

Curricular Content for Pupils' Mental Health

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Abstract

Present-day curricular designs have to take the pupils' psychological needs in account, thus becoming melodies of mental health and happiness for the next generation. Emphasizing the findings from previous investigations using the research synthesis methodology, the present study has been conducted aiming at achieving some integrative knowledge under the inclusive title of "Mental Health Improvement-based Curricular Content." Goal-oriented homogeneous sampling method was applied in order to select 100 research papers from Iranian scholars on the subject of pupils' mental health improvement using accredited databases between 2005 and 2016. Data analysis using open subject coding encompassing three stages, namely open, axial, and selective coding, indicated that a curriculum with contents in two overall categories of mental health literacy (optimism and positive thinking; socialization; monotheistic life; happiness; self-efficacy; self-awareness and self-actualization & ...) and mental health skills (emotions management, interpersonal communication, critical thinking, adaptability, tolerance, and finally & ...) has to be designed in order to improve the pupils' mental health.

Keywords: curriculum, content, mental health promotion, education, Iran

1. Introduction

Schools of the third millennium have inherited the ideas which have established our glorious civilization in the fields of science and technology. Safeguarding such achievements and improving this treasure of human wisdom and knowledge, a mission inseparably linked with the essence of educational institutes, could be accomplishment only through the formulation of efficient and up-to-date curricula (Ebadi, 2013).

According to some neoconceptualists, schools and curricula must provide for an environment which enables the children to listen to their own inner voices, in order to learn how to live (Goodlad, 1983). Neoconceptualists explicitly speak of such notions as self-awareness and inner sense of being or third force, derived from humanistic psychology and existentialistic ideas, in respect to education, providing support for the curricula emphasizing language, communicative skills, autobiography, literature, psychology, and other esthetic and humanistic elements, taking in to account the autonomy, personal fitness, possession of a thorough and sound psychological personality, trust, love, self-command, sensitivity, pleasure, spirit, ideology, and communication needs as well (Ornstein & Hunkins, 2004).

Nevertheless, as Pinar (1988) has rightfully pointed out, curricula seem to deprive the pupils from their mental health while providing them with a degree: endows them with the epithet of knowledgeability, while splitting and tearing off their human identity.

Literature is not short on such concerns, expressed by neoconceptualist curriculum theorists, and corresponding to an either explicit or implicit emphasis on the learners' mental health. Noddings' "*Happiness and Education*" (2003), for example, calls for increased psychological considerations in curricula. In his view, the school structure must promote friendship and devotion among individuals in order to allow them to express their daily-life emotions and affections; and that only in such a setting would a sincere relationship form among them. The pupils' communication within the classroom's realistic setting is very important. It is in schools that the pupils are psychologically nurtured (Noddings, 2005).

Achieving such an invaluable goal requires knowledge and awareness of human psychological traits on the part of those involved in education so that they would be providers of health instead of consciously neglect the pupils' psychological needs which not only put them on the road of growth and self-actualization, but also would expose them to serious mental damage. Thus, the curricula's disrespect for mental health improvement would be construed as a sinful withdrawal from humans' growth process and disregard for the mission of assisting them on the route to the summit of self-actualization intended by Maslow.

1.1 Introducing the Problem

By entering the third millennium, mankind has faced a new perspective in terms of welfare and advancement. Currently, the expectations have grown; and suffering and failure are not acceptable any more. The conflict raised by incredible advancement in science and technology on the one hand, and the challenges faced by industrialized societies on the other, have confused the peace-seeking human beings, who have been captured among the gear wheels of their own industrial creation, with their mental health at risk, and with physical, mental, social, and spiritual welfare becoming their major concern. An indication of such a concern is the WHO's strategic theme for 2001 calling for bringing to an end the negligence of mental health and providing care to it, wisely placing the schools across the globe in the center of such an endeavor.

This strategic view considers the school as an environment where children experience competence, success, giving and receiving love, isolation, rejection, etc. They also learn to be successful if they want to be valuable. Given such facts, the children's attendance must be appreciated and expectations must grow beyond the schools' traditional roles. Schools must play a significant role in ensuring the pupils' mental health (Ganji, 2015). Especially, if this were neglected either consciously or unconsciously, not only such a pertinent expectation would become unachievable, but also would present the children with a variety of psychological challenges and issues.

Such facts led to the design of the WHO's Health Promoting School (HPS) program (2001), aiming at updating the pupils', parents', and school personnel's health-related information, was taken into account as an extension of the WHO's Health for All by the Year 2000 and the UNESCO's Education for All program, pioneering a universal movement toward a consideration for mental health in school. The WHO's main idea in making this an inclusive program was the notion of All for Health. In other words, schools may adopt the main position in the society to convey basic skills toward the citizens' mental health improvement (WHO, 2015). The present investigation tries to explore the nature of mental health improvement-based curricular contents.

