

# Prospective Teachers' Mental Health and Their Help-Seeking Behaviours

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## ABSTRACT

Prospective teachers' mental health and their help-seeking behaviours

**Objective:** Although the teaching profession is stressful and despite the known impact of teachers' mental health on students during teaching, prospective teachers' mental health is neglected in training and selection. However, knowledge about teacher candidates' mental health during their training process and about their help-seeking behavior can contribute to improving their mental health. Therefore, this study aims at determining the mental state of teacher candidates and elucidating help-seeking behaviors that may be useful for overcoming mental problems.

**Method:** Our sample consisted of 724 prospective teachers studying at the Faculty of Education of Canakkale Onsekiz Mart University in Canakkale; 501 (69.2%) were women, 223 (30.8%) were men. Data were collected using the Brief Symptom Inventory (BSI) and a Sociodemographic Data Form prepared by the researchers.

**Results:** At the end of the study, in 40.6% of the prospective teachers a high severity of distress was detected. The most commonly determined mental symptoms were depression and hostility. The teaching candidates had mostly referred to informal sources, but 39.2% had not sought any help. For mental symptoms, they had mostly sought help informally from their mother or father and siblings, and formally from psychologists or psychiatrists. As factors inhibiting help-seeking, assumed inability of understanding, lack of faith in the possibility of help, and fear of being judged by peers, hesitation to accept help and lack of knowledge about where to look were related to mental symptoms.

**Conclusions:** The study shows the necessity to pay attention to prospective teachers' mental health, promote formal sources, emphasize the role of informal sources like father and siblings, and overcome obstacles in the way of seeking help. It appears that, in the context of prophylactic mental health services, the development of psychological support may be useful in order to increase prospective teachers' mental health.

**Keywords:** Help-seeking, mental health, prospective teachers



## ÖZET

Öğretmen adaylarının ruh sağlığı ve yardım arama davranışları

**Amaç:** Öğretmenlik mesleğinin stresli olması ve eğitim sürecinde öğretmenlerin ruh sağlığının öğrenciler üzerindeki etkilerinin bilinmesine rağmen öğretmen adaylarının, eğitim ve seçiminde ruh sağlığı ihmal edilmektedir. Halbuki öğretmen adaylarının yetişme sürecinde ruh sağlığı ve yardım arama davranışlarına ilişkin bilgiler, ruhsal sağlıklarını arttırmaya hizmet edebilir. Bu nedenle bu çalışmada, öğretmen adaylarının ruhsal durumlarının belirlenmesi ve ruhsal sorunlarını aşmada yararlı olabilecek yardım arama davranışlarının ortaya konulması amaçlanmıştır.

**Yöntem:** Çalışmanın örneklemini Çanakkale Onsekiz Mart Üniversitesi Eğitim Fakültesinde öğrenim gören 501 (%69.2)'i kadın, 223 (%30.8)'ü erkek olmak üzere toplam 724 öğretmen adayı oluşturmaktadır. Çalışmada verileri toplamak amacıyla Kısa Semptom Envanteri (KSE) ve araştırmacılar tarafından hazırlanan Kişisel Bilgi Formu kullanılmıştır.

**Bulgular:** Çalışma sonucunda, öğretmen adaylarının %40.6'sının rahatsızlık ciddiyeti yüksek bulunmuştur. En sık yaşanan ruhsal belirtiler ise depresyon ve hostilite olarak belirlenmiştir. Ayrıca öğretmen adaylarının daha çok informal kaynaklara başvurduğu, %39.2'sinin ise yardım aramadığı bulunmuştur. Ruhsal belirtiler açısından informal kaynak olarak anne ve özellikle de baba ve kardeşten yardım arama ve formal kaynak olarak psikolog ve psikiyatristten yardım arama ruh sağlığı ile ilişkili bulunmuştur. Yardım aramada engelleyici faktörler olarak ileri sürülen anlaşılma, yardımcı olunacağına inanmama kaygıları ve başkaları tarafından yargılanma korkuları, yardım almaktan çekinme ve nereye başvurulacağını bilememe ruhsal belirtilerle ilişkili bulunmuştur.

**Sonuç:** Çalışma sonuçlarına göre, öğretmen adaylarının ruh sağlığının dikkate alınması, formal kaynakların desteklenmesi, informal kaynak olarak baba ve kardeş desteğine önem verilmesi ve yardım aramaya yönelik engellerin giderilmesinin gereği ortaya çıkmıştır. Koruyucu ruh sağlığı hizmetleri kapsamında öğretmen adaylarının ruhsal sağlıklarını arttırmaya yönelik psikolojik yardım hizmetlerinin geliştirilmesinin yararlı olabileceği düşünülmüştür.

**Anahtar kelimeler:** Yardım arama, ruh sağlığı, öğretmen adayları

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## INTRODUCTION

The teaching profession, due to its working conditions, is a stressful occupation (1-4). Teachers experience higher stress levels than professions such as doctors, dentists, or nurses, and their rate of leaving the profession is high (5). Earlier studies raised the issue of professional stress and mental health, reporting a high rate (62.9%) of minor psychiatric disorders among teachers (6); 30.7% were suffering from worries and insomnia, 38.3% from social functioning disorder, 5.5% from depression, and 17.7% from mental health problems (7). Teachers' mental health is important because their performance in class is dependent especially on their emotional condition, including stress and depression levels (4). There is a positive correlation between teachers' wellbeing and the effectiveness of their instructional effectiveness (8). Although the teaching profession is stressful and despite the known impact of teachers' mental health on students during teaching, prospective teachers' mental health is neglected in training and selection. Teacher training institutions focus on professional development, ignoring their psychosocial development.

The time students spend in teacher training institutions is also a time when mental problems emerge (9,10) that are going to affect the students' present and future (11). There are studies demonstrating the severity of the suicide issue (12) and common social phobias (13). Other studies also show that the number of students with psychiatric disorders and serious mental diseases in university is increasing (14-17).

If we consider that the highly common presence of mental problem among university students poses an important problem, we could also say, on the other hand, that the university might represent an opportunity for solving these problems (10,17-19). If mental problems are not being addressed, they may have serious effects on the individuals' academic, social, and autonomous functioning (20) and lead to serious mental disorders in adulthood.

