

Predictors of Mental Health Among ECE Teachers: The Role of Stress, Social Support, and Resilience

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Abstract— Teacher's mental health has become a major issue around the world. This is a preliminary study aimed to explore stress, social support, and resilience as potential values that can predict the mental health of early childhood education (ECE) teachers. Participants in the study included 120 ECE teachers in Yogyakarta who had a minimum of 2 years working duration. The instruments utilized for data collection were General Health Questionnaire (GHQ-12), Perceived Stress Scale (PSS-10), Multidimensional Scale of Perceived Social Support (MSPSS), and The Brief Resilience Scale (BRS). The four scales were distributed to 19 schools in the Yogyakarta area, both online and in person. The collected data were analyzed using multiple linear regression. The study indicated that stress, social support, and resilience jointly affected mental health status by 52,7% (sig .000 < .05). From the three independent variables, resilience acted as the strongest predictor with a correlation coefficient of -.703 and a relative contribution of 44.7%. This study concluded that stress management and resilience can be developed as an intervention construct to improve teachers' mental health. Further implications of the findings of this study have been discussed in the article.

Keywords: *Teacher's mental health; Stress; Social support; Resilience*

I. INTRODUCTION

I.1 Background

The mental health of teachers has become a serious problem in many countries compared to other professions (Kuwato & Hirano Y, 2020 ; Stansfeld et al., 2011), Zimmerman et al., (2012). Studies show various risks of teachers' mental health problems, including stress, anxiety, and depression (Klassen et al., 2021; Dalia & Heba, 2017) which also lead to burnout, absenteeism from school, and decreased quality of teaching (Hydon et al., 2018; Hakanen et al., 2006). A study involving teachers in Egypt found 21% of teachers experienced severe stress and depression, while 27% experienced anxiety problems (Dalia & Heba, 2017). In Italy, 11% of teachers reported experiencing anxiety and 49% experiencing serious depression, with stress as a major factor in these mental disorders (Borrelli et al., 2014).

Stress is known as a conflict that suppresses and causes tension in oneself (Chaplin, 2016) stress is also known as a body response that arises in individuals due to threats that cannot be overcome (Santrok J W 2011). Job stress, which is defined as a physiological and emotional response due to an imbalance between job demands and individual abilities and resources (Hakanen, J. J et al., 2006) has an association with mental health status (Bellingrath et al., 2009 ; Kuwato & Hirano, 2020). The mental health and welfare of teachers at work are actually formed from the synergy of individual factors, job characteristics and also the work environment (Bagnall et al., 2016 & NICE 2009).

Teachers in charge of educating children at the primary and early childhood education levels experience stress due to the high demands of socio-emotional competence, and also because this type of work requires a high level of concentration and speed of decision making (Roser et al., 2013). Based on this understanding, it can be concluded that the causes of mental health problems in the teaching profession come from complex sources. The work environment, teaching context, social expectations, and classroom management may be related to each other and contribute to the formation of teacher job stress.

For teachers, job stress can be seen through various dimensions. Pressure originating from student behavior and workload is considered the strongest source of stress from the overall work stress model (Kyriacou, 2001). In addition, administrative tasks, parental demands, and unhealthy relationships with colleagues can also be additional stressors (Kuwato & Hirano, 2020). In Indonesia, certified teachers are considered professional teachers, so there is an accompanying obligation as compensation increases. This condition causes the number of working hours to increase, and the time to take care of their own welfare decreases. Empirical studies indicated the balance between work and personal time is an important factor in maintaining an individual's mental well-being (Haider et al., 2018). Exposure to high and long-lasting work-related stress will result in burnout conditions characterized by the emergence of symptoms of emotional exhaustion, feelings of disconnection (depersonalization), cynicism towards individual work and lack of personal achievement (Lancu et al., 2017; Bagnall et al., 2016). Burnout is also closely associated with serious mental health problems such as anxiety and depression. Furthermore, burnout not only has an impact on mental health but also on physical health such as high blood pressure and cardiovascular disease (Lancu et al., 2017; Emerson et al., 2017).

