Mental health assessment in professors’ training in two chilean universities

Valoración de salud mental en formación de profesores en dos universidades chilenas

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Summary
This study analyzed the evaluation of professors of pedagogy and directors programs, about the importance of mental health in vocational training, and factors that might influence this valuation. The methodology includes participation of 17 academicians (professors and belonging to the managerial staff) of two universities in southern Chile. A survey with closed and open questions, and in-depth interviews were used to collect information. Data was analyzed using content analysis. The results show that teachers have, mostly, a high personal assessment of the topic (\( \bar{X} = 2.8 \), between 0 and 3). There is, on the other hand, an ambivalent valuation on the part of the institutions; a lack of knowledge and a low conceptual and procedural proficiency of pedagogues, and a low priority as a competence in their training (59% of participants are not aware of the existence of any programs or courses related to this subject). The ambivalence in institutions, its importance as competence in teachers’ training and the consistency with the low priority given to the subject in public policies are discussed.

Keywords: Mental health, pedagogy, university education.

Resumen
El estudio analizó la valoración de docentes universitarios de pedagogía y directores de carrera respecto a la importancia de la salud mental en la formación profesional analizando, además, los factores que podrían influir en dicha valoración. Dentro de la metodología utilizada se consideró la participación de 17 académicos (docentes y directivos) formadores de profesores de dos instituciones universitarias del sur de Chile. Para la recolección de información se utilizó una encuesta con preguntas cerradas y abiertas y entrevistas en profundidad; se analizó la información mediante análisis de contenido. Los resultados muestran que los docentes tienen, en su mayoría, una alta valoración personal del tema (\( \bar{X} = 2.8 \), entre 0 y 3),
existiendo una valoración ambivalente por parte de las instituciones; bajo conocimiento y dominio conceptual y procedimental, de los pedagogos, y baja prioridad como competencia en su formación (59% desconoce la existencia de asignaturas o programas en la carrera). Se discute acerca de la ambivalencia que presentaría en las instituciones, su importancia como competencia en la formación docente y la consistencia con la escasa importancia dada, en general, al tema a nivel de política pública.

**Palabras clave:** Salud mental, pedagogía, formación universitaria.
Introduction

Every person or individual is susceptible to being positively or negatively affected in their emotional state by the emotional climate that surrounds them, at a family, working or educational level. Some studies have stated that jobs where there is a direct relationship with users and with a high component of emotional experiences can generate several consequences which could be negative for the mental health of their workers (Cornejo, 2012). This means that people who are in contact with other people during long working days are more subject to suffering from emotional or mental disorders. Educational work is among the professions with higher risk of mental disorders, according to Jiménez, Jara and Miranda (2012) because teachers must deal with issues such as school demotivation, lack of resources, pressure from parents or guardians, and they also have to solve both group and individual problems and conflicts.

This is complemented by the results of a 2009 study from Universidad de Chile, through the Public Health School, exposing that “one third of the teachers who work in a public educational institutions show a low quality of their mental health” (Vidal, 2011). If we consider that the teachers’ mental health is “one more among the essential elements when looking for optimal results regarding the students’ learning” (Vidal, 2011), this issue is of no lesser importance.

Recent research about Chilean teachers’ mental health shows a high emotional and health issues rate. In a study performed by Jiménez, Jara and Miranda (2012) it is posed that “Chilean education professionals perceived a 65.5% deterioration of their mental health”. Regarding how to face the issue of teachers’ mental health, Nadur (2011) claims that this information “can’t be found in school programs; it’s not taught in the university nor in classes, it’s ethereal, it doesn’t exist”.
The nonexistence of courses or programs is alarming, considering how necessary the inclusion of this subject in pedagogy training is; however, it is still an unexplored area that hasn’t yet been integrated to teachers’ basic training. This study aims to discover this reality in the training of future teachers in two universities in the south of Chile, through professors and management staff assessment, so the situation mentioned by Nadur (2011) will have some empirical information.

**Health and Discomfort in the Educational Field.**

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2013). Additionally, it is also stated that mental health is a state in which the individual is aware of and values their capacities, being able to face every-day tensions and to perform productively and successfully, thus contributing to their society (WHO, 2007). Because of this, health must be considered an “inclusive concept relying on a social, psychological, physiological and biological balance, which strongly influences the way teachers perform in their work” (Robalino & Körner, 2005, p. 16).