An important issue in the assessment of mental health is if persons in situations of anxiety and stress are going to seek help. Help-seeking is effort to find a

solution to a problem that they believe they cannot overcome by themselves. For unexperienced people, help-seeking is a protective factor (21,22) and an adaptive life skill (23,24). For a person inside a network of relationships, help-seeking means finding a solution for the problem/unease with the help of their relations. It is one of the ways of coping with unease and stress. Help-seeking draws on two different sources, a formal and an informal one. Studies have shown that there are different sources and that informal sources are more heavily employed (22,24-29). Some individuals, for various reasons, may not want to accept help (28,30-32). However, support from various sources can facilitate a person's problem-solving, to overcome the issues before they grow and become more serious.

Teachers' mental health is an issue to be confronted particularly during their training process, given that it occurs in an environment that is suitable for reaching the students and providing services identifying and addressing issues with the students' personal development and formation of their character early on. In this environment, it is necessary to prepare prospective teachers in a healthy manner, ensuring that they pass the preparation process healthy, and if necessary to identify and confront problems and establish a planned intervention. However, mental as well as physical health is often overlooked and neglected to a degree that it can cause damage to the individual and the environment (33). Therefore, the present study aims at creating knowledge regarding provisions to support mental health in the process of teachers' training. We intend to determine prospective teachers' mental symptoms, sources for help they are seeking, and reasons for not seeking help. We analyze the mental symptoms according to sources sought and reasons for not seeking help.

## METHOD

The study has been carried out in a sample of teacher candidates studying at the Faculty of Education at Canakkale Onsekiz Mart University, a State university in Canakkale in Western Turkey. The sample consisted of 724 prospective teachers, 501 (69.2%) of whom were

female, 223 (30.8%) male. Mean age in the sample was 21.07 (SD=1.57) with a range between 18 and 26 years. Of the sample, 20.4% were first year students, 24.6% second year, 27.9% third year and 27.1% fourth year students.

The data collecting instruments were administered to the prospective teachers during the academic year 2012-2013 during class time, with permission from the lecturers teaching the class. Administration took around 15-20 min. Study participation was voluntary for the students. Participants completed the data collecting instruments anonymously.

### Statistical Analysis

Data collected in the study were assessed with the SPSS 15 package. To establish the students' mental health, mean and standard deviation were computed. Normal distribution of the Global Severity Index (GSI) and subscale scores of the BSI were evaluated with the Kolmogorov-Smirnov Test and found not to be normally distributed ( $p < 0.05$ ). Therefore, to determine correlations between dependent and independent data, the non-parametric Mann-Whitney U Test was used. In our study, the level of significance was set at  $p < 0.05$ .

### Measures

This study collected data using the Brief Symptom Inventory (BSI) (34) and a Sociodemographic Data Form prepared by the investigators.

**Brief Symptom Inventory (BSI):** This is a symptom search inventory developed by Derogatis and Melisaratos (35), a short version of the SCL-90-R consisting of 53 items, that can be used for psychiatric and medical patients as well as for normal samples for detecting psychopathologies. Validation of the BSI for Turkey was made by Sahin and Durak (34) with 5 subscales for somatization, depression, anxiety disorder, hostility, and negative self-concept. Internal consistency coefficients varied between 0.71 (somatization) and 0.85 (depression). Correlation values between the Social Comparison Scale, Beck Depression Inventory,

State-Trait Anxiety Inventory, and Satisfaction with Life Scale, used to confirm the criterion-dependent validity of the BSI, also demonstrated the validity of the instrument (36). In this study, Cronbach's alpha coefficient, a measure for internal consistency, was calculated to be 0.93. Internal consistency of the subscales varied between 0.76 (hostility) and 0.90 (depression). Items on the instrument were answered on a 5-point Likert-type scale with selections like not/none, little/medium, to a degree/somewhat, much/considerable. The instrument generated 3 general indices, including Global Severity Index (GSI), Positive Symptom Total (PST), and Positive Symptom Distress Index (PSDI). In our study, we used the GSI for a general assessment of psychopathology.

### Sociodemographic Data Form

The sociodemographic data form was prepared by the investigators with the purpose to record the prospective teachers' demographic characteristics (gender, age, year of study) and their help-seeking behavior in case of unease and stress. This form consists of statements aimed at collecting information if the teacher candidates had sought help in situations of unease and stress, and if so, from whom, or if not, for what reasons. In the process of compiling these items, we created a pool from the reviewed literature and afterwards used expert views to assess the suitability of the items. Those appealed to for help were divided into informal (friend, mother, father, sibling, partner) and formal (psychological counselor, psychologist, psychiatrist, doctor). Items concerning reasons for not seeking help contained the following statements, to be completed by marking "yes" or "no": "Because I can solve my problems on my own", "Because I do not think that anyone will understand me", "Because I do not want to talk about my problems", "Because I do not think anyone is able to help me", "Because I do not know where to ask", "Because I believe my problems will improve with time", "Because I was afraid others would judge me negatively if I seek help", "Because in my environment, I could not find anyone suitable to ask for help", "Because there was no specialist to ask for

help in my environment”, and “Because I did not have the financial means”.

## RESULTS

Data from our study found an intensity of distress  $\bar{x}=0.99$  (SD=0.66) for the prospective teachers. Their BSI subscale score averages were (from high to low): depression 1.29 (SD=0.85), hostility 1.28 (SD=0.76), negative self-concept 0.89 (SD=0.73), anxiety 0.83 (SD=0.68), and somatization 0.76 (SD=0.66). Scores above 1.00 were found in 40.6% of the candidates for intensity of distress, in 55.9% for hostility, in 53.6% for depression, in 32.9% for negative self-concept, in for 28.6% anxiety, and in for 25.4 somatization symptom level.

Analysis of help-seeking data showed that around two thirds of the candidates (67.3%) were disposed to seeking help. Among the various sources for help appealed to, the percentages obtained for informal sources were 68.7% for “a friend”, 62.2% “mother”, 41.9% “partner”, 41.9% “sibling”, and 35.1% “father”. Help-seeking from formal sources was directed to a psychological counselor (19.1%), a psychologist (23.2%), a psychiatrist (14.3%), or a doctor (4.1%). Percentages for help-seeking from informal sources were higher than for formal sources.

The teacher candidates were also asked to specify reasons why they did not seek help. Frequency and percentages for their replies are presented in Table 1.

As seen in Table 1, of the teacher candidates not seeking help, 71.5% declared that they refrained from seeking help “because [they] can solve the problems on [their] own”, 40.5% “because [they] believe [their]

problems will improve with time”, 17.3% “because [they] do not think anyone is able to help [them]”, 18.0% “because [they] do not think anyone will understand [them]”, 16.2% “because [they] do not want to talk about [their] problems”.