Various factors that cause stress experienced by teachers, as well as poor physical and mental health can affect the ability to give the best performance (Bellingrath, et al., 2009 & Nagai et al., 2007). Burnout is closely related to an increase in teacher absenteeism and also an increase in turnover rates (Lancu et al., 2017 & Bagnall et al., 2016). If the burnout condition is not resolved and the teacher continues to force him to work, his performance tends to be less than satisfactory in executing his role and the level of job satisfaction and commitment will also tend to be low (Bagnall et al., 2016 & Naghie et al., 2015). This is illustrated by the difficulties experienced by teachers in managing their classrooms effectively and the decline in the quality of learning and classroom instruction (Lancu et al., 2015 & Emerson et al., 2017). This condition will certainly have a direct impact on students such as increasing students' bad behavior in the classroom (Lancu et al., 2015). In fact, the reluctance of teachers to provide support for extracurricular matters and tasks other than teaching students is also related to this burnout problem (Lancu et al., 2015). This condition describes the source of the problem of teacher performance problems that have occurred so far.

A meta-analysis study has found an association between social support and mental health quality of teachers (Harandi et al., 2027). Individual perceptions of social support are obtained from the experience of receiving appreciation, attention, and respect from others. In other words, when individuals are able to reflect on their usefulness to others, it will help them feel affirmed that they are loved, needed, and accepted (Wu et al., 2020). This is important because teachers tend to suppress their emotions because they are assumed to be professionals who should not have negative emotional expressions (Ferguson et al., 2017).

Social support is information obtained from others in the form of feelings of being loved, respected, and appreciated (Taylor, 2012). Social support can be in the form of a sense of security, attention, appreciation, or help obtained from other people or groups (Baron & Byrne, 2003). Social support is also one of the most common coping strategies encountered when teachers experience stress, namely relying on warm relationships with family and friends (Haydon et al., 2018). The theoretical concepts utilized in this study are sourced from the literature on perceptions of social support in the form of emotional support, informational support, and instrumental support (Kelly & Northrop, 2015). This support can come from the school such as people within the institution, parents, students, and the community, as well as from outside the school such as family, spouse, friends.

In addition, previous studies had also documented the role of resilience on the psychological health of teachers (Zhang et al., 2020; Arcelay, 2019; Hong, 2017) as well as in the general population (Simth et al., 2008). The term 'resilience' was adopted from the social sciences to describe an individual's ability to overcome adversity in a high-risk environment and then develop into an individual who functions both emotionally and socially (Zhang et al., 2020). Grotberg (2003), defined resilience as the human capacity to face, overcome, and be strengthened or transformed from life's difficulties. Studies on resilience had found several attributes that characterize individuals with resilience. According to Benard (Bernad, 2004), the four components of resilience are: a) Social competence, b) Problem solving, c) Autonomy, d) Sense of purpose.

Resilient individuals tend to be able to adapt to stressful situations, reduce maladaptive behavior, so that the next logical consequence can increase psychological well-being (Zhang et al., 2020; Taylor, (2012). This is because individuals who have high resilience are able to maintain positive emotions, have optimism, are able to control themselves and have confidence in problem solving (Septiani & Fitria, 2016). In addition, resilience was also found to be correlated with self-esteem (Zhang et al., 2020). Individuals who have high self-esteem show the ability to choose appropriate coping strategies when dealing with stressors and reflect on the situation positively (Zhang et al., 2020; Leroux, 2014).

The mental welfare of teachers is important to pay attention to because it is part of the core competencies of the teaching profession as regulated in Law Number 14 of 2005. The four core competencies include: pedagogic, personality, professional, and social competencies. So far, various studies and development efforts in the realm of education still tend to focus on pedagogic and professional competencies only. This can be seen from the various activities of workshops, seminars, and training for teachers who contribute to self-development in these two areas. There are still very few efforts that are focused on improving social competence and personality, so that the mental health problems of teachers have not yet received serious treatment from various parties.

