



PSYCHOLOGICAL DISTRESS AMONG INCLUSIVE TEACHERS DURING COVID-19 IN SOUTH LEBANON

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Abstract

The COVID-19 pandemic had a profound impact on Lebanon's educational sector, leading to prolonged closures of schools and universities (Haigazian University, 2021). As a result, inclusive teachers teaching students with special educational needs and disabilities (SEND) in mainstream classrooms were required to rapidly adjust to emergency remote and hybrid teaching methods. This transition occurred with limited training or resources, making it particularly challenging to meet the needs of students with SEND. Consequently, teachers experienced increased workloads, which adversely affected their mental health and overall wellbeing (Ahmed, 2023). This research aims to evaluate the extent of psychological distress- specifically depression, anxiety, and stress- among inclusive teachers in private schools in South Lebanon after the reopening of schools during the 2021-2022 academic year amid the COVID-19 pandemic. A quantitative survey design was employed. Data were gathered from 88 participants using the Arabic-adapted version of the Depression, Anxiety, and Stress Scale [DASS-21] (Alharbi & Osman, 2024), with participants selected through stratified random sampling. Results revealed a general trend of normal psychological states among inclusive teachers. Nonetheless, 20.5% of the participants reported moderate anxiety. The study also provides recommendations, along with its limitations, and suggestions for future research.

Keywords: COVID-19, psychological distress, inclusive teacher, DASS-21, Lebanon.

INTRODUCTION

COVID-19, recognized by the World Health Organization (WHO) as a pandemic on March 11, 2020 (Ducharme, 2020), disrupted education systems on an unprecedented scale, affecting more than 1.6 billion students in over 200 countries, with school closures impacting over 94% of learners worldwide (Pokhrel & Chhetri, 2021). Teaching, a profession already demanding both mentally and physically, experienced heightened pressures due to the sudden shift to online teaching during the pandemic (Baroud et al., 2022).

Apart from physical hardships, the COVID-19 quarantine has brought about a wide range of consequences for mental health and well-being, affecting individuals and society on multiple fronts (Dubey et al., 2020). Teachers were among those profoundly affected as well.

Research Problem

The educational sector in Lebanon has suffered significantly from the effects of the pandemic, with schools and universities being fully closed, mirroring the situation in many other countries worldwide (Haigazian University, 2021). These closures resulted in adverse impacts on the learning experiences of young individuals (Haigazian University, 2021; Smith & Ndeda, 2021).

During the 2019-2020 school year, children received only 12 to 18 weeks of schooling out of the typical 31-33 weeks offered in formal education (United Nations High Commissioner for Refugees [UNHCR],



2021). In the 2020-2021 school year, students in first-shift schools received a maximum of 11 weeks of education, utilizing a hybrid model of online and in-person attendance (UNHCR, 2021). Even before the COVID-19 pandemic, inclusive teachers working with students with SEND in mainstream classrooms were already facing ongoing systemic challenges (El Ahmad & Kawtharani, 2022; Kayal, 2014; Kobrossy, 2019; Khochen & Radford, 2012) as well as societal and cultural barriers (Kayal, 2014). In response to the school closures, those teachers had to adapt quickly to emergency remote and hybrid learning models. This rapid shift occurred without adequate training or resources to meet the needs of their students, particularly those with SEND. The transition significantly amplified their workload and negatively affected their mental health and wellbeing (Ahmed, 2023). These effects were particularly evident during the reopening of schools in the 2021-2022 academic year amid ongoing challenges of the pandemic. In line with this, Yusoff et al. (2023) emphasize that when people transition to a new way of life, they often experience psychological challenges such as depression, anxiety, and worry, along with a fear of being infected by the virus.

Purpose of the Study

This study aims to evaluate psychological distress experienced by inclusive teachers in private schools in South Lebanon. The focus is on the period after the reopening of schools during the 2021-2022 school year amid the COVID-19 pandemic.

Research Question

This study addresses the following question:

What are the levels of depression, anxiety, and stress among inclusive teachers in private schools in South Lebanon following the reopening of schools in the 2021-2022 school year amid the COVID-19 pandemic?