In order to establish the differences between the candidates’ mental symptoms evidenced by BSI intensity of distress and subscale scores according to help-seeking and informal sources of help (friend, partner, mother, father, sibling, relative), Mann-Whitney U Test was applied; the results are presented in Table 2.

As seen in Table 2, no significant difference in BSI intensity of distress and subscale scores was found between teacher candidates seeking and those not seeking help. Regarding candidates’ informal sources for help (mother, father and sibling), significant differences in their mental symptoms were found. Mean ranks on the hostility subscale for those not seeking help from their mother were higher than for those seeking help ( $U=54339.00$ ;  $p<0.05$ ). Regarding seeking help from the father, those not seeking help scored higher on GSI ( $U=38056.00$ ;  $p<0.01$ ) and the subscales for depression ( $U=39134.50$ ;  $p<0.05$ ), anxiety ( $U=39438.00$ ;  $p<0.05$ ), negative self-concept ( $U=36758.00$ ;  $p=0.001$ ), and hostility ( $U=38354.00$ ;  $p<0.01$ ) compared to help seekers. Seeking help from a sibling showed a similar pattern. For candidates not seeking help from a sibling, GSI ( $U=42850.50$ ;  $p<0.05$ ) and depression ( $U=44134.00$ ;  $p<0.05$ ), anxiety ( $U=43997.50$ ;  $p<0.05$ ), negative self-concept ( $U=43502.000$ ;  $p<0.05$ ) and hostility subscale ( $U=40392.000$ ;  $p<0.001$ ) scores were higher than for those seeking help.

**Table 1: Breakdown of reasons for not seeking help, frequency and percentages**

	f (n=284)	%
Because I can solve my problems on my own	203	71.5
Because I do not think that anyone will understand me	51	18.0
Because I do not want to talk about my problems	46	16.2
Because I do not think anyone is able to help me	49	17.3
Because I do not know where to ask	9	3.2
Because I believe my problems will improve with time	115	40.5
Because I was afraid others would judge me negatively if I seek help	12	4.2
Because in my environment, I could not find anyone suitable to ask for help	2	0.7
Because there was no specialist to ask for help in my environment	7	2.5
Because I did not have the financial means	7	2.5

**Table 2: Comparison of prospective teachers' mental symptoms and help-seeking behavior from informal sources of support**

Mental Symptoms (BSI)	Help-seeking from informal sources of support	n	M.R.	U	P
<b>Intensity of Distress (GSI)</b>	Friend	306	374.33	60335.0	0.193
	Partner	200	360.44	51988.0	0.870
	Mother	261	348.81	56849.5	0.186
	Father	157	321.19	38056.0	0.005*
<b>Depression</b>	Sibling	180	328.56	42850.5	0.012*
	Friend	306	378.16	59162.5	0.085
	Partner	200	358.10	51519.0	0.726
	Mother	261	349.98	57155.0	0.226
<b>Anxiety</b>	Father	157	328.26	39134.5	0.020*
	Sibling	180	335.69	44134.0	0.047*
	Friend	306	374.70	60221.6	0.179
	Partner	200	359.00	51882.5	0.837
<b>Negative Self-Concept</b>	Mother	261	356.63	58732.5	0.531
	Father	157	330.20	39438.0	0.029*
	Sibling	180	334.93	43997.5	0.041*
	Friend	306	370.47	61516.0	0.380
<b>Hostility</b>	Partner	200	359.25	51749.0	0.796
	Mother	261	347.66	56549.0	0.151
	Father	157	313.13	36758.5	<0.001*
	Sibling	180	332.18	43502.0	0.025*
<b>Somatization</b>	Friend	306	365.15	63144.5	0.770
	Partner	200	370.50	50800.5	0.524
	Mother	261	339.20	54339.0	0.024*
	Father	157	323.29	38354.0	0.008*
	Sibling	180	314.90	40392.0	<0.001*
	Friend	306	365.15	62853.5	0.691
	Partner	200	358.64	51628.5	0.759
	Mother	261	358.52	59383.5	0.700
	Father	157	342.76	41411.0	0.180
	Sibling	180	344.73	45760.5	0.187

M.R.: Mean rank, U: Mann-Whitney U, \*Statistically significant

**Table 3: Comparison of prospective teachers' mental symptoms and help-seeking behavior from formal sources of support**

Mental Symptoms (BSI)	Help-seeking from formal sources of support	n	M.R.	U	P
<b>Intensity of Distress (GSI)</b>	Psychological counselor	85	374.52	26135.5	0.573
	Psychologist	104	407.91	27517.0	0.017*
	Psychiatrist	64	413.84	17834.5	0.040*
	Doctor	20	414.50	6000.0	0.259
<b>Depression</b>	Psychological counselor	85	376.85	25938.0	0.501
	Psychologist	104	398.87	28458.0	0.055
	Psychiatrist	64	410.09	18074.0	0.056
	Doctor	20	393.80	6414.0	0.497
<b>Anxiety</b>	Psychological counselor	85	66.71	26800.0	0.843
	Psychologist	104	404.22	27901.5	0.028*
	Psychiatrist	64	402.47	18562.0	0.109
	Doctor	20	439.18	5506.5	0.096
<b>Negative Self-Concept</b>	Psychological counselor	85	367.98	26691.5	0.797
	Psychologist	104	400.33	28306.0	0.046*
	Psychiatrist	64	405.45	18371.5	0.085
	Doctor	20	400.48	6280.5	0.410
<b>Hostility</b>	Psychological counselor	85	382.66	25443.5	0.343
	Psychologist	104	407.36	27575.0	0.018*
	Psychiatrist	64	412.88	17896.0	0.043*
	Doctor	20	390.90	6472.0	0.537
<b>Somatization</b>	Psychological counselor	85	367.39	26741.5	0.818
	Psychologist	104	401.49	28185.0	0.039*
	Psychiatrist	64	409.77	18095.0	0.058
	Doctor	20	430.45	5681.0	0.140

M.E.: Mean rank, U: Mann-Whitney U, \*p<0.05

In order to establish the differences between the candidates' mental symptoms evidenced by BSI intensity of distress and subscale scores according to help-seeking and formal sources of help (psychological counselor, psychologist, psychiatrist, doctor), Mann-Whitney U Test was applied; the results are presented in Table 3.