The development of interventions to improve teachers' mental health requires data support regarding factors that have associations with teacher psychological functioning. So far, no research has been found that measures the mental health condition of teachers in Indonesia or psychological constructs that have the potential to be developed for dealing with stress problems. The hypotheses proposed in this study are:

H1: Stress has a positive effect on teachers' poor mental health

H2: Social support has a negative effect on teachers' poor mental health

H3: Resilience has a negative effect on teachers' poor mental health

H4: Stress, social support, and resilience together affect teachers' poor mental health

II. METHODS

II.1 Research Design

This study is quantitative research with a cross-sectional survey design. Cross-sectional correlation research is a type of study that emphasizes the time of measurement or observation of independent and dependent variable data only once at a time to determine the correlative relationship between variables (Leedy & Ormrod, 2015). Data collection was performed using an online questionnaire that was sent to the schools that became the research sample. To ensure data reliability, each participant was only allowed to fill out the questionnaire once, with different instructions for each part. Everyone was required to provide responses to all questions to be considered a participant in this study. In addition, prior to filling out the survey, informed consent was provided to declare participation as well as an openness to stop whenever the participant wanted. This procedure guaranteed that the rights of participants to be involved or not in the research were fully protected. This research design had been approved by the Ethics Commission of the Faculty of Medicine, UGM with the protocol number KE/1065/10/2021. According

to the recommendation, this research data will be stored for a maximum of 5 years and used only for the purposes of this research.

II.2 Research Participants

The target population was all ECE teachers in Yogyakarta area with a minimum teaching duration of 2 years. Teachers who were on sick and maternity leave were not included in this study. Four districts and one city served as a sample frame, then from each region 3 schools were randomly selected as a sampling cluster so that the total sample came from 15 schools. The number of samples obtained was 120 people from a minimum of 80 required. This number was calculated using the a priori sample size formula for multiple regression analysis from Soper (Soper, 2018), to achieve an effect size of .15, probability level .01, power level .95, and the number of predictors as many as 3 variables.

II.3 Research Instrument

The data collection instrument in this study was a self-report questionnaire, in the form of previously validated scales that were utilized to measure job stress, resilience, social support, and mental health status. Demographic data was obtained through personal information sheets that revealed age, gender, last education, employment status, type of school, and average working hours. While other scales would use instruments that had been adapted into Indonesian or instruments that would be translated back and forth to get a valid Indonesian version. This translational version would be provided to an expert panel consisting of researchers, clinical psychologists, and linguists. The validation results from these experts would be used as a revision before the instrument was used in the data collection process.

Stress levels were measured using The Perceived Stress Scale (PSS-10) (Choen et al., (1983) which is a psychological instrument that is widely used to measure individual perceptions of stress. This scale has been used in studies measuring stressful situations, the effectiveness of stress reduction programs, and the correlation of stress with psychological and physical disorders. Each statement item was designed to determine how uncontrollable, unpredictable, and excessively the participants perceived their daily life during the past month. The 10 items in PSS-10 provided response options that ranged from 0 (never) to 4 (very often). Resilience was measured using The Brief Resilience Scale-BRS (Smith et al., 2008). There were 6 items on this scale with a Likert scale ranging from 1-5. The higher the score, the higher the level of resilience. Meanwhile, social support was measured using the Multidimensional Scale of Perceived Social Support - MSPSS (Mori & Miura, 2007) which consisted of 12 question items. Response options ranged from 1 (completely disagree) to 7 (strongly agree). The higher the total score indicated the stronger social support. The final scale for measuring mental health status was the shortened version of the General Health Questionnaire-GHQ in Indonesian (Emeldah, 2015) which consists of 12 items. The response choices used a Likert that went from 0-4. The higher the total score, the worse the mental health status. GH-12 in this study used a three-factor model consisting of: social dysfunction, anxiety-depression, and loss of confidence.