Therefore, given the fact that, starting a few decades ago, the impact that working conditions have on the quality of education for both teachers and students (Parra, 2005) is being highlighted (specifically the influence of working conditions in teachers’ mental health), it is important to deeply analyze the influence of the work environment in the teachers’ performance.

Traditionally, it is believed that good working conditions, added to the amount of money received in exchange for a service, is enough for people to perform properly in their work field. However, this vision is insufficient, because it minimizes the impact imprinted by humans in their surroundings, “leaving behind a wide and important domain that influences in the teachers’ quality of life and in their capacity to develop affective, emotional and human responses which contribute to a good professional performance” (Robalino & Körner, 2005, p.16).
This being said, it could be stated that the work environment is a conglomerate of inner and outer nature situations that define and unchain a series of satisfaction or frustration sensations in the teacher. A lot of teachers feel there are many deficiencies in the conditions in which they must perform their task, in spite of having expressed these deficiencies decades ago; this causes the teachers to question themselves as professionals and to feel little satisfaction in their work (Robalino & Körner, 2005).

Several authors refer to the group of conditions afflicting the teachers’ mental health as “Teachers’ Malaise”. This is how some authors “used the word ‘malaise’ as an inclusive term that reunites the teachers’ feelings regarding unforeseen situations in the development of their work” (Corbalán, 2005). As showed by Cornejo, professional malaise and, specially, teachers’ malaise, is becoming more and more important, referring to “workers’ experiences and phenomena that, even though they do not constitute a precise illness, and therefore are not a reason for getting a medical leave, deeply alter their wellbeing and the quality of their work” (Cornejo, 2005). In the teachers’ case, this has a direct influence on students and their learning.

According to Jadue (2002) teachers may feel frustration an anxiety while dealing with a student with poor behavior, learning difficulties or attentional deficit, because, in addition to the situation itself, they would also feel the management and their colleague’s pressure. He also states that it would be possible to detect an increase in teachers’ tension and anxiety when having to face a student with behavior alterations, which would cause a work overload (Jadue 2002).

**Mental Health in Teachers’ University Education.**

The investigative overview regarding mental health in university education is, generally, restricted, because even if there are publications and research about this subject, they are mostly oriented to analyzing factors that influence the teacher’s performance or to determining mental health programs’ characteristics in educational institutions, both schools and universities (Claro & Bedregal, 2003; Comission of Mental Health, 2012; Corvalán, 2005; Hanlon, 2012; Iriarte, 1999; Muñoz de Morales, 2006; Robalino & Korner, 2006).
However, there is some research focusing on analyzing characteristics and skills related to university students’ mental health in general, where some of these students are studying pedagogy (Camacho & Padrón, 2006; Florenzano, 2005; Mori, 2000; Pérez et al., 2011).

According to Camacho y Padrón (2006), basing on an investigation that took place in Spain, one of the students’ greatest needs is handling anxiety and stress and controlling frustration. They also state that, the teachers’ social, self-esteem and self-control skills not being properly developed, the teachers don’t manage to share their difficulties handling the students with their colleagues or bosses, in order not to be perceived as weak.

Additionally, Muñoz de Morales (2005) states that, starting from the social conditions and current policies, an increase in psychosocial stress-provoking agents which affect school life and raise the number of situations that are detrimental to mental health, such as burnout and bullying, can be noticed. This author proposes a help program for teachers called PECERA (Programa Educativo de Conciencia emocional, Regulación y Afrontamiento, Educational Program on Emotional Awareness, Regulation and Coping Mechanisms), formed by cognitive assessment activities of the situations the teachers deal with in order to enhance their health and quality of life, basing on stress management skills and on emotional competencies.

Iriarte (1999) poses that, in Colombia, besides the usual stress factors pointed in other studies, there are factors related to power and violence, which are inherent to this country’s political and social history. He claims that a large proportion of teachers’ malaise is related to murders and kidnapping, situations the teacher can be a victim of. The author suggests that a plan or a proper policy to help shape teachers’ mental health in Colombia has not been developed, despite of its coherence with the philosophical objectives of education.

On the other hand, in Chile, even though there are studies showing, during this last decade, that the prevalence of emotional problems is quite high among Chileans (Cornejo, 2012; Florenzano, 2005), this issue has not been widely analyzed regarding the university population. Vicente, Rioseco, Saldivia, Kohn and Torres, (2002) state in a study performed on young and
adult people, that young people suffered from more pathologies related to alcohol and drug consumption than to psychiatric issues, thus establishing that antisocial personality disorders and the consumption of alcohol and drugs are more common in young people that in adults.