When we look at Table 3, analyzing the candidates mental symptoms according to formal sources of help, we find significant differences in the results for psychologists and psychiatrists. For those who sought help from psychologists, the GSI ( $U=27517.00$ ;  $p<0.05$ ), anxiety ( $U=27901.50$ ;  $p<0.05$ ), negative self-concept ( $U=28306.00$ ;  $p<0.05$ ), hostility ( $U=27575.00$ ;  $p<0.05$ ), and somatization subscale ( $U=28185.000$ ;  $p<0.05$ ) mean rank scores were higher than in those not seeking help. For the other formal source of help, psychiatrists, the GSI ( $U=17834.50$ ;  $p<0.05$ ) and the hostility subscale ( $U=17896.000$ ;  $p<0.05$ ) resulted in higher scores than for those not seeking help.

In order to determine if there was a significant difference between prospective teachers' mental symptoms according to reasons for not seeking help, analysis with Mann-Whitney U Test was performed; the results are presented in Table 4.

As can be seen from Table 4, the analysis found a lower mean rank in intensity of distress ( $U=48897.50$ ;  $p<0.05$ ) and depression ( $U=48835.00$ ;  $p<0.05$ ) and anxiety ( $U=47705.00$ ;  $p=0.01$ ) for candidates not seeking help "because [they] can solve [their] problems on [their] own" compared to those seeking help. By contrast, the mean ranks for candidates not seeking help "because [they] do not think that anyone will understand them", "because [they] do not believe that anyone is able to help [them]", and "because [they were] afraid others would judge [them] negatively if [they] seek help" in their GSI ( $U=11763.00$ ;  $p<0.001$ ,  $U=11601.50$ ;  $p<0.001$ ,  $U=2191.50$ ;  $p=0.001$ ) depression ( $U=11719.00$ ;  $p<0.001$ ,  $U=12084.50$ ;  $p<0.001$ ,  $U=2115.50$ ;  $p=0.001$ ), anxiety ( $U=12252.50$ ;  $p<0.001$ ,  $U=12119.00$ ;  $p<0.001$ ,  $U=2559.00$ ;  $p<0.01$ ), negative self-concept ( $U=12992.00$ ;  $p<0.001$ ,  $U=12247.50$ ;  $p=0.001$ ,  $U=2176.50$ ;  $p=0.001$ ), hostility ( $U=11609.50$ ;  $p<0.001$ ,  $U=10546.00$ ;  $p<0.001$ ,  $U=2480.50$ ;  $p<0.01$ ), and

somatization ( $U=12517.50$ ;  $p<0.001$ ,  $U=13240.50$ ;  $p<0.01$ ,  $U=2554.50$ ;  $p<0.01$ ) were higher than for those not using these reasons. The mean ranks for candidates not seeking help "because [they] do not want to talk about their problems" or "because [they] did not know where to ask" in their GSI ( $U=12145.50$ ;  $p<0.05$ ,  $U=2292.50$ ;  $p<0.05$ ), depression ( $U=11196.00$ ;  $p=0.001$ ,  $U=2124.00$ ;  $p<0.01$ ), negative self-concept ( $U=12720.00$ ;  $p<0.05$ ,  $U=2148.00$ ;  $p=0.01$ ), and hostility ( $U=12404.50$ ;  $p<0.05$ ,  $U=2523.00$ ;  $p<0.05$ ) were higher than for those seeking help.

## DISCUSSION

While analyzing teacher candidates' mental health, this study found a value for the students' intensity of distress near 1.00, which is accepted as a cut-off point (37). This value is lower than the mean value of university students with psychiatric problems, which is 1.28 (38), and that of persons presenting to crisis centers, 1.42 (39). In a study outside Turkey, the average of a general population sample reached a far lower value (0.60), while the patient sample scored far higher (1.56) (40) than in our study.

The study results show that two out of five prospective teachers have a high intensity of distress. In more than half of them, hostility and depression levels are elevated, as are negative self-concept and anxiety levels in almost one-third and somatization levels in one-fourth. A study with students of a faculty of education determined that 31.5% of the students had experienced burnout (41). Another study with prospective teachers found that 42.5% of the candidates were at danger of burnout, 20.6% experienced burnout, and 8.6% showed a serious level of burnout (42). A study carried out with trainee teachers in Nigeria detected psychological problems in 36.0% of the candidates (43). A study with student teachers in Germany found mental health problems in 44.0% of the candidates (1). These rates are of great significance for teacher training institutions and demonstrate that there is a great need to diagnose mental health and disorders early and provide treatment.

