MENTAL HEALTH AS CORE CURRICULUM: EMBEDDING EMOTIONAL RESILIENCE IN POST-PANDEMIC

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ABSTRACT

The COVID-19 pandemic has left a profound impact on global education systems, not only in terms of learning loss but also in the form of a widespread mental health crisis among students. Rising levels of anxiety, depression, and emotional distress have highlighted the urgent need to prioritize mental well-being in educational settings. This study aims to explore the integration of mental health and emotional resilience as core components of school curricula in the post-pandemic era. The objective is to evaluate both the necessity and effectiveness of embedding structured mental health education into daily classroom practice. A mixed-method approach was employed, combining quantitative surveys of 620 students and 180 teachers across five Southeast Asian countries with qualitative interviews involving school counselors and policy stakeholders. Data were analyzed using thematic content analysis and multivariate regression to assess psychological outcomes and pedagogical feasibility. Findings indicate that schools incorporating mental health modules—particularly those emphasizing self-awareness, emotional regulation, and peer support—reported significant improvements in students' emotional resilience, engagement, and academic performance. Teachers also expressed increased confidence in addressing psychosocial issues when provided with appropriate training and curriculum support. The study concludes that embedding mental health into core curricula is not only feasible but essential for building long-term educational resilience. A policy shift toward integrating emotional well-being within national education frameworks is recommended to ensure holistic recovery and preparedness for future crises.

Keywords: Mental Health Education, Emotional Resilience, Post-Pandemic Schools

INTRODUCTION
The COVID-19 pandemic has significantly disrupted global education systems, affecting over 1.6 billion students worldwide at its peak (UNESCO, 2021) Beyond academic setbacks, the crisis triggered a profound psychological impact on learners, exacerbating levels of anxiety, depression, and social withdrawal among children and adolescents (Walsham et al., 2023)As schools transitioned between closures and remote learning, students faced increased isolation and uncertainty, contributing to long-term emotional and mental health challenges (Hards et al., 2022; Loades et al., 2020, 2022)

In Indonesia, recent studies revealed that 56% of students experienced heightened stress and anxiety during prolonged school closures (Nugraha & Ohara-Hirano, 2014; Widyastari et al., 2022; Wongsawat, 2017). Similarly, Southeast Asia reported a surge in adolescent mental health issues, with over 40% of youth reporting symptoms of depression and emotional distress in the post-pandemic period (ASEAN, 2022; UNICEF, 2022; WHO, 2021). These data affirm the pressing need for educational systems to address student well-being comprehensively, integrating mental health interventions within the school environment (Arora et al., 2021; Mahfud et al., 2022; Yamaguchi et al., 2020).

Despite growing awareness, mental health remains a peripheral concern in many national curricula, including Indonesia, where psychosocial programs are often reactive and extracurricular (Kemendikbud, 2021; Rizki & Fathurrahman, 2020; WHO, 2020). This research contends that embedding mental health education as a core component is crucial for building emotional resilience and ensuring long-term educational sustainability (Weare & Nind, 2011; Barry et al., 2013; Durlak et al., 2011).

Table 1. Presents Comparative Data Illustrating the Rise in Adolescent Mental Health Issues Globally During and After the Pandemic

Region	Depression (%)	Anxiety (%)	Emotional Distress (%)
Southeast Asia	40	38	45
Europe	35	30	40
North America	32	28	36
Latin America	38	34	42
Sub-Saharan Africa	42	40	48

Source: WHO, 2022; UNICEF, 2022; ASEAN, 2022

Previous research has primarily focused on school-based mental health programs as supplementary interventions rather than curricular necessities (Fazel et al., 2014; Shoshani & Steinmetz, 2014; Taylor et al., 2017). Studies by Barry et al. (2013), Weare & Nind (2011), and Durlak et al. (2011) affirmed the benefits of social-emotional learning (SEL) programs, but rarely positioned them as integrated core curricula. Additionally, most investigations were concentrated in Western educational contexts, leaving a gap in knowledge for Southeast Asian and Indonesian settings (Arora et al., 2021; Mahfud et al., 2022; Yamaguchi et al., 2020).

The primary gap this research addresses is the absence of comprehensive, mandatory mental health curricula tailored to post-pandemic challenges in Southeast Asian schools, particularly in Indonesia (UNESCO, 2021; KPAI, 2021; Kemendikbud, 2021). While several initiatives have introduced ad-hoc mental health activities, systematic integration into daily lessons remains limited (Rizki & Fathurrahman, 2020; Mahfud et al., 2022; ASEAN, 2022).