In Pérez et al. study (2011) questionnaires were applied to 554 students of a private university of Concepcion in 2009, evaluating three variables (self-esteem, life satisfaction and optimism), to which socio-demographic characteristics and mental health problems were added. The results showed a positive life and self- assessment and the relation between these elements and age, establishment of origin, religion, and depression and anxiety symptoms in students. It should be noted that a large number of pedagogy students of this university (28% of the total sample) participated in this study.

Finally, in a study by Cova, Alvial, Aro, Bonifetti, Hernández and Rodríguez (2007), were 632 students from most Faculties of a traditional university in Concepcion participated, 23.4% of students showed anxiety syndrome and 16.4% showed depressive syndrome. In addition to that, symptoms related to academic stress were found, as well as high rates related to death wishes and suicidal ideas.

In terms of discipline focalization, health mental training has been more developed in health related disciplines that in educational disciplines (Huaquín & Loaiza, 2004; Marty, Lavín, Figueroa, Larraín & Cruz, 2005; Pallavicini, Venegas & Romo, 1988; Riffó, Pérez, González & Aranda, 2003). However, studies analyzing pedagogy students’ education or supporting teachers’ training were not found, which suggests that this area is not relevant to universities or educational policies in the country. This is probably due to the focalization of this subject on the psychological discipline rather than on others and, within psychology, in the most clinical approach, according to the report “Assessment of Mental Health in Chile”, by the WHO and the Chilean Health Ministry (2014).

Methods

The study’s objective was to know the assessment of professors who train future teachers about the importance of mental health in professional training,
analyzing also other factor that could have an influence on said assessment, from the perspectives of program directors.

This research has a descriptive design using a methodological qualitative perspective, even when two numerical and textual data are analyzed in order to show the results, because they can complement each other (Miles & Huberman, 1994).

**Participants.**

21 professors participated. They all were training future teachers in two universities in the south of Chile (a traditional and a private one). They were five men and sixteen women between thirty and fifty-eight years old; some professors worked full time and others, part time. Seventeen of them were academician and four were pedagogy schools directors. Both professors and managers had careers in Pre-School Education Pedagogy, Basic Education Pedagogy, Special Education Pedagogy and Spanish and Language Pedagogy.

In order for a professor to be included in the sample, they needed to have more than one year in the institution or the discipline and, in the case of managers, they had to have been in their work post for at least two years. The only aspect of exclusion was a lesser amount of time teaching in this discipline or in this work post.

**Instruments.**

In order to collect information, two procedures were used: in the first place, a survey with both open and closed questions about the valuations the academicians had on the subject and the curricular spaces given to mental health during the training. This survey had six questions; two of them were closed (and about the value given to mental health, both by the individual and by the institution) based on a four choices Likert scale (from zero importance to a lot of importance); four open questions related to the motives of the stated valuations, the advantages and the curricular spaces where mental health was worked on during education were also taken into account.
In the second place, an in-depth interview was used to get the managers’ vision on mental health, the importance attributed to mental health issues in teachers’ training and the way this subject is worked on during their student’s education; the interview lasted for about an hour, although this varied depending on the person interviewed.

Both the survey and the interview questions were validated through judges, and both procedures were evaluated by two academicians in the pedagogic area who were not participating in the study. They analyzed the pertinence and coherence of the questions regarding the study’s objectives.

**Procedure.**

The application of a consent form regarding the free and voluntary participation in this study was considered. The directors of the school were contacted in order to enquire about teacher who would, eventually, desire to participate and contacted them to apply the consent form and the survey. The survey was applied only to professors teaching in education-related training and was sent by email, as was the reception of its answers. Subsequently, only program directors were interviewed, requesting for an interview in their offices, which was digitally registered, with the authorization of the participants.

Regarding information analysis methods, the survey was analyzed through descriptive statistics for closed questions, determining the frequency and central tendency measures, as well as a content analysis strategy for open questions, basing on an inductive type coding process (open coding). Content analysis was also used for the interviews, generating codes from the information collected and establishing patterns with the similar ideas found in the discourses in order to establish shared categories (open and axial coding). According to the constant comparison model, this were contrasted with the participants’ discourses, pointing out, additionally, quotes as examples (Osses, Sánchez & Ibañez, 2006).
Results

Survey.