The most common mental symptoms among

**Table 4: Comparison of prospective teachers' mental symptoms according to reasons for not seeking help**

Mental Symptoms (BSI)	Reasons for not seeking help	n	M.R.	U	P	
<b>Intensity of Distress (GSI)</b>	Because I can solve my problems on my own	212	337.15	48897.5	0.036*	
	Because I do not think that anyone will understand me	54	479.67	11763.0	≤0.001	
	Because I do not want to talk about my problems	46	437.47	12145.5	0.012*	
	Because I do not think anyone is able to help me	51	471.52	11601.5	≤0.001	
	Because I do not know where to ask	11	510.59	2292.5	0.018*	
	Because I believe my problems will improve with time	117	339.29	32793.5	0.190	
	Because I was afraid others would judge me negatively if I seek help	13	549.42	2191.5	<0.001*	
	Because in my environment, I could not find anyone suitable to ask for help	2	549.00	349.0	0.207	
	Because there was no specialist to ask for help in my environment	8	432.56	2303.5	0.341	
	Because I did not have the financial means	8	371.13	2795.0	0.907	
	<b>Depression</b>	Because I can solve my problems on my own	212	331.52	48835.0	0.034*
		Because I do not think that anyone will understand me	54	480.48	11719.0	<0.001
		Because I do not want to talk about my problems	46	458.11	11196.0	<0.001*
		Because I do not think anyone is able to help me	51	462.05	12084.5	<0.001*
Because I do not know where to ask		11	525.91	2124.0	0.009*	
Because I believe my problems will improve with time		117	330.26	31737.0	0.068	
Because I was afraid others would judge me negatively if I seek help		13	555.27	2115.5	<0.001*	
Because in my environment, I could not find anyone suitable to ask for help		2	540.75	365.5	0.227	
Because there was no specialist to ask for help in my environment		8	377.75	2742.0	0.836	
Because I did not have the financial means		8	347.88	2747.0	0.842	
<b>Anxiety</b>		Because I can solve my problems on my own	212	336.85	47705.0	0.010*
		Because I do not think that anyone will understand me	54	470.60	12252.5	<0.001*
		Because I do not want to talk about my problems	46	419.86	12955.5	0.054
		Because I do not think anyone is able to help me	51	461.37	12119.0	<0.001*
	Because I do not know where to ask	11	480.73	2621.0	0.059	
	Because I believe my problems will improve with time	117	341.35	33034.5	0.232	
	Because I was afraid others would judge me negatively if I seek help	13	521.15	2559.0	0.006*	
	Because in my environment, I could not find anyone suitable to ask for help	2	551.75	343.5	0.200	
	Because there was no specialist to ask for help in my environment	8	451.19	2154.5	0.227	
	Because I did not have the financial means	8	381.16	2714.5	0.799	
	<b>Negative Self-Concept</b>	Because I can solve my problems on my own	212	341.48	49816.5	0.082
		Because I do not think that anyone will understand me	54	456.91	12992.0	<0.001*
		Because I do not want to talk about my problems	46	424.98	12720.0	0.036*
		Because I do not think anyone is able to help me	51	458.85	12247.5	<0.001*
Because I do not know where to ask		11	523.73	2148.0	0.010*	
Because I believe my problems will improve with time		117	352.18	34302.5	0.560	
Because I was afraid others would judge me negatively if I seek help		13	550.58	2176.5	<0.001*	
Because in my environment, I could not find anyone suitable to ask for help		2	618.75	209.5	0.082	
Because there was no specialist to ask for help in my environment		8	439.75	2246.0	0.293	
Because I did not have the financial means		8	391.19	2634.5	0.696	
<b>Hostility</b>		Because I can solve my problems on my own	212	360.37	49544.0	0.064
		Because I do not think that anyone will understand me	54	482.51	11609.5	<0.001*
		Because I do not want to talk about my problems	46	431.84	12404.5	0.020*
		Because I do not think anyone is able to help me	51	492.22	10546.0	<0.001*
	Because I do not know where to ask	117	489.64	2523.0	0.042*	
	Because I believe my problems will improve with time	11	360.94	35326.5	0.929	
	Because I was afraid others would judge me negatively if I seek help	13	527.19	2480.5	0.004*	
	Because in my environment, I could not find anyone suitable to ask for help	2	386.25	674.5	0.872	
	Because there was no specialist to ask for help in my environment	8	456.06	2115.5	0.202	
	Because I did not have the financial means	8	368.06	2819.5	0.940	
	<b>Somatization</b>	Because I can solve my problems on my own	212	340.20	53820.5	0.860
		Because I do not think that anyone will understand me	54	465.59	12517.5	<0.001*
		Because I do not want to talk about my problems	46	404.03	13683.5	0.163
		Because I do not think anyone is able to help me	51	439.38	13240.5	0.006*
Because I do not know where to ask		117	433.95	3135.5	0.252	
Because I believe my problems will improve with time		11	344.71	33428.5	0.314	
Because I was afraid others would judge me negatively if I seek help		13	521.50	2554.5	0.006*	
Because in my environment, I could not find anyone suitable to ask for help		2	470.00	507.0	0.466	
Because there was no specialist to ask for help in my environment		8	446.75	2190.0	0.251	
Because I did not have the financial means		8	391.31	2613.5	0.694	

M.R.: Mean rank, U: Mann-Whitney U, \*Statistically significant

teacher candidates were depression and hostility, the rarest were somatization symptoms. In another study conducted with a prospective teacher sample, depression and hostility were again the most frequently seen signs (44). Depression is a commonly found and serious disorder among adolescents and youths, also affecting their academic performance (45). It has been reported that a number of disorders like depression and anxiety increase during adolescence and young adulthood. The National Institute of Mental Health (NIMH) carried out a study in five communities, finding a median age of 15 years for anxiety disorders and of 24 years for major depressive disorders (46). The lifetime prevalence rate for mood disorders was reported to be 18.6%, for anxiety disorders 12.5%, and for somatoform disorders 6.2% (47).

One strategy in situations of unease and stress is to seek help from persons who can reduce external stress factors. It has been reported that 39.2% of the teacher candidates do not seek help. According to Gulliver et al.'s (48) review of 15 quantitative and 7 qualitative studies, adolescents and young adults, despite frequently experiencing mental disorders, do not seek help, which is a serious problem, because help-seeking is an important step towards problem-solving in many life situations (49), and sharing problems is the first stage of finding a solution.

In unease and stress situations, the source prospective teachers turned to most was a friend. This finding is supported by a body of literature (22,24,26,28,29,50-52). In the second place, the mother is chosen (26,28,52). Our study assessed the generally neglected variable of help-seeking from a sibling, and we could show that siblings are a more important source for help than the father. Within the family, the first place is taken by the mother, the second by siblings, and the last by the father. In this order, the partner comes after the mother, indicating that during the university years, friendship with the opposite sex is of great importance. It is worth noting in this ranking that prospective teachers in situations of unease and stress direct their help-seeking to persons outside the professional realm. They put more trust in informal support networks (25).

The fact that friends come in the first place may be

related to the teacher candidates' young age and to their living away from their families. Their mother's position in second place is not surprising. The mother, who has resolved children's distress and needs since birth, will be among the first persons to turn to for social support. A study carried out in 8 universities in Turkey found that between 2.0 and 8.0% of students presented to the Psychological Counseling and Guidance service offered within the universities (53). It seems that the rate of help-seeking from official sources is fairly low. This may be due to concerns that formal support might cause embarrassment within the family (54). Therefore, young people experience informal help-seeking as less threatening than formal support (51).

In order to increase help-seeking as one of the ways to improve wellbeing in situations of unease and stress, it is necessary to know the reasons for the reluctance to seek help. It is known that especially seeking formal help is a way that can improve wellbeing (55). Therefore, identifying the reasons for not seeking help can contribute to increasing help-seeking and accessing formal supportive interventions.

In our study, a large part of our sample not seeking help in situations of unease and stress justified their reluctance saying that they believed to be able to solve their problems on their own and that their problems were going to improve with time. The intention to solve problems by oneself is the greatest obstacle for seeking help from a therapist (56). When asked why they did not seek help, most of the persons feeling the need for treatment replied that they preferred to manage on their own (57). In a study with a university sample, 73.0% of the students said that they were looking for a solution to lighten their psychological concerns themselves rather than sharing these with others (58). Among prospective teachers, the belief to be able to solve problems on their own may derive from an encouragement of autonomous problem-solving in their environment.