Theoretical Framework

To begin with, this study is informed by two complementary theoretical perspectives that provide a structured lens for examining inclusive education and its relationship with teachers' mental health. Together, these frameworks support an integrated understanding of school-level inclusion practices and the conditions that influence teacher well-being.

Inclusive education, as conceptualized by Alberta Education (2013), extends beyond student placement and reflects a systemic commitment to equity, belonging, and participation for all learners. Within this perspective, inclusion is grounded in shared values and enacted through coordinated practices that ensure every student has access to meaningful learning opportunities within supportive educational environments (Alberta Education, 2013). The framework developed by Alberta Education (2013) is organized around five interconnected domains that collectively define inclusive schooling, each encompassing several key indicators: (1) the articulation of inclusive beliefs and guiding principles; (2) the development of learning environments that foster safety, respect, and participation; (3) the provision of appropriate supports to enhance student success; (4) the organization of instruction to address diverse learning needs; and (5) active collaboration with families and the wider community. Together, these domains function as structural and cultural benchmarks that guide schools in evaluating and strengthening inclusive practices.

On the other hand, to examine teacher mental health within inclusive contexts, this study also draws on the Job Demands-Resources (JD-R) model introduced by Bakker and Demerouti (2007). This model, widely used in occupational health research, explains employee well-being through the interaction between job demands and job resources. Job demands refer to aspects of work that require sustained physical, emotional, or cognitive effort and may contribute to strain or exhaustion over time (Demerouti et al., 2001). In contrast, job resources encompass organizational, social, or psychological factors that facilitate goal attainment, reduce the impact of demands, and promote professional development and motivation (Demerouti et al., 2001).



Applied to inclusive education, the JD-R model helps illuminate how teachers working with students with SEND in mainstream classrooms may experience elevated demands. These may include instructional adaptation, classroom management complexities, and the emotional labor associated with supporting diverse learners. When demands are prolonged and insufficiently supported, they may negatively affect teachers' psychological well-being. Conversely, access to adequate resources-such as targeted professional development, collegial collaboration, administrative support, and constructive partnerships with families-can mitigate the adverse effects of high demands. Resources not only buffer stress but also enhance engagement and professional commitment. Therefore, maintaining equilibrium between the demands placed on inclusive teachers and the resources available to them is central to sustaining both teacher well-being and instructional effectiveness.

The framework guiding the present study integrate these perspectives to explore how inclusive school structures and work-related conditions collectively shape teachers' mental health outcomes.

Significance of the Study

According to Atchan (2022), research on how the COVID-19 pandemic has affected teachers remains limited, even though its impact on various groups, particularly regarding mental health, has been widely studied. McCarthy et al. (2017) highlight that more research addressing the emotional regulation and well-being of teachers is needed. Baroud et al. (2022) contend that the literature on teacher stress in Lebanon remains scarce, with only two studies investigating Lebanese inclusive teachers' stress and burn out (El Ahmad, 2023). This underscores the necessity of research on psychological distress among inclusive teachers in Lebanon especially after schools resumed in the 2021-2022 academic year amid the ongoing pandemic.

Research indicates that both a positive school climate and the well-being of teachers play crucial roles in enhancing student learning and success, emphasizing the importance of addressing factors in these domains for the benefit of both teachers and students (Atchan, 2022). Enhancing the mental health of inclusive teachers is essential for ensuring the delivery of high-quality inclusive education. When teachers smile at their students, the students often respond back with a smile because of the mimicry reflex, which boosts happiness, and can subsequently enhance motivation and learning (Dreer, 2023). By focusing on the mental well-being of inclusive teachers, a healthier and more productive learning environment is fostered for everyone, including students with SEND. A teacher's psychological well-being is essential for fostering positive teacher-student relationships, facilitating the learning experience, and promoting successful learning outcomes (Chan et al., 2021).

The findings of this study are expected to provide valuable insights into the mental health challenges experienced by inclusive teachers experienced during the pandemic. Such insights can inform the design of specific interventions to support teachers' mental health and well-being, and strengthen their resilience. This, in turn, may help reduce burnout and turnover- not only during times of crisis, but throughout their teaching careers.