The results are presented in two phases: first, the survey applied to the professors and then the interviews to the managers. The survey’s data shows that professors performing classes have, for the most part, a high personal valuation of mental health importance in teachers’ education; it’s considered an important competence due to the pedagogical work task; similarly it is thought that it’s a relevant aspect in all professional training in the pedagogical field.

Table 1.

*Descriptive values of mental health assessments in teachers’ university education*¹

<table>
<thead>
<tr>
<th></th>
<th>Personal assessment</th>
<th>Institutional assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td>2.8</td>
<td>2.6</td>
</tr>
<tr>
<td>Mode</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>D.S</td>
<td>0.39295</td>
<td>1.166</td>
</tr>
</tbody>
</table>

¹*Distribution from 0 (not important at all) to 3 (very important).*

On the other hand, a lesser valuation of institutional importance about the subject is observed, even when the perception of mental health as a very important topic is maintained. Some professors pose the need to count on student selection mechanisms that would allow to see if there are mental health problems in education studies applicants, and others state that there are some follow-up and support mechanisms, which are that discipline’s responsibility and, in more difficult cases, derived to the institutional health service or to the public health network, to face mental health-related difficulties.
About the courses or actions that take or have taken place in the university to support mental health training, it is observed that most professors claim not to know any courses allowing to work on it, or that they don’t exist. The participants who do recognize some approach to mental health issues in courses or workshops claim that it is mostly in psychology or psychopedagogy related courses and in some internships. No great differences are observed regarding our subject between institution types.

Table 2.
Assessment of approaching space in mental health curriculum in universities

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Frequency (%)</th>
<th>Cumulative frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn’t know it/ doesn’t exist</td>
<td>10</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>There’s an indirect approach in courses/workshops</td>
<td>7</td>
<td>41</td>
<td>100</td>
</tr>
<tr>
<td>There’s a direct approach in courses/workshops</td>
<td>0</td>
<td>0</td>
<td>--</td>
</tr>
</tbody>
</table>

Interviews.

Based on the analysis of the interviews to program directors, even though an interest on the subject can be recognized, the institutional interest is low. This matches the data coming from the academicians. Other relevant topics that would have an impact on the situation are pointed out, such as the mastery of the subject through psychology, the lack of appropriate conviviality spaces, lack of social consciousness about the subject and lifestyle in our current societies.

The main categories developed by the participants are presented below; the category description is accompanied by interview quotes, and the participant stating that idea is identified under a fictitious name.
Mental Health Valuation.

This category refers to the way the interviewees characterize mental health: if it’s either under a positive or negative perspective.

The interviewees value mental health as a necessary process for the person, which is part of their personality and is useful for its function in society. They see it as a phenomenon that has an impact on the personal, family and social context. It is focused on the psychological aspect and it is related to personality, emotional and behavioral manifestations.

“It’s a personal state that allows an individual to well develop in society, in their family and also in a personal way” (Professor 1).

“I see it as a person’s psychological state, which controls their behavior, their emotions, their personal situations, but also the way they interact with other people” (Professor 2).

“Mental health is part of the necessities of a human being, it makes you show the weakest aspects of a person” (Professor 3).

“It has something to do with their personality, with feeling safe or feeling needed” (Professor 4).

Additionally, it is observed that mental health is related to the social context, where the totality of interactions creates emotional determinants which generate positive or negative influences in people.

“If a person’s mental health is affected, that person is affected in every aspect they handle themselves, like work, family, friends” (Professor 1).
“If they treat you well it will be easier for you to feel well, your mental health will be good, but if they treat you badly, if they humiliate you or punish you for no reason, you will feel bad and you will have a negative mental health” (Professor 3).

The opinion that mental health is a very important aspect for a person and that it is, specially, a fundamental trait for professors, is observed in the interviewees. However, it is perceived that society, in general, considers it irrelevant and has no intentions of knowing what it is or encouraging it.

“Mental health is essential for a person” (Professor 4).

“In the education world, it is fundamental: a teacher who doesn’t have a good mental health cannot practice their profession, because they are dealing with children” (Professor 2).

“Mental health is very important to people. It is a human need to feel well, loved, supported” (Professor 3).

“People don’t worry enough about how important it is to have mental health” (Professor 1).

“It’s required to sensitize the population about how important mental health is for people, it is something as natural as the air. Actually, you’re telling me ‘mental health’ and I think I have never really stopped to think what it means to have a good mental health” (Professor 1).

