perceive themselves and their possibilities.

The Indian context makes this discussion particularly important. Academic competition, examination pressure, career uncertainty and family expectations create a demanding environment for many adolescents. At the same time, access to professional counselling remains uneven across schools. This gap produces a practical challenge: students need support, but many schools do not have adequate counselling infrastructure.

The solution cannot be to make every teacher a counsellor. Such an approach would be ethically unsound and professionally unrealistic. However, it is equally inadequate to exclude teachers from mental health promotion. Teachers are often the first to observe changes in students' behaviour, participation and emotional expression. Their role, therefore, must be defined carefully and supported through teacher education.

The CARE-GC Model responds to this need by positioning teachers as informed observers, supportive facilitators and referral-aware educators. This positioning is important because it avoids two extremes. On one side, it avoids the over-professionalisation of school support, where only specialists are seen as



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responsible for student well-being and teachers remain passive. On the other side, it avoids the dangerous expectation that teachers should diagnose or treat mental health conditions.

The model also strengthens the connection between teacher education and school mental health. Teacher education institutions are often expected to prepare teachers for curriculum transaction, classroom management, assessment and inclusive education. However, the emotional and psychosocial dimensions of teaching are not always given adequate practical attention. If prospective teachers are not prepared to understand adolescent stress, peer conflict, emotional vulnerability, digital pressures or family-related distress, they may respond to student behaviour in ways that are punitive, dismissive or insensitive.

Another important implication of the discussion is the need to treat guidance and counselling as a school-wide culture rather than as an isolated service. If counselling is viewed only as a room, a period or an emergency response, its impact remains limited. A guidance-oriented school culture requires respectful communication, non-stigmatising language, supportive discipline, inclusive practices, parent engagement and clear referral mechanisms.

The discussion also highlights the importance of ethical clarity. Mental health work in schools involves sensitive information, emotional vulnerability and power relations between adults and students. Without ethical preparation, well-intentioned teachers may unintentionally harm students by labelling them, sharing confidential information, offering simplistic advice or delaying referral. Therefore, teacher education must include ethical boundaries as a core component of counselling readiness.

In summary, adolescent mental health promotion requires an integrated approach involving guidance, counselling, teacher education and institutional collaboration. The CARE-GC Model offers a structured way to prepare teachers for their appropriate role in this process. It respects professional boundaries while recognising the everyday influence of teachers on adolescent well-being.

## 10. Educational Implications

The analysis presented in this paper has significant implications for teacher education, school practice and educational policy. If adolescent mental health is accepted as an essential component of holistic development, then guidance and counselling cannot remain peripheral or occasional activities. They must be integrated into the professional preparation of teachers and the everyday functioning of schools.

The first implication is for teacher education curriculum. Courses on educational psychology, learner development, inclusive education and school internship should include focused components on adolescent mental health, guidance and counselling, life skills, emotional well-being and referral awareness. These components should not be presented only as theoretical definitions. They should include case-based discussions, reflective exercises, role plays, observation tasks and interaction with counsellors or mental health professionals.

The second implication relates to practicum and school internship. Teacher education programmes often emphasise lesson planning, teaching practice and classroom management during internship. These are necessary, but they are not sufficient. Prospective teachers should also be guided to observe classroom climate, peer interactions, student participation, emotional expression and patterns of academic engagement.



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The third implication concerns the professional role of teachers. Teachers should be prepared to function as first-line observers and supportive facilitators, not as clinical counsellors. This distinction must be clearly communicated in teacher education. Teachers can notice signs of distress, listen empathetically, avoid harmful labelling, encourage help-seeking and refer students to appropriate support. They should not diagnose mental disorders, conduct therapy or handle high-risk cases independently.

The fourth implication is for school leadership. Principals and school administrators need to create institutional mechanisms that support guidance and counselling. These may include referral protocols, confidential communication channels, collaboration with counsellors, parent orientation programmes, anti-bullying measures, crisis response procedures and periodic well-being activities.

The fifth implication relates to parent engagement. Many adolescent difficulties are connected with academic pressure, family expectations, communication gaps and career-related anxiety. Schools and teacher education institutions should promote constructive parent communication that goes beyond marks and discipline.

The sixth implication is for life skills and socio-emotional learning. Schools should create opportunities for students to develop self-awareness, emotional regulation, communication, empathy, decision-making, resilience and help-seeking behaviour. These skills can be integrated into classroom discussions, group activities, co-curricular programmes, career guidance sessions and school assemblies.

The seventh implication concerns stigma reduction. Educational institutions must use language and practices that normalise help-seeking and protect student dignity. Students experiencing distress should not be publicly identified, ridiculed or treated as disciplinary cases without understanding the context.

The eighth implication relates to collaboration with professional services. Schools and teacher education institutions should build linkages with counsellors, psychologists, psychiatrists, social workers, child protection agencies and community health services. Such linkages are especially important for referral and crisis response.