Based on the results of the trial scale on 60 samples, the reliability coefficient of Cronbach alpha on PSS was 0.770, BRS was 0.730, MSPSS was 0.935, and GHQ was 0.618. So, it can be concluded that the reliability for the PSS, BRS, MSPSS and GHQ scales showed internal consistency within acceptable limits because it was already above the 0.60 level (Cortina, 2013).

III. RESULTS AND DISCUSSION

Demographic data of participants in this study can be seen in the following table:

Table 1. Demographic Characteristics of Participants

Variable	Category	Number	Percentage (%)
Age	20-30 years	17	14,3%
	30-40 years	54	45%
	40-50 years	36	29,8%
	> 50 years	13	10,9%
Last education	High School	9	7,8%
	Bachelor	109	91,1%
	Master	2	1,2%
Teaching institution	Kindergarten	98	82,2%
	Islamic Kindergarten	3	2,3%
	Playgroup	10	8,1%
	Daycare	4	3,5%
	ECE equivalent unit	5	3,9%
Work experience	2-5 years	11	9,5%
	6-10 years	30	24,8%
	10-15 years	56	46,5%
	> 15 years	23	19%

The demographic characteristics of the participants in Table 1 show that the majority of the participants were 30-40 years old (45%), last education was Bachelor (91.1%), teaching in kindergarten (82.2%), and have been working for 10-15 years (46.5%). From this demographic data, the correlation with teachers' GHQ-12 scores and the results obtained that age was a variable that affects mental health. Here is the summary:

Table 2. Mean total GHQ scores by age group

Variable	N	Mean (SD)	P
Age			
20-30 years	17	14.65 (1.69)	.004
30-40 years	54	15.72 (1.68)	
40-50 years	36	16.68 (1.63)	
> 50 years	13	16.93 (1.65)	

One-way ANOVA

From Table 2, it is known that the total scores for the age groups of 20-30 years, 30-40 years, 40-50 years, and > 50 years are 14.65, 15.72, 16.68, and 16.93, respectively, with SD ranging from 1.63 to 1.69 and significance $p = .004 (< .05)$. There was no significant difference in the mean score in the last education category, place of teaching, and length of teaching.

Previous studies have shown that in women, age affects the likelihood of experiencing mental disorders, the older a person is, the higher the risk of the disorder [69]. These results were confirmed in this study, where there was a significant difference in the variation of the average GHQ-12 score between age groups, the higher the age, the higher the GHQ-12 score ($p = .004$). It means teachers in the older age group showed higher mental health scores. Further analysis showed that the biggest difference was in the anxiety-depression factor. In the age group of 40-50 years and >50 years, there was a strong correlation ($R = .78$ and $R = .79$) on this anxiety-depression factor, but no similar results were found for social dysfunction and loss of confidence factors. This finding indicated that the older group of teachers was more prone to mental health disorders in the areas of anxiety and depression.

Furthermore, the descriptive data of each research variable are as follows:

Tabel 3. Descriptive Statistics

Variable	N	Min	Max	Mean	SD
Mental health	120	1.00	26.00	14.43	5.427
Social support	120	26.00	72.00	57.15	10.212
Stress	120	1.00	22.00	14.66	4.629
Resilience	120	9.00	24.00	15.80	3.436

Based on Table 3, it can be seen that data from 120 subjects (N=120) shows that the mental health variable measured using the GHQ has a minimum value of 1, a maximum value of 26, a mean value of 14.43 and a standard deviation (SD) of 5.427. The social support variable measured using the MSPSS has a minimum value of 26, a maximum value of 72, a mean value of 57.15 and an SD of 10.212. Stress measured using PSS showed a minimum value of 1, a maximum value of 22, a mean of 14.66, and a standard deviation of 4.629. Meanwhile, the resilience variable measured using BRS has a minimum value of 9, a maximum value of 24, a mean value of 15.80, and an SD of 3.436. This descriptive data is the basis for making category scores for each variable (Azwar, 2015) with the following results:

Tabel 4. Categorization of Mental Health, Social Support, Stress, and Resilience

Variabel	Category	Frequency	Percentage
Poor mental health	Low	15	12,1%
	Moderate	71	59,3%
	High	34	28,6%

Based on Table 4 the analysis showed that 59.3% of teachers had moderate levels of poor mental health and 28.6% were in the high category over the past few weeks. This means that teachers felt they have psychological problems that affect their well-being. Based on the analysis of the GHQ-12 factor, it was found that Social Dysfunction showed the lowest indicators followed by Depression-Anxiety, and Loss of Confidence, which were indicated by variance scores of 37%, 12%, and 8%. This difference in variance is influenced by environmental factors, culture, and norms in the location of the population [61]. At the time of collecting research data, teachers were faced with a new school year period and online learning due to the Covid-19 pandemic, so it was possible that this condition made teachers felt that their social needs were not being met. This study did not compare pre-pandemic data, but the results of other studies had shown that the transition from conventional learning to virtual systems creates social distancing that teachers experience not only from students, but also from their peers and parents (Aviram, 2020 ; Varela & Fedynich, 2021).

In addition, the classical assumption tests were performed for normality, linearity, multicollinearity, and heteroscedasticity. The residual normality test with the Kolmogorov-Smirnov test showed a significance value of 2 tailed $.200 > .050$ so that it was concluded that the data was normally distributed. The linearity test showed that the deviation from linearity sig between the mental health and social support variables was $0.074 (>0.05)$, the mental health and stress variable was $.982 (>0.05)$, and the mental health variable with resilience was $0.784 (>0.05)$. Thus, it can be concluded that the relationship between the dependent variable and the independent variable is linear.

In the multicollinearity test, the variance inflation factor (VIF) showed that social support had a value of $1.127 (< 10.00)$ and a Tolerance value of $0.827 (> 0.10)$. Stress had a VIF value of $1.198 (<10.00)$ and a Tolerance value of $0.834 (>0.10)$. Resilience had a VIF value of $1.199 (<10.00)$ and a Tolerance value of $0.834 (>0.10)$. These results indicated that the three independent variables in this study did not experience symptoms of multicollinearity. Based on the results of the heteroscedasticity assumption test, it was known that the significance value of the social support variable was $0.258 (>0.05)$, the stress variable was

0.077 (>0.05) and the resilience variable was 0.659 (>0.05). Thus, it can be concluded that there was no symptoms of heteroscedasticity in the three X variables.

After the data met all the classical assumptions of the regression test, then hypothesis testing was carried out to see the effect of each independent variable partially and simultaneously on the dependent variable. Multiple regression analysis was utilized to test this hypothesis. The results of hypothesis testing can be seen in the following table:

Table 5. Hypothesis Test Results of Partial Inter-Variable Influence

Model	Unstandardized B	Coefficient Std Error	t	Sig
Constant	26.394	3.116		
Stress	.231	.082	2.824	.006
Social support	.009	.036	.245	.807
Resilience	-1.004	.110	-9.087	.000

Based on the data, it can be seen that the standard error value is 3.116. The smaller the standard error value, the stronger the prediction accuracy on the mental health variable. According to Leedy & Ormrod (2015) the smaller the standard error value, the smaller the error rate that may occur. In addition, the standard error value is also smaller than the standard deviation (SD) of the mental health variable, which is 5,427 so it can be concluded that this regression model is good at predicting the Y variable.