“There hasn’t been a lot of concern about future teachers’ mental health, there was no interest from those who call the shots” (Professor 2).

“For pre-school teachers’ training, it was not a relevant subject: in the curriculum there was, for instance, first aid,
english, technology, but nothing about mental health. Maybe this is because of the kind of space where they work, which is much better than in schools” (Professor 3).

**The Institution’s Approach.**

This category is defined as the way mental health management is perceived in a university, both in a curricular and service level.

The participants recognize the lack of propositions, projects or policies that allow to teach or train on mental health in professional training, and they recognize the absence or courses or specific programs about it in the curriculum.

“There are some development psychology courses in the curriculum, and I imagine they study it in there. I have not been present in those classes, but from what I’ve seen of the programs (course contents) I’m under the impression they address these topics” (Professor 2).

“There are no courses or electives about mental health in here, but we try to work on it by improving the work environment; by making people in the academic team support each other, that they work in peace, that they get to do things they are interested in. This helps a lot to have a good mental health” (Professor 3).

“There are no courses that directly address the subject, maybe because its importance is not seen” (Professor 4).

“We have had some cases of emotional or personal problems in students, that we have derived to the university psychologists or the psychosocial center, which has helped us the most; however, there’s no inclusive support” (Professor 3).
“Another aspect we still haven’t developed, is research: we need to do more research on this area” (Professor 3).

Another relevant aspect in which the topic of mental health could be managed in university education, is the application of admission filters through tests or interviews that measure certain aspects related to mental health. These would be performed by specialists such as psychologists.

“There should be selection mechanisms in university studies which would measure that area, like they do in psychology, for instance, but there is no such thing in pedagogy, no universities implement that system, there is no filter” (Professor 2).

“There could be an admission system that allows to know when there’s a possible case of schizophrenia, of depression, because that’s very important in this domain. If you have a schizophrenic student, for instance, you can’t kick him out, you just can’t do it if they’re already studying, except if you see he fails tests and all that. But that’s not ideal: one should know in advance in order to be able to guide the person to a discipline that studies something more related to objects and not people” (Professor 1).

**Sociocultural Factor Influencing on the Professors’ Mental Health Development.**

This category is defined as the social and cultural elements and how they influence, both positive and negatively, on the teachers’ and pedagogy students mental health development.

“I see that mental health is affected, most of the times, not by personal aspects but by work related aspects, or family aspects, and by the historical context we live in” (Professor 1).
“I’ve read that depression in very common among teachers, because of the frustration they feel, work situations, because they don’t meet their expectations” (Professor 2).

“University students have stress problems many times, because of the study load, or sometimes they have family issues that make them sad, anxious, they even make them cry sometimes” (Professor 2).

“Working hours are insufficient for teachers. Other than teaching in class, they are asked to plan, to collaborate, to do projects, to fill in books. They are even required to do much more than they are paid to do, so they try to worry about money more than they worry about people” (Professor 4).

Among the aspects positively influencing on mental health is the improvement of working conditions and the good treatment to teachers and/or students. Thus, it is observed that the satisfactions and support are relevant elements to attain a good mental health.

“The work environment has a big influence on it, a good work environment helps to avoid some of the frustration” (Professor 2).

“(We support, we listen to students because we want them to have that role model. We form, they will be educators later in life, and it’s important for them to know that they too have to help their students” (Professor 3).

Consequences of Mental Health.

This category refers to the appropriate or inappropriate mental health states impact perceived in people.
It refers, in a more spontaneous and numerous way, to the effects an inappropriate mental health would generate, influencing negatively on the person themselves, on their moods, their physical health, their interpersonal relations and their work environment.

“In the school context, it can generate problems with parents or tutors, it could interfere in the relationship with them, in the methodology you use, even in the kids’ learning” (Professor 1).

“It influences on the generation of a routine situation that makes you demotivated” (Professor 2).

“Mental health has a powerful influence on the way you perform, in you’re sick, not well, you can’t advance in the tasks you perform” (Professor 3).

“The effects are very harmful, if you have a teacher who’s not well, who won’t be peaceful, or happy, who’ll do things wrong, do the same things all the time and even mistreat the students, there is a bigger problem” (Professor 4).

On the other hand, positive consequences have less spontaneous references and are oriented towards the appreciation of personal satisfaction and the improvement of work environment.