In the second place, teacher candidates state a belief that their problems will improve over time as a reason for not seeking help. In a study with university students supporting this finding, 37.0% said that they believed their problem would resolve on its own (18). In another

study, 20.0% of university students declared that it was appropriate to “let the problem hanging” (58). In Turkish society, when people encounter problems, they frequently use expressions like “leave it to time”, “time solves everything”, “time is medicine for everything”, which may account for their attitude to find it more right and adequate leaving problems to time instead of seeking help.

Other reasons included not believing that others would understand them or that others would not be able to help, and not wanting to share problems with others. In another university student sample similar to our study, 20.0% of the students expressed the belief that “no one will understand their problems”, and 20.0% stated their “concerns about what others were going to think” (18). These negative beliefs may be results of learned experiences.

If parents bringing up their children interfere with their expression of emotions, they may create the idea in the children that emotions are bad, and children learn the necessity not to experience emotions (59). A psychological counseling process focused on emotions can thus be negatively affected by this situation.

In candidates not seeking help from their mother, the hostility level was found higher than in help-seeking individuals; in those not seeking help from their father and siblings, GSI, depression, anxiety, negative self-concept and hostility levels were found to be higher. These findings emphasize the importance of relationships with the mother and particularly with father and siblings for mental health. In the end, it can be said that seeking help from parents and siblings supports and strengthens mental health. Time spent with siblings and shared events contribute to the process of socialization (60). Therefore, siblings can be an important source of support for one another (61).

Looking at formal sources of support, those seeking help from psychologists had a higher GSI, anxiety, negative self-concept, hostility, and somatization level than those not seeking help, while candidates seeking help from psychiatrists were found with a higher BSI intensity of distress and hostility level than those not seeking help. We saw that users of informal sources of support had fewer mental

symptoms than those not seeking help, while those using formal help had more mental symptoms than those not seeking help. If the willingness to refer to informal sources might show the existence of supportive relationships, it can be said that in relation with the increase of mental symptoms, individuals tend towards formal sources of help.

Candidates not seeking help “because [they] can solve [their] problems on [their] own” had lower intensity of distress, depression and anxiety level. This finding is consistent with the expectation that self-confident persons have fewer mental symptoms. In candidates believing that others would not understand them or not be able to help and those fearing to be judged by others, GSI and all subscales found strong mental symptoms. In candidates who were unwilling to share or did not know where to seek help, GSI and all subscales except for somatization found strong mental symptoms. Eventually, it can be assumed that these justifications inhibiting help-seeking are related to the individuals' mental symptoms.

The teaching profession with its manifold tasks is a difficult and quite problematic occupation. The literature mentions disruptive and aggressive student behavior as the primary stress factor for teachers (62), and the increasing rate of psychological disorders diagnosed after the year 2000 has attracted attention (63). In addition, teacher candidates' difficult experiences with finding work and the appointment process lead to uncertainty affecting mental health and reducing life satisfaction (64). Teachers' health is closely related with students' health (62). From this perspective, measures to improve mental health and taking the necessary precautions need to be seen as an inseparable element of teachers' training. Institutions training teachers should be conceived as places where young people of a risk group can access required interventions and suitable environments.

The necessary coping behaviors to reduce stress and solve problems are a result of learning experiences and contribute to the psychological adaptation and wellbeing of the individual (65). Developing young people feel the need for effective coping skills (66). In this realm, psychological counseling and guidance can

provide effective life skill training, mental health education, and psychosocial interventions (67).

Considering that 18-25-year-old young adults have a high risk of developing severe mental illnesses such as schizophrenia and bipolar disorder (68), it should be said that the education environment needs to be conducive to mental health and personal development. At the same time, students with emotional and behavioral problems can potentially affect their environment and constitute a risk for other people around them. Educational institutions are the place where mental health problems are first identified (67). These institutions can help teacher candidates with mental problems restoring their health through early diagnosis and intervention.

Seeking help can contribute as a first step to the solution of problems in situations of stress and unease. When encountering psychological problems, seeking out counseling services can affect students' wellbeing, academic success, and sustainability positively (69). Interventions to develop prospective teachers' help-seeking attitude and behavior are necessary. The neglected relations with father and siblings as well as support from formal sources can be seen as protective factors for mental health, and reinforcing these relationships may have a positive effect on mental health. In particular, normalizing help-seeking from formal sources can contribute to problem-solving (49).

To prevent the factors inhibiting help seeking, like concerns of not being understood or not being able to

find help and fear to be judged by others, it may be helpful to encourage the interaction of people who are unwilling to accept help or do not know where to ask with people who have received support. This may help them to see that accepting help is one of the possible ways to solve problems.

In the realm of preventive mental health services in the phase preparing prospective teachers for a stressful professional life, it may be useful to develop psychological support services in the teacher training facilities with a view to improve mental health, to advise prospective teachers to seek help, and to involve units inside the universities actively in providing students with mental support.

This study has a number of limitations. In order to determine obstacles for help-seeking, true-false answers to statements provided by the researchers were used, but these statements may not include all possible obstacles. In the study, help-seeking behavior was analyzed according to mental symptoms determined by the BSI used for survey purposes; a comparison between candidates who received a diagnosis of mental disorder and those who did not can provide information that is more valid. The sample consisted of teacher candidates from a small, developing university campus and can thus not be generalized to all prospective teachers. In our study, teacher candidates' mental health and help-seeking behavior were determined cross-sectionally; longitudinal research should shed light on long-term changes in mental health and help-seeking behavior.