In the partial correlation test, it was known that the value of sig X1 against Y was $.006 < .05$ and the t value was $2.824 > T$ table 1.65810 so it can be concluded that H1 was accepted which means that there was an effect of X1 on Y. Furthermore, it was known that the value of sig X2 on Y was equal to $.807 > .05$ and the value of t count $.245 < T$ table 1.65810 so it can be concluded that H2 was rejected, which means that there was no effect of X2 on Y. In the last partial test, it was known that the value of sig X3 against Y is $.000 > .05$ with a t value count $9.087 > T$ table 1. Thus, it can be concluded that H3 was accepted, which means that there was an effect of X3 on Y.

This positive correlation of stress and poor mental health supports the results of previous studies (Kuwato & Hirano, 2020; Comier et al., 2021; Ozlem & Melek, 2020). The process of stress follows a certain flow pattern, which then encourages various reactions such as illness and unhealthy behavior. These reactions can take the form of physical, psychological, biological, and/or behavioral symptoms. Observable physical symptoms such as high blood pressure, increased pulse, headaches, muscle tension (Jackson & Rothmann, 2006) can develop into mental health problems such as feeling disturbed, irritable, difficulty concentrating, aggressive behavior, sleep and perception disorders, and memory disorders (Amati et al., 2010; Marchand et al., 2016; Steinisch et al., 2014).

Partial analysis showed that there was no significant effect of social support on the mental health of ECE teachers ($P = .807 > .05$). This finding contradicted previous studies on the role of social support in maintaining teacher mental health which had been found by empirical studies of various groups of teachers (Kidger et al., 2016; Andrews et al., 2014; Nalina & Sethuramasubbiah, (2010). This is possible because social support does not directly contribute to mental health. Previous studies have found that social support is causally related to self-efficacy and resilience (Sari et al., 2016; Park et al., 2020). In a resilient condition, individuals can survive in uncertainty so as to minimize the possibility of exposure to serious mental disorders (Zhang et al., 2020).

Furthermore, the H4 test was carried out to determine the effect of X1, X2, and X3 simultaneously on Y, and the following data were obtained:

Table 6. Hypothesis Test Results Between Variables (Simultaneous)

Model	Sum of Squares	Df	Mean Square	F	g
Regression	1846.446	3	615.482	43.035	.000 ^a
Residual	1659.021	116	14.302		
Total	3505.467	119			

Predictors: (Constant), Resilience, Support, Stress

Table 7. Multiple Regression Hypothesis Test Results

Model	R	R Square	Adjusted R Square	Standard Error of the Estimate
	.726 ^a	.527	.514	3.78179

Predictors: (Constant), Resilience, Support, Stress

Based on the output in table 6, it is known that the significance value for the effect of X1, X2, and X3 simultaneously on Y is $.000 < .05$ and the F value is $43.035 > F$ table 2.68 so it can be concluded that H4 is accepted which means there is an effect of X1, X2, and X3 simultaneously with respect to Y. The magnitude of the correlation coefficient between X1, X2, X3 to Y can be seen in table 8. The R value of .726 indicates a strong relationship between variables, and the adjusted R square value of .527 indicates that the influence of the X1, X2, and X3 variables simultaneously on the Y variable is 52.7%. While the other 47.3% is a contribution from other variables not examined in this study.

Partially, the correlation coefficient of the stress variable is in the moderate category ($R = .424$), the resilience variable is in the strong category ($R = -.703$), and the social support variable is in the weak category ($R = -.215$). The effect of these three variables was strengthened when utilized together as a predictor of mental health ($R = .726$) (Akoglu, 2018). The findings of this study emphasize the importance of teachers being equipped with stress management skills and efforts to increase self-resilience to achieve better mental health. The results of previous studies found that intervention programs for teachers that emphasized aspects of strengthening internal resources were proven to be effective in increasing positive mental health status (Kidger et al., 2016; Leung et al., 2011; Lancu et al., 2017).