“When people are happy with their job you can tell, and that has a huge influence on your mood and on your health” (Professor 1).

“A person that is socially accepted feels well, feels happy, does their work right” (Professor 3).
“A team of happy, fulfilled teachers, makes the students feel well, they do their job well, they contribute so that everyone will work well” (Professor 3).

**Contributions of Psychology.**

This category is referred to the perception of the contributions made by psychology to the pedagogy professors/students’ mental health.

The psychological discipline is observed to be the closest and most effective support the professors would have to know and improve different aspects of mental health. This support would be given through the application if instruments in the professors’ and students’ selection, through the courses they take, and through interventions with the students.

“There would have to be a student selection mechanism to see if they have any mental health issues, I don’t know, an interview with psychologists, I imagine” (Professor 1).

“In the curricula there are some branches of development psychology, and I imagine they study it there” (Professor 2).

“They could apply some psychological tests that measure depression or mental disorders in students” (Professor 2).

“(Some students) have been derived to the university psychologists or to the psychosocial center” (Professor 3).

**Discussion**

Based on the data found during this research, it can be stated that there is an ambivalent valuation of mental health in pedagogy professors, both for academicians and for managers. On one hand, it is positively valued and it’s recognized as a relevant factor in the teacher’s work performance, as well as in the academic performance of the students. However, there doesn’t seem to be a greater concern about encouraging it, not in the institutions nor from themselves as academicians.
This could establish a situation of invisibilization of this topic due to its ethereal and hard-to-measure nature, as stated by Cornejo (2005). This way, mental health is analyzed only through its consequences, which are faced as emotional problems most of the times and, therefore, they are oriented to psychological support.

It was also noticed that there is a very low level of knowledge and conceptual and procedural mastery of the characteristics and manifestations of mental health, both in teachers and in managers, for they have not been trained on the subject either, leaving it as a topic accessory to educational training (Nadur, 2011). This could partially explain the low priority given to it as a competence in pedagogy students’ training, which would not allow to develop it as an explicit competence, as stated by Vidal (2011).

It’s interesting that some people perceive mental health as a personal state, which would even be related to their personality and not to environmental factors, relating it to psychiatric cases such as depression and schizophrenia; this could influence on their opinion about the need to select the students.

Even though there is a certain consciousness that the environment, especially in the work context, has an impact on mental health-related dimensions, such as stress, personal satisfaction, self-esteem, it is less clear than the support that must be shown to the students about quality of life, self-care or personal development topics.

Another aspect that calls to our attention is that, even when there are several studies pointing out the importance of contextual aspects and of social skills in order to deal with different situations that could have a negative impact on mental health (Parra, 2005; Robalino & Körmner, 2006; Cornejo, 2005) the relevance of developing professional competences that would allow to attain a good mental health in future teachers is not recognized.
Regarding the previous idea, it’s also interesting that, despite of knowing that there are no admission mechanisms sensitive to mental health negative conditions, and that there is a certain prevalence to situations having a negative impact on university students’ mental health (Cova et al., 2007; Pérez et al., 2011), there is not a greater concern about having mandatory or elective courses that would contribute to forming competences that would help good mental health in students.

Another aspect is the fact that it is strongly related to psychology being linked to mental health, as stated by the WHO-Ministry of Health in Chile study (2014). However, said support would be restricted to the determination of psychopathological disorders related to deficient mental health, through the identification of pathologies and their intervention, and not necessarily contributing to the encouragement of an appropriate mental health state, minimizing the support in a curricular level of the psychological discipline.

It must be recognized that there are limitations to the study, due to the focalization of the sample and to the data analysis, which are more concordant to exploratory studies. Therefore, it’s necessary to state the importance of the development of studies allowing to know how mental health is focused and developed in the training for future teachers in other Chilean regions and institutions, as well as in other Latin-American realities. We also think it’s relevant to investigate how working teachers can strengthen whatever skills will allow them to improve their mental health, and how we manage to create healthy schools that promote a good environment that will promote a proper mental health (Claro & Bedregal, 2003; Comission of Mental Health, 2012; Hanlon, 2012; Muñoz de Morales, 2005).

To close, it’s relevant to state that the educational psychology field in Chile has an important debt to the educational field and to psychological training, for no research or proposals to help teachers and students to promote this important dimension of a person and society has been developed.
References


Iriarte Díaz-Granados, F. (1999). La salud mental del docente como