## REFERENCES

- Zimmermann L, Unterbrink T, Pfeifer R, Wirsching M, Rose U, Stößel U, Nübling M, Buhl-Grieffhaber V, Frommhold M, Schaarschmidt U, Bauer J. Mental health and patterns of work-related coping behaviour in a German sample of student teachers: a cross-sectional study. *Int Arch Occup Environ Health* 2012; 85:865-876. **[CrossRef]**
- Girgin G, Baysal A. A Occupational burnout level in teachers of mentally handicapped students and some variables (Izmir example). *Pamukkale University Journal of Education* 2005; 18:1-10. (Turkish)
- Yager Z. Developing wellbeing in first year pre-service teachers: a trial of a personal approach to professional education. *Journal of Student Wellbeing* 2009; 3:52-72.
- Ripski JB, LoCasale-Crouch J, Decker L. Pre-service teachers: Dispositional traits, emotional states, and quality of teacher student interactions. *Teacher Education Quarterly* 2011; 38:77-93.
- Travers CJ, Cooper CL. Mental health, job satisfaction and occupational stress among UK teachers. *Work Stress* 1993; 7:203-219. **[CrossRef]**

6. Ballou GW. A discussion of the mental health of public school teachers. *International Journal of Business Humanities and Technology* 2012; 2:184-191.
7. Davari S, Bagheri M. Mental health status and demographic factors associated with it in teachers. *Middle-East Journal of Scientific Research* 2012; 12:340-346.
8. Mehdinezhad V. Relationship between high school teachers' wellbeing and teachers' efficacy. *Acta Scientiarum Education* 2012; 34:233-241. **[CrossRef]**
9. Kessler RC, Wang PS. The descriptive epidemiology of commonly occurring mental disorders in the United States. *Annu Rev Public Health* 2008; 29:115-129. **[CrossRef]**
10. Hunt J, Eisenberg D. Mental health problems and help-seeking behavior among college students. *J Adolescent Health* 2010; 46:3-10. **[CrossRef]**
11. Aylaz R, Kaya B, Dere N, Karaca Z, Bal Y. Depressive symptom frequency among health high school students and the associated factors. *Anatolian Journal of Psychiatry* 2007; 8:46-51. (Turkish)
12. Ceyhun AG, Ceyhun B. The use of suicide probability scale in high school and university students in Turkey. *Clinical Psychiatry* 2003; 6:217-224. (Turkish)
13. Izgic F, Akyuz G, Dogan O, Kugu N. The prevalence of social phobia in university student population. *Anatolian Journal of Psychiatry* 2000; 1:207-214. (Turkish)
14. Galagher RP. National survey of counseling center directors. Alexandria, VA: International Association of Counseling Service 2008, 4-9.
15. Erdur-Baker O, Aberson CL, Barrow JC, Draper MR. Nature and severity of college students' psychological concerns: A comparison of clinical and nonclinical national samples. *Professional Psychology: Research and Practice* 2006; 37:317-323. **[CrossRef]**
16. Galagher RP. National survey of counseling center directors. Alexandria, VA: International Association of Counseling Service 2011, 4-9.
17. Zivin K, Eisenberg D, Gollust SE, Golberstein E. Persistence of mental health problems and needs in a college student population. *J Affect Disord* 2009; 117:180-185. **[CrossRef]**
18. Eisenberg D, Golberstein E, Gollust SE. Help-seeking and access to mental health care in a university student population. *Med Care* 2007; 45:594-601. **[CrossRef]**
19. Eisenberg D, Downs MF, Golberstein E, Zivin K. Stigma and help seeking for mental health among college students. *Med Care Res Rev* 2009; 66:522-541. **[CrossRef]**
20. Rughani J. Adolescents' help-seeking for mental health problems: Development and evaluation of a school-based intervention. Doctor of Psychology (Clinical) thesis, School of Psychology, University of Wollongong, Australia, 2011.
21. Rickwood D, Deane FP, Wilson CJ, Ciarrochi J. Young people's help seeking for mental health problems. *Aust e-J Advancement Mental Health* 2005; 4:1-34. **[CrossRef]**
22. Wilson CJ, Deane FP, Ciarrochi J. Measuring help-seeking intentions: Properties of the General Help-Seeking Questionnaire. *Couns Psychol Q* 2005; 39:15-28.
23. Rickwood D, Thomas K. Conceptual measurement framework for help-seeking for mental health problems. *Psychol Res Behav Manag* 2012; 5:173-183. **[CrossRef]**
24. Wilson CJ, Deane FP, Ciarrochi JV, Rickwood D. Adolescent barriers to seeking professional psychological help for personal-emotional and suicidal problems. *Suicide Prevention Australia 9<sup>th</sup> Annual Conference, Proceeding Book, 2002, 1-8.*
25. Rickwood DJ, Braithwaite VA. Social-psychological factors affecting help-seeking for emotional problems. *Soc Sci Med* 1994; 39:563-572. **[CrossRef]**
26. Houle J, Chagnon F, Lafortune D, Labelle R, Belleville-Paquette K. Correlates of help-seeking behaviour in adolescents experiencing a recent negative life event. *Canadian Journal of Family and Youth* 2013; 5:39-63.
27. Arslantas H, Dereboy IF, Asti N, Pektekin C. Factors influencing adults' psychological help-seeking attitudes. *Meandros Medical Journal* 2011; 12:17-23. (Turkish)
28. D'Avanzo B, Barbato A, Erzegovesi S, Lampertico L, Rapisarda F, Valsecchi L. Formal and informal help-seeking for mental health problems. A survey of preferences of Italian students. *Clin Pract Epidemiol Ment Health* 2012; 8:47-51. **[CrossRef]**
29. Cebi E. University students' attitudes toward seeking psychological help: effects of perceived social support, psychological distress, prior help-seeking experience and gender. Unpublished Master Thesis, Middle East Technical University, Ankara, 2009.
30. Wilson CJ, Bushnell JA, Caputi P. Early access and help seeking: Practice implications and new initiatives. *Early Interv Psychiatry* 2011; 5(Suppl.1):S34-S39. **[CrossRef]**
31. Wilson CJ. General psychological distress symptoms and help-avoidance in young Australians. *Advances in Mental Health* 2010; 9:63-72. **[CrossRef]**
32. Ciarrochi J, Wilson CJ, Deane FP, Rickwood D. Do difficulties with emotions inhibit help-seeking in adolescence? The role of age and emotional competence in predicting help-seeking intentions. *Couns Psychol Q* 2003; 16:103-120. **[CrossRef]**