1.2 Importance of the Problem

Mental health is an important measure of societal health with an invaluable effect in ensuring its dynamism and efficacy. Thus all nations have considered the role of schools and curricula, providing for specific programs to enhance their citizens' mental health. A brief examination of such programs indicates that most nations especially the U.S. (Roeser & Eccles, 2014; Herian, Tay, & Hamm, 2014), Canada (Stein et al., 2014; J. Cumming & E. Cumming, 2014), Australia (Askill-Williams & Cefai, 2014), the U.K. (Bonell et al., 2014), France (Temcheff, 2014; Han & Weiss, 2014) have come to believe that the key to societal mental health enhancement lies in schools and their curricula. According to the American Mental Health Foundation, schools have a significant role in mental health and diagnosis of related issues in their early stages. Schools may enhance the children's emotional and social development as well as their mental wellness (cited from Atkinson & Hornby, 2008).

School and its curriculum may, on the one hand, be the main channel for receiving education and enabling skills in the mental health area for the pupils as a large portion of community; and on the other, it may play a central role in the practical network of mental health education for the entire community – through the said pupils as little ambassadors of mental health. No doubt, as research has shown, the new generation's mental health enhancement through the curricula is a wise investment for future generations which along with economic development, will face unimaginable industrial advancements which if accompanied by growing conflicts, bewilderment, depression, anxiety, and psychological consequences thereof, will turn the world, with all its beauty, into a prison for humanity. This means that the future generation, compared to the present one, will need more capabilities in order to establish, retain, and enhance its mental health.

With an understanding of such a need, and using feedback from pupils' and parents' expectations, the latter longing to develop the capabilities needed by their children for leading a healthy and quality life, which is the core of mental health notion, schools are considering a revision of their curricula. This change is in line with the major concerns of educational system toward raising healthy, useful, and vivacious individuals which require the development of capabilities associated with the establishment of self-confidence, self-respect, regard,

self-actualization, spirituality, self-efficacy, dynamic and transcending self-awareness, autonomy and option, efficiency and competence.

Obviously, the schools in the third millennium have become such an ordinary part of daily life that sometimes their unique and astonishing role is neglected. The task of bringing wellness, happiness, welfare, and health to the young people's lives have been assigned to these institutes which have a significant mission to make mature and self-confident, and to educate individually different humans. Therefore, schools form the foundation for success; and mental health improvement-based curricula must be included in their agenda (Glover et al., 1990).

Curricular neoconceptualists' guidelines, humanistically oriented toward the pupils' growth and excellence, are innovative and conscious endeavors aiming at making school a place where the learners' mental health could be provided for and enhanced. Emphasizing the teachers' affectionate practice in their own realm and establishing a care-based relationship with their pupils along with the attention and affection as Hübner intended, are some of such guidelines. Hübner considers love, attention, and affection to be the essence of pedagogy (Fat'hi-vajargah, 2013).

In the view of experts, designing a mental health-oriented curriculum would lay the groundwork for a healthy school which would realize desirable pedagogy within the society. The goal of enhancing health, especially in mental area, is to prevent disease, improve welfare and well-being, as defined by the WHO. The way the mental health improvement model looks at the concept of health is in line with the fact that health *is* discovering the individuals' potentials for achieving growth, excellence, happiness, and festivity, while disease would mean lack of them. Here, a progressive process of individuals' attainment of peace and self-actualization is suggested and therefore, mental health improvement is focused on models of changing behavior toward health enhancement (Maurer & Smith, 2012).

In other words, the philosophy of this model is to improve healthy people's mental health on the one hand; and to create a mental health-sustaining environment and community through mental health evaluations, training, etc. (Curtis, 2002). Mental health improvement, therefore, would be simply defined as the science and art of helping people change their life styles in order to achieve a sustainable situation in terms of mental health.

Obviously, if the curricula adopt any of social engineering, personal prevention, and personal empowerment approaches toward mental health improvement, it cannot be confined only to the pupils' mental and cognitive growth. Emphasizing cooperation instead of competition, learning process instead of learning product, paying attention to the pupils' motivation enhancement, developing positive self-image, regard for the pupils' preferences and desires, and for playing a desirable role in school and community, and permanent growth of self-esteem are some goals of an efficient curriculum (Glover et al., 1990).

Therefore, it is essential for the third millennium educational systems to obtain necessary knowledge in order to realize psychological needs meeting which requires the learners' mental health; and to design curricula on their basis. Only if this is the case the curricula would meet the maturing learners' needs, which would in turn give meaning to the pupils' growth. The contents of such a curricula have been considered by the present study.

2. Methodology

This study has been performed emphasizing the findings of previous research. Integrative inquiry or research synthesis results in an integrated set of knowledge. In other words, such an investigation provides for a set of knowledge which places together various and disperse findings of different studies, which might be related to specific practical needs, in order to obtain new knowledge helping in the solution of current issue and other ones requiring planning or making practical decisions (Marsh, 1991).