This study offers novelty by proposing a framework for embedding emotional resilience and mental health education as a compulsory curriculum component. It draws on evidence-based models like SEL and integrates culturally relevant practices specific to Southeast Asian socio-educational contexts (Barry et al., 2013; Durlak et al., 2011; Yamaguchi et al., 2020).

The research aims to evaluate the feasibility, effectiveness, and outcomes of implementing a mental health core curriculum in Indonesian schools. Specific objectives include: (1) assessing students' psychological conditions post-pandemic; (2) developing an integrated curriculum model for mental health education; and (3) analyzing the curriculum's impact on emotional resilience and academic engagement (Fazel et al., 2014; Mahfud et al., 2022; Arora et al., 2021).

In summary, this study responds to urgent educational needs by bridging policy and practice gaps in school mental health provision. It offers practical and theoretical contributions to the global discourse on post-pandemic educational resilience, mental health integration, and holistic student development (UNESCO, 2021; Durlak et al., 2011; Weare & Nind, 2011).

METHODS

This study employs a mixed-method research design combining quantitative and qualitative approaches. The quantitative component assesses psychological conditions and curriculum outcomes, while the qualitative aspect explores teachers' and counselors' perspectives on curriculum feasibility and cultural appropriateness (Creswell, 2014; Ivankova et al., 2006; Tashakkori & Teddlie, 2010).

1. Population and Sampling

The population includes students and teachers from public junior high schools in West Java, Indonesia, with criteria: schools operating under the national curriculum and having no existing structured mental health programs.

a. Population: 7,200 students and 480 teachers from 20 junior high schools

b. Sample: 620 students and 180 teachers selected using stratified random sampling based on school type (urban/rural) and grade level (Sugiyono, 2017; Fraenkel et al., 2012; Creswell, 2014).

2. Research Instrument

a. Quantitative:
   1) Mental Health Literacy Scale (MHLS) (O'Connor & Casey, 2015) Connor
   2) Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003)

b. Qualitative:
   1) Semi-structured interview guides for teachers and school counselors based on the WHO School Mental Health Manual (WHO, 2020)

Each instrument was adapted and validated in the Indonesian context through expert judgment and pilot testing (Sugiyono, 2017; Creswell, 2014; Sekaran & Bougie, 2016).

3. Data Collection Technique

a. Quantitative Data: Online and paper-based questionnaires distributed to students and teachers.

b. Qualitative Data: In-depth interviews and focus group discussions (FGDs) with selected teachers and counselors (Creswell, 2014; Fraenkel et al., 2012; Neuman, 2014).

4. Research Procedure

a. Preparation: Instrument adaptation, validation, and ethical clearance approval from the regional education office.

b. Sampling: School selection and participant recruitment through official school networks.

c. Data Collection: Concurrent quantitative surveys and qualitative interviews.

d. Curriculum Model Development: Drafting based on findings and expert feedback.

e. Pilot Implementation: Testing mental health modules in 4 selected schools.

f. Evaluation: Measuring outcomes through post-test surveys and interviews (Ivankova et al., 2006; Sugiyono, 2017; Creswell, 2014).

5. **Data Analysis Technique**

a. Quantitative: Descriptive statistics paired sample t-tests, and multivariate regression using SPSS 26 (Pallant, 2020; Field, 2013; Sugiyono, 2017).

b. Qualitative: Thematic analysis using NVivo 12 based on Braun & Clarke's (2006) framework (Creswell, 2014; Miles et al., 2014; Neuman, 2014).

RESULTS AND DISCUSSION
Students' Mental Health Conditions Post-Pandemic

The survey results involving 620 students indicated that 43.5% experienced moderate to severe anxiety symptoms, while 39% exhibited signs of depression based on MHLS and CD-RISC scores. Additionally, 41.2% of students demonstrated low emotional resilience levels. These findings align with reports from WHO (2022) and ASEAN (2022), which recorded a surge in adolescent mental health issues across Southeast Asia following extended school closures.

This study also collected qualitative data through teacher interviews, revealing frequent observations of students' emotional withdrawal, reduced classroom participation, and difficulty concentrating on academic tasks. Teachers reported increased cases of students experiencing social isolation, fear of academic failure, and difficulty adapting to in-person learning environments.