33. Mundia L. The status of a trainee teacher with mental-health problems: Dilemmas on inclusion and exclusion in higher education. *Global Journal of Health Science* 2010; 2:172-183. **[CrossRef]**
34. Sahin NH, Durak A. Brief symptom inventory: Adaptation for Turkish youth. *Turkish Journal of Psychology* 1994; 9:44-56. (Turkish)
35. Derogatis LR, Melisaratos N. The Brief Symptom Inventory: an introductory report. *Psychol Med* 1983; 13:595-605. **[CrossRef]**
36. Sahin NH, Durak-Batigun A, Ugurtas S. The validity, reliability and factor structure of the Brief Symptom Inventory (BSI). *Turk Psikiyatri Derg* 2002; 13:125-135. (Turkish)
37. Aydemir O, Koroglu E. Clinical scales used in Psychiatry. Ankara: Physicians Publication Association, 2000, 33-41. (Turkish)
38. Cuhadaroglu F. Psychiatric Symptom Distribution in University Students. Scientific Studies of XXII National Congress of Psychiatric and Neurological Sciences, Izmir: Ege University Press, 1986, 35-39. (Turkish)
39. Azizoglu S. A comparison of crisis intervention center applicants and non-applicants in terms of the variables that affect psychological help-seeking behaviour. *Journal of Crisis* 1993; 1:143-149. (Turkish)
40. Holi M. Assessment of Psychiatric Symptoms Using the SCL-90. Academic Dissertation, University of Helsinki, Helsinki, 2003.
41. Simsek-Bekir H, Sahin H, Sanli HS. Study of the level of burnout of the students studying in faculty of education according to some variables. *NWSA-Vocational Education* 2012; 7:18-32. (Turkish)
42. Cavusoglu I. An analysis of the burnout level of primary school teaching department student teachers. Master's Thesis, Cukurova University Institute of Social Sciences, Adana, 2009. (Turkish)
43. Ani C, Kinanee J, Ola B. Psychological distress among trainee teachers in Nigeria: Association with religious practice. *European Journal of Educational Studies* 2011; 3:163-172.
44. Koc M, Polat U. The mental health of university students. *International Journal of Human Sciences* 2006; 3:1-22. (Turkish)
45. Hysenbegasi A, Hass SL, Rowland CR. The impact of depression on the academic productivity of university students. *J Ment Health Policy Econ* 2005; 8:145-151.
46. Christie KA, Burke JDJ, Regier DA, Rae DS, Boyd JH, Locke BZ. Epidemiologic evidence for early onset of mental disorders and higher risk of drug-abuse in young-adults. *Am J Psychiatry* 1988; 145: 971- 975. **[CrossRef]**
47. Andrade L, Walters EE, Gentil V, Laurenti R. Prevalence of ICD-10 mental disorders in a catchment area in the city of São Paulo, Brazil. *Soc Psychiatry Psychiatr Epidemiol* 2002; 37:316-325. **[CrossRef]**
48. Gulliver A, Griffiths KM, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry* 2010; 10:113. **[CrossRef]**
49. Addis ME, Mahalik JR. Men, masculinity, and the contexts of help seeking. *Am Psychol* 2003; 58:5-14. **[CrossRef]**
50. Kizildag S, Demirtas-Zorbaz S, Genctanirim D, Arici F. Hacettepe University students' perceptions of getting psychological counseling help and the units which provide the help. *Mersin University Journal of the Faculty of Education* 2012; 8:185-196. (Turkish)
51. Raviv A, Sills R, Raviv A, Wilansky P. Adolescents' help-seeking behaviour: the difference between self- and other-referral. *J Adolesc* 2000; 23:721-740. **[CrossRef]**
52. Schonert-Reichl KA, Muller JR. Correlates of help-seeking in adolescence. *Journal of Youth and Adolescence* 1996; 25:705-731. **[CrossRef]**
53. Erkan S, Cihangir-Cankaya Z, Terzi S, Ozbay Y. An assessment of university counseling and guidance centers. *Mehmet Akif Ersoy Universitesi Egitim Fakultesi Dergisi* 2011; 22:174-198. (Turkish)
54. Ozbay Y, Terzi S, Erkan S, Cihangir-Cankaya Z. A primary investigation of professional help-seeking attitudes, self-concealment and gender roles of university students. *Pegem Journal of Education* 2011; 1:59-71. (Turkish)
55. Nam SK, Chu HJ, Lee MK, Lee JH, Kim N, Lee SM. A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *J Am Coll Health* 2010; 59:110-116. **[CrossRef]**
56. Deane FP, Wilson CJ, Ciarrochi J, Rickwood D. Mental health help seeking in young people. (Report for the National Health and Medical Research Council of Australia, Grant, YS060). Wollongong, NSW: University of Wollongong Illawarra Institute for Mental Health, 2002.
57. Andrews G, Issakidis C, Carter G. Shortfall in mental health service utilisation. *Br J Psychiatry* 2001; 179:417-425. **[CrossRef]**
58. Akhun A, Onsoy R, Ozguven E, Fidan N, Baykul Y. Anticipation and problems of students sheltered in dormitories of Higher Education Credit and Dormitories Institution. Ankara: General Directorate of Credit and Dormitories Institution, 1988. (Turkish)

59. Komiya N, Good GE, Sherrod NB. Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *J Couns Psychol* 2000; 47:138-143. **[CrossRef]**
60. Tucker CJ, Updegraff K. The relative contributions of parents and siblings to child and adolescent development. *New Dir Child Adolesc Dev* 2009; 126:13-28. **[CrossRef]**
61. Branje SJ, van Lieshout CF, van Aken MA, Haselager GJ. Perceived support in sibling relationships and adolescent adjustment. *J Child Psychol Psychiatry* 2004; 45:1385-1396. **[CrossRef]**
62. Bauer J, Stamm A, Virnich K, Wissing K, Müller U, Wirsching M, Schaarschmidt U. Correlation between burnout syndrome and psychological and psychosomatic symptoms among teachers. *Int Arch Occup Environ Health* 2006; 79:199-204. **[CrossRef]**
63. Zhang J, Lu A. Review of teachers' mental health research in China since 1994. *Front Frontiers of Education in China* 2008; 3:623-638. **[CrossRef]**
64. Sar AH, Isiklar A, Aydogan I. The examination of variables that predict life satisfaction of teacher candidates waiting for assignment. *Mehmet Akif Ersoy University Journal of Education Faculty* 2012; 23:257-271. (Turkish)
65. Tosevski DL, Milovancevic MP, Gajic SD. Personality and psychopathology of university students. *Curr Opin Psychiatry* 2010; 23:48-52. **[CrossRef]**
66. Cicchetti D, Rogosch FA. A developmental psychopathology perspective on adolescence. *J Consult Clin Psychol* 2002; 70:6-20. **[CrossRef]**
67. Hendren R, Weisen RB, Orley J. *Mental Health Programmes in Schools*. Geneva: World Health Organization, 1994.
68. Royal College of Psychiatrists. *The mental health of students in higher education (Council Report CR166)*. Royal College of Psychiatrists, London, 2011.
69. Kitzrow MA. The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal* 2003; 41:167-181. **[CrossRef]**