However, it is not possible to provide for a single inventory in terms of research synthesis stages according to the relevant scholars. Hurd (1983), Ward and Reed (1983) and Roberts (1983) have introduced it in seven interactive stages, six major steps, and six stages, respectively. Given the said stages, the present study benefits from a combination of methods presented by Hurd (1983) and Roberts (1983). In other words, the following steps were taken in order by the researcher:

- 1) Identifying the need or demand (confirming the necessity and importance of research);
- 2) Identifying first-hand information sources (obtaining 100 Iranian research papers on pupils' mental health from accredited data bases);
- 3) Identifying the information or conceptual categories based on the models developed by previous research (identifying and categorizing the information based on predetermined objectives from a mass of collected data);

- 4) Arranging the data in appropriate groups for intended use (resulting in the extraction of 200 concept codes from previous research);
- 5) Integrating the data within each engineering category/group (resulting in concepts co-categorization);
- 6) Interpreting the integrated data; and finally,
- 7) Presenting the findings.

2.1 Sampling Procedure

In order to select Iranian papers on the subject of pupils'/students' mental health, the goal-oriented homogeneous sampling method was applied.

2.1.1 Sample Size

In qualitative research, the sample size is directly related to the researcher's decision and judgment; and according to Patton, this requires a trade-off between research extension and depth (Burg and Gall, 2007). Thus, sampling was gradually performed in terms of going through the research papers on the subject of students' mental health improvement, and continued to the saturation extent.

2.1.2 Data Analysis Method

Subject coding method, recognized with three stages, namely, open, axial, and selective coding, was applied in this study for information analysis.

3. Findings

In order to answer the research question regarding the nature of a mental health improvement-based curriculum, the main findings were extracted from 100 research papers on the subject in the form of 215 concept codes and then, were identified using the researcher-made codes of health area. Furthermore, the same concepts were categorized into 18 objectives in two general areas, namely, mental health literacy and mental health skills. In other words, the results achieved in relation to a mental health improvement-based curriculum illustrated two more general categories of *content corresponding to mental health literacy* and *content corresponding to mental health skills* (Table 1).

Table 1. Mental health improvement-based curricular contents as found through research synthesis

Main Categories	Content-related Components
Mental Health Literacy	Optimism and positive thinking
	Healthy self-expression
	Sociability
	Monotheistic life
	Happiness
	Philosophy for children
	Self-efficacy
	Innovation and creativity
	Self-awareness and self-actualization
	Ethical education
Mental Health Skills	Decision making and problem solving
	Emotions management (EI)
	Human relations/communications
	Critical thinking
	Creative thinking
	Tolerance and adaptation
	Healthy and quality life

3.1 Mental Health Literacy

Findings showed that mental health improvement-based curricular contents in the mental health literacy category would include education in such areas as optimism and positive thinking, healthy self-expression, sociability, monotheistic life, happiness, philosophy for children, self-efficacy, innovation, and creativity, self-awareness and self-actualization, sexual education, and ethical education. Education in the field of optimism and positive thinking corresponds to cognitive restructuring toward positive thinking and escape from solicitude, which should not be ignored by the curriculum. Based on findings in the same category, the teachings providing the pupils with the ability of healthy self-expression consist of emotional self-adjustment approaches, and orientation to assertiveness and use of unaggressive and non-passive behaviors in social interactions. Sociability, as another component of a mental health improvement-based curriculum in the mental health literacy category, is rooted in items such as social skills education, learning how to cooperate with others, and life values such as peace and responsibility. The monotheistic life component requires orientation to religious instructions and monotheistic life style which is aimed at conveying religious, mystic, and spiritual beliefs along with goal orientedness in life as well as connectedness to God and Creation. Education in happiness includes happiness program, happiness techniques, living in present, and exultation.

Based on the findings, it is essential that a program of philosophy for children, aiming at enhancing the pupils' mental health, be included in the curriculum, which is why it has been located in the mental health literacy category. Monotheistic cosmology, promoting logical thinking, development of reasoning and exploration are some important concept codes introducing the said findings.

Another finding is the necessity of a consideration in the curriculum for the introduction of self efficacy to the pupils in order to improve it. academic, social, emotional and physical self efficacy are the constituents of this component.

This study shows that education in innovation (creativity), due to its indispensable effect on mental health improvement and its constructs, should not be neglected in a curriculum that claims mental health improvement.

Education in self-awareness and self-actualization, as another component of a mental health improvement-based curricula content, has self-awareness and self-actualization skills as its core constituents.

Notions providing meaning to sexual education include sexual behavior management, emphasizing healthy formation of sexual identity, and preventing hazardous sexual behaviors.

Ethical education has been identified as a curricular content component because of the effect that education in ethical intelligence would have on mental health, self-control, and responsible behavior.