Overall, the educational implications of this paper point toward a more humane and holistic understanding of teaching. Teachers cannot and should not replace professional counsellors, but they can become sensitive participants in a wider support system.

## 11. Challenges and Safeguards

The integration of guidance and counselling readiness into teacher education is necessary, but it is not without challenges. Any framework for adolescent mental health promotion must recognise practical, ethical and institutional limitations. If these challenges are ignored, well-intentioned initiatives may remain superficial or may even create new risks.

One major challenge is role confusion. Teachers may either be expected to perform counselling functions beyond their training or may themselves assume that they can handle complex emotional and psychological concerns independently. This can be harmful for students, especially in cases involving self-harm risk, trauma, abuse, severe anxiety, depression or other serious mental health conditions. The safeguard against this risk is a clear role boundary.



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A second challenge is inadequate training. Short-term workshops or occasional lectures may create awareness but cannot develop sustained competence. Many teacher education programmes are already overloaded with theoretical courses, examinations and practicum requirements. The safeguard is curricular integration rather than token inclusion.

A third challenge is stigma. In many school communities, mental health concerns are still misunderstood as weakness, indiscipline, poor upbringing or lack of effort. Students may avoid seeking help because they fear ridicule, punishment or social labelling. The safeguard is the creation of a non-stigmatising language and school culture.

Confidentiality is another serious concern. Students may disclose sensitive information related to family conflict, bullying, abuse, self-harm thoughts, relationships or emotional distress. If teachers share such information casually, the student may feel betrayed and may avoid future help-seeking. At the same time, confidentiality cannot be absolute when there is risk of harm to the student or others.

A fifth challenge is the lack of referral networks. In many schools, especially in rural and resource-constrained settings, there may be no counsellor, psychologist or accessible mental health professional. Even when teachers recognise distress, they may not know where to refer the student. The safeguard is institutional mapping of available support services.

A sixth challenge is excessive workload on teachers. Teachers already face responsibilities related to teaching, assessment, administrative work, examination duties and co-curricular activities. If mental health promotion is added without structural support, it may become another burden rather than a meaningful professional role. The safeguard is a distributed support system.

A seventh challenge is the risk of over-identification or misinterpretation. Teachers may sometimes interpret ordinary adolescent behaviour as a mental health problem, or they may overlook serious distress because it does not fit expected patterns. The safeguard is training in pattern-based observation and referral rather than diagnosis.

Finally, a challenge lies in measuring outcomes. Mental health promotion is not always immediately visible through examination scores or simple indicators. Institutions may therefore undervalue it. The safeguard is to use qualitative and process-based indicators such as improved help-seeking, reduced stigma, better referral practices, supportive classroom climate, teacher confidence and student participation.

Thus, the integration of guidance and counselling into teacher education must be undertaken with caution, clarity and institutional responsibility. The CARE-GC Model can be useful only when accompanied by ethical boundaries, adequate preparation, referral mechanisms and collaborative support.

## 12. Conclusion

Adolescent mental health has become an essential concern for contemporary education because student's emotional, social and psychological well-being directly influences their learning, behaviour, relationships and overall development. In the Indian context, academic pressure, family expectations, career uncertainty, peer comparison, digital exposure and uneven access to counselling services have made the need for school-based support more urgent.



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This paper has argued that guidance and counselling can play a significant role in promoting adolescent mental health through prevention, developmental support, early identification, stigma reduction, academic and career guidance, life skills development and referral to specialised services. However, the paper has also emphasised that teachers should not be positioned as clinical professionals. Their role is not to diagnose or treat mental health conditions, but to observe sensitively, respond humanely, create supportive classrooms and connect students with appropriate help when required.

Teacher education institutions are central to this process. If prospective teachers are prepared only for content delivery and examination management, schools will remain limited in their ability to respond to students' emotional and psychosocial needs. Teacher education must therefore include mental health literacy, counselling sensitivity, ethical awareness, classroom-based observation, life skills facilitation and referral readiness as part of professional preparation.

The CARE-GC Model proposed in this paper offers a structured framework for this purpose. By integrating Counselling Awareness, Assessment-oriented Observation, Responsive Support and Referral, Empowerment through Life Skills, and Guidance-Counselling Ecosystem, the model provides a balanced approach to adolescent mental health promotion. It respects professional boundaries while recognising the everyday influence of teachers on students' well-being. It also aligns with India's policy emphasis on holistic development, psychosocial support and inclusive education.

In conclusion, promoting adolescent mental health through guidance and counselling requires collaboration among teacher education institutions, schools, counsellors, parents, policy makers and mental health professionals. A humane and responsive educational system cannot separate academic achievement from emotional well-being. By strengthening guidance and counselling readiness in teacher education, India can move toward schools that are not only centres of learning but also spaces of dignity, support, resilience and holistic development for adolescent learners.

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