Based on the results of the regression analysis, the Effective Contribution (SE) and Relative Contribution (SR) of each X variable to Y variable were then calculated with the following results:

Table 8. Effective Contribution (EC) and Relative Contribution (RC)

Variable	EC	RC
Stress	8,3 %	14,4%
Social Support	0,3 %	0,7 %
Resilience	44,7 %	84,9 %
Total	52,7%	100 %

The analysis shows that the stress variable provides an effective contribution of 8.3% and a relative contribution of 14.4%. The social support variable provides an effective contribution of 0.3% and a relative contribution of 0.7%. Meanwhile, the resilience variable provides an effective contribution of 44.7% and a relative contribution of 84.9%. The three independent variables simultaneously provide an effective contribution of 52.7% to the mental health of teachers.

These results indicate that resilience is the strongest predictor of teachers' mental health status, and the better the predictive power is if it is utilized simultaneously with stress management and the availability of social support. This means that teachers' mental health can be predicted more strongly by internal personality characteristics such as resilience, and not by external factors that come from outside the individual such as social support.

The limitations of this study were the number of samples that did not meet the population representation, especially in the age group > 50 years, and teachers who teach at Islamic kindergartens, daycare, and

ECE-equivalents. This had an impact on the limited analysis of predictors of demographic variables. In addition, the process of collecting research data was carried out in two ways, namely filling out online and offline questionnaires. Offline data retrieval was carried out at locations that have limited access and technology so that they were accompanied directly by the research team. On this occasion, researchers could condition participants to fill in according to their respective conditions without being influenced by other participants. The same thing was difficult to do with online participants, because it was possible for social interactions to occur between participants which pose a threat to the internal validity of this study.

Suggestions for future research, when selecting a sample, researchers should ensure that all age groups have equal access and opportunities to be involved. The strategy for distributing questionnaires needs to be maximized offline and only using online questionnaires in hard-to-reach locations. This offline-based questionnaire is also easier to fill out by older ECE teachers because they tend not to require information and communication technology (ICT) skills.

This study is a cross-sectional in form, so it cannot reveal the causes of teachers' mental health disorders. Future researchers should consider using a mixed-method design so that the qualitative findings can enrich the research results. This study also needs to be followed up in the form of research that focuses on developing an intervention model for the mental health of ECE teachers. The intervention model should target practical skills that teachers can easily apply in their daily lives.

IV. CONCLUSION AND RECOMMENDATION

The results of this study found that stress, social support, and resilience can predict the mental health status of preschool teachers. Among the three variables, resilience acted as the strongest predictor. So, it can be concluded that the internal characteristics of the personality is an aspect that must be a concern in handling teacher psychological problems. Differences in the mental health status of teachers were also found in different age groups. The older the teachers, the more vulnerable they were to mental health disorders, especially in the area of anxiety and depression. The level of poor mental health of preschool teachers showed that the majority were in moderate category, followed by teachers who were in the high category. However, in the partial analysis, no significant effect was found between social support and mental health.

This finding implies the importance of arranging interventions for dealing with teachers' mental health into two levels. First, the intervention that aims to strengthen the individual's internal characteristics such as resilience and stress management. This is in line with the need for teachers to develop their personality competencies as one of the core competencies. In this intervention, teachers need to be equipped with skills to recognize the symptoms of various mental health disorders and preventive measures that can be utilized. The preparation of this intervention also needs to consider the age factor, because between age groups have different mental health risks. So, the approach and intervention model must be targeted.

The second level, teachers also need health services that focus on dealing with serious mental health problems. It is important to provide services that are accessible to teachers, considering that the stigma about mental health that is still strong in the community that often prevents teachers from seeking help in other public health units such as community health centers, clinics, or hospitals. Moreover, in Indonesian culture, the teaching profession is considered to be integrated with personal life, so it is hoped that teachers must always have a positive character. This curative step can be a form of support so that teachers do not experience other psychological problems that affect the quality of learning such as burnout, loss of sense of competence, or absenteeism problems.

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