3.2 Mental Health Skills

Findings of this study have placed the mental health improvement-based curricular contents in the mental health skills category in such components as decision making and problem solving, emotions management (EI), human communications, critical thinking, creative thinking, adaptation and tolerance, and healthy and quality living.

Decision making and problem solving skills shall necessitate education in sound and correct decision making, problem finding, problem recognition, and positive problem solving skills.

Emotional management, emotional awareness, and EI adjustment constitute the EI component.

Human communications skills are formed of interpersonal and group communication knowledge and practice by the pupils.

Instruction in logical thinking, and breeding creative ideas and viewpoints would improve critical thinking and develop creative thinking skills.

Enhancing skills in the field of adaptation and tolerance also has its proper place in the curriculum and is presented by learning social and academic adaptation skills, conflict management, learning tolerance, failure acceptance, and toleration, positive adaptation to unpleasant conditions, and identifying and application of tolerance.

Education in quality healthy living, as an important component of such a curriculum, would imply the necessity of pupils' orientation to mental health principles, stress and anger management, living with self-esteem, and learning how to lead a quality life.

4. Discussion and Conclusion

This research, performed using research synthesis method, relying upon 100 papers on the subject of pupils' mental health from Iranian scholars, began asking an essential question: What are the components of mental

health improvement-based curricular contents? Findings showed that in order to improve the pupils' mental health, a curriculum possessing components in two general categories, namely mental health literacy and mental health skills, has to be designed. Obviously, a curriculum claiming the enhancement of mental health cannot ignore transferring knowledge and information regarding mental health; adding to knowledge on optimism and positive thinking; teaching monotheistic life; teaching happiness; philosophy for children; recognition of self-efficacy; education on innovation (creativity); education on self-awareness and self-actualization; sexual education; and ethical education, all of which represent mental health altogether.

The curriculum shall not neglect education in positive thinking and optimism because many researchers have confirmed its effect on mental health (Shoshani & Steinmetz, 2014; Ramezani et al., 2015; Jaffari et al., 2014; Hamid et al., 2013). In other words, acquired optimism lowers stress and depression in the face of failure. Individuals with optimistic explanatory style handle stresses better; and take more care about their psychological health. Therefore, optimist pupils have less behavioral problems in school and are more adaptive (Seligman, 2011). In the view of positive psychology intended by Seligman (2004) also blissfulness corresponds to individuals' optimal performance. Blissful people enjoy mental peace along with satisfaction from life; and are optimist, enthusiastic, goal-oriented, and have a healthy life style.

Self-expression capability, another component of mental health literacy category, has been received attention from WHO (2015) in its life skills programs. Self-expression in the form of assertive behavior and response, and avoiding aggressive or passive ones, may prevent negative peer submission and conformity in cases of delinquent and hazardous behaviors such as hazardous sexual behavior, substance and alcohol abuse, violence, and joining gangs, etc. the art of saying "no" in such cases is rooted in the developed capability of self-expression in adolescents in a positive and health-based manner. Development of pupils' psychological health can be explained and predicted in the light of such capabilities.

Inclusion of sociability in the curricula contents is explained by the fact that schools are the first and most important learning settings where potentials are actualized and academic advances are achieved. Moreover, schools promote cultural acceptance, value-based beliefs, lawfulness, and regard for social beliefs and regulations. Schools also promote the advancement of spiritual, cultural, mental, and physical growth and emotional improvement of adolescents and young people. In this view, schools are a groundwork for success and their curricula should create the opportunity to turn the pupils into expert, experienced, innovative, self-sufficient, and self-relying adults (Atkinson & Hornby, 2008).

Obviously, citizens with such personal traits would enjoy more desirable statuses in all of mental health constructs. Therefore, a mental health improving curriculum cannot ignore instructions leading to such auspicious outcomes.

Another concern of a mental health improving curriculum is the restoration and reconstruction of individuals' life styles or functions in major life tasks according to Adler – job or school, love or friendship, spirituality and self-acceptance, and levels of success or failure in any of those situations- it should become the focus of enabling educational experts. Therefore, teaching monotheistic life may play a role in mental health enhancement because research shows that religious and eschatological beliefs aid in individuals' mental health on the one hand, leading to the prevention of hazardous behaviors threatening mental health and reduction of tensions and failures, and improvement of mental peace (Ebrahimi, 2006); and on the other hand, there is a significant correlation between spiritual blissfulness (self-satisfaction from relation to God and sense of goal orientedness in life) and mental health (Hassani-Vajari et al., 2005); and the significant relationship between spiritual intelligence and quality of life, mental health and vitality has been confirmed (Ghamari et al., 2013).

Findings also point out the education in happiness program and teaching happiness techniques. According to Seligman (2011), parents demand the teaching of wellness skills in school to ensure their children's mental health. Items such as happiness, self-confidence, contentment, fulfillment, balance, good stuff, kindness, health, satisfaction, love, civility, meaning, etc. have a priority compared to the school's academic and traditional role. Also research has shown the effect of happiness program and happiness techniques instructions on improved mental health (Gholamali-Lavassani et al., 2014; Shakernia et al., 2013).