Table 2. Students' Mental Health Conditions Post-Pandemic

PSYCHOLOGICAL SYMPTOM	PERCENTAGE (%)
MODERATE-SEVERE ANXIETY	43.5
MODERATE-SEVERE DEPRESSION	39.0
LOW EMOTIONAL RESILIENCE	41.2

Source: Field Survey, 2025

These findings confirm that mental health challenges remain pervasive in schools, even after face-to-face learning resumed. Similar patterns were observed by Loades et al. (2020) and Mahfud et al. (2022), who highlighted long-term emotional effects of pandemic-related disruptions on students.

Development of an Integrated Mental Health Curriculum

In response to these conditions, the research team designed an integrated mental health curriculum consisting of five core modules: emotional literacy, stress management, resilience building, help-seeking skills, and peer support networks.

These modules were formulated based on literature reviews and adapted from SEL frameworks by Durlak et al. (2011) and Barry et al. (2013).

Focus group discussions (FGDs) with teachers revealed strong enthusiasm for the proposed curriculum. Educators emphasized the need for structured, culturally relevant modules that could be delivered through regular classroom schedules without overburdening students.

Table 3. Draft Integrated Mental Health Curriculum

MODULE	FOCUS AREA
EMOTIONAL LITERACY	Self-awareness, expression
STRESS MANAGEMENT	Coping strategies
RESILIENCE BUILDING	Emotional strength
HELP-SEEKING SKILLS	Accessing support services
PEER SUPPORT NETWORKS	Empathy and communication

A total of 88% of teachers agreed that this curriculum is both practical and culturally appropriate for Indonesian secondary schools, supporting findings by Arora et al. (2021) on the importance of tailored mental health initiatives in education systems.

Impact on Emotional Resilience and Academic Engagement

After an eight-week pilot implementation of the curriculum in four selected schools, post-tests showed notable improvements. Students' average resilience scores increased by 22%, while indicators of academic engagement — such as participation rates and assignment completion — improved by 17%.

Qualitative interviews confirmed these improvements. Teachers observed better classroom dynamics, more peer collaboration, and reduced emotional outbursts among students. These outcomes are consistent with prior research by Weare & Nind (2011) and Durlak et al. (2011), which highlighted the positive effects of social-emotional learning programs on student well-being and academic motivation.

Teacher Readiness and Institutional Support

The study also assessed teacher readiness to deliver mental health education. Findings revealed that 82% of teachers showed a positive attitude toward the program, while 76% expressed a need for professional training to effectively implement mental health modules. Additionally, 70% emphasized the importance of institutional support and policy endorsement for successful integration.

Table 4. Teacher Readiness and Support Needs

Readiness Aspect	Percentage (%)
Positive Attitude	82
Training Requirement	76
Need for Administrative Support	70

These results reinforce calls by Rizki & Fathurrahman (2020) for national education authorities to prioritize teacher capacity building and policy frameworks that promote school-based mental health services.

Feasibility and Policy Implications

Education office representatives and school principals participating in FGDs endorsed the feasibility of embedding mental health education in the core curriculum. They emphasized its alignment with national well-being initiatives and its potential to enhance students' holistic development post-pandemic.

Recommendations include incorporating mental health modules into the national curriculum, providing routine teacher training, and establishing school-based mental health services in collaboration with local health authorities. This aligns with strategic directions proposed by UNESCO (2021) for mental health integration in post-pandemic education systems globally.

CONCLUSION

This study has demonstrated that the psychological conditions of junior high school students in post-pandemic Indonesia remain a serious concern, with high rates of anxiety, depression, and low emotional resilience persisting even after the reopening of schools. Quantitative and qualitative data consistently revealed that a significant proportion of students continue to struggle emotionally, with limited institutional mental health support available. These findings confirm the importance of systematically addressing student mental well-being as a core educational priority, validating global concerns about the long-term psychosocial effects of the COVID-19 pandemic on young learners.

In response to this issue, the study successfully developed an integrated mental health curriculum comprising five key modules: emotional literacy, stress management, resilience building, help-seeking skills, and peer support networks. Pilot implementation in selected schools showed promising outcomes, with notable improvements in students' emotional resilience and academic engagement. The program was well-received by both teachers and educational stakeholders, who emphasized its practicality, cultural relevance, and alignment with national well-being strategies.

Overall, the research concludes that embedding mental health education within the core school curriculum is both feasible and essential for promoting emotional resilience and sustainable educational recovery in Indonesia's post-pandemic context. The study contributes to the growing discourse on mental health integration in Southeast Asian schools, offering a scalable and evidence-based framework that can serve as a model for broader educational systems facing similar challenges.

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