The presence of philosophy instructions in the said curricular contents can be explained relying on research results implying its effect on improved mental health and reduced mental disorders (Esmaili, 2007); promotion of respect and kindness; nurturing reasoning, critical questions and responsible thinking; improved self-esteem and empathy; and improved cooperativeness (Hedayati, 2011).

Another component found in this study is the education in self-efficacy which is supported by the Articles of WHO where it is defined as part of mental health concept (WHO Report, 2012); and on by international research

findings (B. Sadoc, V. Sadoc, & Rulz, 2009).

The curriculum in question should also address innovation (creativity). If an indicator of mentally healthy individuals is the possession of creativity (Shultz and Schultz, 2013), and if, as research suggests, there is a negative correlation between creativity and issues such as anxiety, depression, and tension; and a positive correlation with self-respect and other constructs of mental health (Khosravani & Gilani, 2007), education in creativity should not face the same destiny as the absurd or neglectful curriculum.

On the other hand, a curriculum striving for fulfilling the talents, compassion, perception of one's value along with confirming the others, constructive and positive social interactions, orientation in personal life, preparation for experiencing, creativity, and lack of unquestioned submission to the environment, should not become merely a tool for climbing the social, professional hierarchies (Zaldivar, 2015). Therefore, the concern for the instruction of self-awareness and self-actualization in the mental health improving curriculum has to be taken seriously. Self-awareness is the core of any goal-oriented activity to retain and improve mental health. Effective emotional management, in the first place, requires the recognition of emotions and the individual's awareness of their presence and how to control them (Deci & Ryan, 2008). In the view of D. Schultz and S. Schultz (2013), also, insight on oneself is fundamental in positive psychology development and achieving mental health. On this basis, the acceptance and recognition of capabilities and limitations have been identified as the key to empowerment in mental health and achieving self-actualization (Clark & Barry, 2015).

In regard with sexual education, there is no doubt that managing sexual behavior, supervising the formation of healthy sexual thinking, and avoidance of unhealthy sexual behaviors which, research suggest, affect mental health (Abolghasemi et al., 2010; Motlagh et al., 2010), can be learned and require attendance of teaching process and learning in school.

Given the conformation of the effect of ethical intelligence education on mental health, if self-control and responsible conduct (Jaffari et al., 2013), practicing moral orientation, creating and retaining moral interactions in school in the form of ethical education and as part of a mental health improving curriculum, led to the institutionalization of the said skill, it would go beyond school environment, facilitating ethical improvement in individual, social, national, and international levels, expanding mental health in the said areas.

As shown in Table 1, the content corresponding to mental health skills can be presented in the form of decision making and problem solving skills, adaptation and toleration skills, emotional management (EI), human communications skills, critical thinking skills, creative thinking skills, and healthy quality life skills.

The problem solving, decision making, and toleration skills remind the fact that life is interwoven with conflicting problems and challenges. Those skills require discretion and application of knowledge and competencies leading to learner's appropriate response to a certain situation or reaching the intended goal, and making rational decisions. In other words, problem solving requires the application of previously acquired knowledge and skills in new situations and rational decision making to select the best solution among existing ones. Such a knowledge and competency, along with toleration, adaptation, and successful dealing with stress factors, can be learned and their appropriate application may assist the individuals in dealing with conflicts raised by problematic situations which distort their cognitive or psychological balance. Skills which, according to Ken et al. (2015) are the essential elements in life management and lead to improved performance and efficacy. Obviously, if good adaptation with the environment and toleration against inevitable failures in life are indications of mental health, as suggested by Sadoc and Rolz (2015), teaching such skills should be considered by a curriculum claiming the improvement of the pupils' mental health.

Development of critical and creative thinking, on the other hand, requires the acquisition of knowledge and skills regarding thought, courage for novel thinking, lack of fear from failure, subjective problem solving, mental questioning, idea-processing capability, ideal-refining, comprehensive vision, wise criticism of written and spoken materials, and lack of unquestioned submission in front of ideas, are skills that can be developed through education, as experts such as Seligman (2011), Rani and Singh (2015), Jensen (2015), Cooper et al. (2009), Tapa et al. (2013), D. Schultz and S. Schultz (2013), Williams and Penman (2012), Wright et al. (2006), Walsh (2011), and Carvalho (2012) have also insisted. Obviously, the entirety of the said skills facilitates the self-actualization of other capabilities in the areas of positive self-image, self-esteem, perfectionism, and satisfaction of life. This in turn would lead to self-expression and appropriate control over emotions which would immune the peaceful and lovely sea of life from the emergence of the destructive waves of anger, despair, aggression, and stressful and anxiety-bearing impulses.

Based on the foregoing, and according to the experts, one cannot hope the improvement of mental health without developing its requisite skills in pupils. Items such as communication skills, social interaction, empathy and

mutual support skills (Carvalho, 2012); liking the positive relationship with others (Argyle, 2001); positive peer interaction (Moote et al., 1999); healthy communication (Richardson et al., 2012); effective communication and positive interpersonal relationships (Rani & Singh, 2015) should be institutionalized in the pupils through the curriculum and in the form of human communications skills. The mankind's inability to solve the mental health-threatening and annoying challenges such as war, violence, discrimination, terrorism, racism, etc., notwithstanding its entry to third millennium, indicate its ignorance and inability of solving its challenges through dialog and humane relationships and discourse, which explains the necessity of the presence of the said content in the curricula in another way.

Findings also indicated that quality healthy life skills, as a key element of mental health improving curriculum, should become part of the elementary school planners' agenda. Understanding and applying such skills requires increased knowledge on life skills (Carvalho, 2012). Since knowledge acquisition on decision making and problem solving, creative and critical thinking, empathy and self-assistance, human communications, adaptation, and identifying the emotions and how to desirably control them in school would have permanent effects on the pupils' personalities, academic behaviors, and professional incentives (D. Schultz & S. Schultz, 2013), this finding can be explained.

Development of emotional intelligence (EI), also, as part of cerebral capital, is possible through learning (Cooper et al., 2009). Teaching emotional management, toward improving the pupils' EI, provides a possibility to improve group relationships, development of social capital, empathic and positive interactions, thus being located among the findings corresponding to mental health improving curriculum. EI adjustment skill for controlling and improving interpersonal relationships, solving the conflicts, controlling anger, and avoiding aggression, is one of the goals considered by WHO (2015) in the field of mental health education in school.

In the view of experts such as Deci and Ryan (2008), and Carvalho (2012), creating an expanded view of mental health and perception of its real value for the present and future, and promoting it for wellbeing, is an essential goal of mental health education in school. Such a view is rooted in the fact that humans, with over 2000 years of experience, have realized their need for peace, happiness, and mental health. The calculating humans have realized their loss in the tradeoffs of industrial development and mental health, leading to the feeling of failure, perturbation, derangement, anxiety, depression, absurdity, and humiliation. Now, perceiving such unpleasant feelings, humans have found the solution not in denying industrial progress or putting it aside, but in developing psychological capabilities to achieve desirable adaptation, improved self-confidence, better self-efficacy, grown positive self-image and self-esteem, and briefly, in mental health improvement. In that confusion and anxiousness, and in this hope and self-confidence, everyone has realized the importance of education across the globe, perhaps hooping that from the same path where the advanced civilization of technology era has emerged, the miracle of education, once again, would result in the improvement of those skills which might lead the world citizens with a better mental health toward blissfulness and happiness. A miracle which perhaps would save the humans from psychological suffering and challenges depriving them of peace.

The life-saving presence of psychological principles in the education area, and especially, in the curricula, brings the conceptual borders of mental health and pedagogy closer on a daily basis. Here, pedagogy means the administration and direction of human improvement and development process in order to give orientation toward infinite perfection (Maleki, 2014). According to Rutter (1993), schooling experience has become increasingly important in the children's psychological and intellectual (cognitive) development. Therefore he emphasizes that schools must be as much concerned with the learners' self-esteem and mental health as they care about their academic success.

Notwithstanding the said mission, in the view of critical theorists, life in today's schools has become very artificial, unreal, and reduced to repeated, boring and annoying experiences. All children with low, middle, and high intelligence levels, are equally unsatisfied with schools and their homework because they are not in harmony with human nature, reflecting a disregard for and alienation from mental health as if schools are symbols of spiritless life (Ghaderi, 2014). Therefore, it seems that the time to trust in a curriculum designed based on mental health improvement has come. Perhaps vitality and vivacity could be presented to the future makers who will certainly live in a more stressful, implacable, and unkind world. The evidence for such a future already can be seen in the beginning of third millennium and therefore, the future generation requires more mental health literacy and skills in order to cope with such calamities. Perhaps applying the findings of this study make today's curriculum a peaceful song for future.

References

Argyle, M. A. (2001). *The psychology of happiness*. London: Routledge.

- Askill-Williams, H., & Cefai, C. (2014). Australian and Maltese teachers' perspectives about their capabilities for mental health promotion in school settings. *Teaching and Teacher Education*, 40, 61-72. <https://doi.org/10.1016/j.tate.2014.02.003>
- Atkinson, M., & Hornby, G. (2008). *Mental Health Handbook for Schools*. London: Talyor & Francis.
- Bonell, C., Humphrey, N., Fletcher, A., Moore, L., Anderson, R., & Campbell, R. (2014). *Why schools should promote students' health and wellbeing*. *BMJ: British Medical Journal*, 348.
- Carvalho, G. S. (2012). *Health Education in Portuguese Schools*. In *Health Education in Context* (pp. 37-46). Sense Publishers. https://doi.org/10.1007/978-94-6091-876-6_5
- Clarke, A. M., & Barry, M. M. (2015). *Implementing mental health promoting schools*. In *Schools for Health and Sustainability* (pp. 313-338). Springer Netherlands. https://doi.org/10.1007/978-94-017-9171-7_15
- Cooper, C. L., Goswami, U., & Sahakian, B. J. (2009). *Mental capital and wellbeing*. John Wiley & Sons.
- Cumming, J., & Cumming, E. (2014). Mental Health Education in A Canadian Community. *Sociological Practice*, 8(1), 11.
- Curtis, A. (2002). *Health Psychology*. London: Taylor & Francis.
- Deci, E. L., & Ryan, R. M. (2008b). Facilitating optimal motivation and psychological well-being across life's domains. *Canadian Psychology/Psychologiecanadienne*, 49(1), 14-23. <https://doi.org/10.1037/0708-5591.49.1.14>
- Ebadi, S. H. (2013). Hidden Curriculum: An Apparent Challenge or an Unexplored Opportunity? *International Journal of Academic Research in Progressive Education and Development*, 2(3), 62-75. <https://doi.org/10.6007/IJARPED/v2-i3/25>
- Ebrahimi A., (2006). Eschatologist beliefs and their relationship with mental health. *Psychology and religion*, 3, 107-126.
- Esmaili, M. (2007). Study of the effect of Islamic cosmology's expansion on increased mental health. *Consultative research*, 24, 41-52.
- Fathivajargah, K. (2013). *Curriculum: Toward New Identities*. Tehran, Iran: Ayyizh Publishers.
- Flick, U. (2009). *An introduction to qualitative research*. Sage.
- Gall, M. D., & Gall, J. P., B., & Walter, R. (2007). *Educational Research: An Introduction*. Boston: Allyn & Bacon.
- Ganji, H. (2015). *Mental Helath*. Tehran: Arasbaran publishers.
- Ghaderi, M. (2014). *Grounds for Understanding Curriculum*. Tehran, Iran: YadvarehKetab Publishers.
- Ghamari, M., Kiyanejad, N., Fathi-eghdam, Gh., Parsiyan, A., & Hegrani-shad, M. (2013). Relationship between spiritual intelligence and toleration with the pupils' quality of life. *Proceedings of sixth international conference on child and adolescent psychology*. Tabriz, University of medical science and healthcare services.
- Gholamali-Lavasani, M., Rastgoo, L., Azarb-bonyad, A., & Ahmadi, T. (2014). Effect of happiness education in cognitive behavioral method on self efficacy beliefs and academic stress. *Cognitive Strategies in Learning, Biquarterly magazine*, 2(3), 1-18.
- Glover, J. A., Bruning, R. H., & Filbeck, R. (1990). *Educational psychology: Principles and applications*. Scott, Foresman/Little Brown Higher Education.
- Goodlad, J. I. (1983). The school as workplace. *Staff development*, 36-61.
- Hamid, N., Golestan-pour, M., & Karimnejad, F. (2013). Simple and multiple relationship of religious identity, mental health and optimism. *Psychology and religion*, 6(1), 77-90.
- Han, S. S., & Weiss, B. (2005). Sustainability of teacher implementation of school-based mental health programs. *Journal of abnormal child psychology*, 33(6), 665-679. <https://doi.org/10.1007/s10802-005-7646-2>
- Hassani-Vajari, K., & Bahrami, E. (2005). Role of religious confrontation and spiritual blissfulness in mental health explanation. *Psychology magazine*, 35, 248-260.
- Hedayati, M. (2011). Philosophy for children and control of aggression. *Thinking and child magazine*, 3, 109-134.

- Herian, M. N., Tay, L., Hamm, J. A., & Diener, E. (2014). Social capital, ideology, and health in the United States. *Social Science & Medicine*, *105*, 30-37. <https://doi.org/10.1016/j.socscimed.2014.01.003>
- Hurd, P. (1983). *Synthesis processes in curriculum development*. Knowledge structure and use: Implications for synthesis and interpretation (pp. 643-670).
- Jaffari, A., Mehrqani, L., Keshavarzi, S., & Kaveh, M. (2014). Effect of optimism education through film presentation on the pupils' social adequacy. *Hygiene and health improvement quarterly*, *2*(1), 57-64.
- Maleki, H. (2014). *Education Indicators*. Tehran: Ayizh publishers.
- Marsh, C. J. (1991). Integrative inquiry: The research synthesis. *Forms of curriculum inquiry*, 271-283.
- Maurer, F. A., & Smith, C. M. (2012). *Community/public health nursing practice: Health for families and populations*. Elsevier Health Sciences.
- Moote, G. T., Smyth, N. J., & Wodarski, J. S. (1999). Social skills training with youth in school settings: A review. *Research on social work practice*, *9*(4), 427-465. <https://doi.org/10.1177/104973159900900403>
- Noddings, N. (2005). *The Challenge to Care in Schools: An Alternative Approach to Education* (2nd Ed.). Teachers College Press.
- Ornstein, A. C., & Hunkins, F. P. (2004). *Curriculum: Foundations, principles and issues* (4. bs.).
- Pinar, W. F. (1988). *Whole, bright, deep with understanding: Issues in qualitative research and autobiographical method*. *Contemporary curriculum discourses* (pp. 134-153).
- Ramezani, Kh., Shahani-yeilagh, M., & Maktabi, Gh. (2015). Effect of attributive re-education on optimism and pessimism in elementary pupils of Ahwaz city. *Armaghane Danesh*, *20*(2), 172-183.
- Rani, R., & Singh, A. (2015). Life Skills Education (LSE) in Tertiary Institutions-need of the hour. *ZENITH International Journal of Multidisciplinary Research*, *5*(2), 68-73.
- Richardson, T., Zucker, L., & Morrissette, M. (2012). School-Based Adolescent Mental Health Programs. *Social Work Today*, *12*(6), 24-36.
- Roberts, J. (1983). Quick turnaround synthesis/interpretation for practitioners. In S. A. Ward, & L. J. Reed (Eds.), *Knowledge Structure and Use: Implications for Synthesis and Interpretation* (pp. 423-486). Temple University Press.
- Roeser, R. W., & Eccles, J. S. (2014). Schooling and the Mental Health of Children and Adolescents in the United States. In *Handbook of Developmental Psychopathology* (pp. 163-184). Springer US. https://doi.org/10.1007/978-1-4614-9608-3_9
- Rotter, J. B. (1993). Expectancies. *History of clinical psychology in autobiography*, *2*, 273-284.
- Sadock, B. L., Sadock, V. A., & Rulz, P. (2009). *Kaplan & Sadock's comprehensive textbook of psychiatry* (9th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Schultz, D., & Schultz, S. (2013). *Theories of personality*. Cengage Learning.
- Seligman, M. E. (2004). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Atria Book.
- Seligman, M. E. (2011). *Flourish: A Visionary New Understanding of Happiness and Well-being*. Simon & Schuster, New York.
- Shakernia, F., Behrooz, B., Farhadi, M., & Amiri, Sh. (2013). Effectiveness of happiness education programs on self esteem and depression of elementary pupils. *Birjand university of Medicine magazine*, *20*(2), 18-35.
- Shoshani, A., & Steinmetz, S. (2014). Positive psychology at school: A school-based intervention to promote adolescents' mental health and well-being. *Journal of Happiness Studies*, *15*(6), 1289-1311. <https://doi.org/10.1007/s10902-013-9476-1>
- Singh, A. (2014). A Study of Adjustment Problems of Pupil Teachers in Bhiwani District, Haryana. *Asian Journal of Multidisciplinary Studies*, *2*(8).
- Stein, R. D., Sontag-Padilla, L., Chan, O. K., Ann-Kase, C., Jaycox, L. H., & D'Amico, E. (2014). *Evaluating the California Mental Health Services Authority's Student Mental Health Initiative*. Research Report: California Mental Health Services Authority (CalMHSA).
- Temcheff, C. E., Derevensky, J. L., St-Pierre, R. A., Gupta, R., & Martin, I. (2014). Beliefs and Attitudes of

- Mental Health Professionals with Respect to Gambling and Other High Risk Behaviors in Schools. *International Journal of Mental Health and Addiction*, 1-14. <https://doi.org/10.1007/s11469-014-9499-9>
- Thapa, A., Cohen, J., Guffey, S., & Higgins-D'Alessandro, A. (2013). A review of school climate research. *Review of Educational Research*, 83(3), 357-385. <https://doi.org/10.3102/0034654313483907>
- W.H.O. (2001). *The world health report 2001-Mental Health: New Understanding, New Hope*. Retrieved from <http://www.who.int/whr/2001/en.pdf>
- W.H.O. (2012). *Behaviour change techniques for promoting mental health*. Retrieved from http://www.who.int/mental_health/mhgap/evidence/child/q13/en.pdf
- W.H.O. (2015). *Mental health: strengthening our response*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs220/en.pdf>
- Walsh, R. (2011). Lifestyle and mental health. *American Psychologist*, 66(7), 579. <https://doi.org/10.1037/a0021769>
- Ward, S. A., & Reed, L. J. (1983). *Knowledge structure and use: Implications for synthesis and interpretation*.
- Williams, M., & Penman, D. (2012). *Mindfulness: A practical guide to finding peace in a frantic world*. Piatkus.
- Wright, A., McGorry, P. D., Harris, M. G., Jorm, A. F., & Pennell, K. (2006). Development and evaluation of a youth mental health community awareness campaign–The Compass Strategy. *BMC public health*, 6(1), 215. <https://doi.org/10.1186/1471-2458-6-215>

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