Literature Review

Inclusive Teachers' Psychological Distress during the COVID-19 Pandemic

As defined by the American Psychological Association (APA) Dictionary of Psychology (2018), mental health refers to a state of emotional well-being. It is characterized by positive behavioral adaptation, reduced anxiety, the absence of disabling symptoms, and the ability to form healthy relationships and effectively manage everyday stressors effectively.

In the educational field, workplace well-being involves the effective functioning of teachers, emphasizing their capacity to maintain a positive and dynamic equilibrium between resources and challenges (Benevene et al., 2020). Teachers' psychological quality includes their internal psychological processes and personal traits, which affect educational outcomes and play a significant role in students' physical and mental development (Cui & Ma, 2022). Teachers often begin their careers



with aspirations to influence students over the long term, yet many exit the profession early, at concerning rates (Gray et al., 2017).

A study in Chile examining teachers who conducted remote teaching for more than 50% of the 2020 academic year (March to December) due to COVID-19 reported a high prevalence of poor mental health among educators (Palma-Vasquez et al., 2021). Another study indicated that teachers engaged in remote teaching experienced elevated levels of psychological distress, including depression, anxiety, and social isolation during the pandemic (Kush et al., 2022). Additionally, Hirshberg et al. (2023) found that during the COVID-19 pandemic, a considerable proportion of school system staff exhibited significant symptoms of anxiety and depression, with over 50% of the sample reporting such symptoms. Specifically, 48.02% reported moderate to severe anxiety, while 27.05% reported moderate to severe depressive symptoms (Hirshberg et al., 2023). In addition, a cross-sectional study by Wakui et al. (2021) in Tokyo, conducted after schools reopened during the pandemic, revealed a significant prevalence of both infection-related and education-related anxiety among teachers delivering in-person classes. Research conducted in Poland reported that, during the first two waves of the pandemic, teachers experienced at least mild symptoms of stress, anxiety, and depression (Jakubowski & Sitko-Dominik, 2021). Stress levels ranged from 6% in the first phase to 47% in the second phase, while anxiety levels varied from 21% to 31%, and depression levels increased from 12% to 46% from the first to the second wave (Jakubowski & Sitko-Dominik, 2021). Moreover, a cross-sectional study conducted online in Bangladesh during the second wave of the pandemic revealed that teachers experienced an overall prevalence of 35.4% for depression, 43.7% for anxiety, and 6.6% for stress (Hossain et al., 2022).

Küçüksüleymanoğlu (2011) highlights a noteworthy connection between teachers' exhaustion levels and their field of training noting that individuals educated in special education tend to report higher levels of exhaustion. Şen (2023) notes that higher levels of education are associated with increased emotional exhaustion among special education teachers. This aligns with Kaya and Köklü (2021), who found that burnout poses a significant threat in the challenging environments of special education. Teachers in this field frequently experience greater emotional exhaustion than challenges related mental or physical health (Kaya & Köklü, 2021).

Conversely, Boujut et al. (2016) found that teachers in specialized schools viewed their experiences as challenges rather than threats. Perceived stress has been shown to contribute to burnout of teachers working with students with Autism Spectrum Disorder [ASD] (Boujut et al., 2016). Similarly, research by Candeias et al. (2021) indicates that non-specialist teachers in inclusive classrooms, are at a greater risk of burnout and stress compared to specialist teachers.

In their review of mental health among Kenyan teachers, Waiyaki and Cherui (2023) found that poor mental health, marked by stress, burnout, and demotivation, may progress to conditions like depression if not addressed. Such symptoms contribute to teacher dissatisfaction with their jobs, negatively impacting overall life satisfaction, as noted by Atchan (2022).

In conclusion, although extensive research has examined the mental health challenges faced by teachers, especially during the pandemic, there is still a significant lack of studies specifically addressing the well-being of inclusive teachers. Teaching students with SEND has considerably altered teachers' daily routines, requiring a shift from teaching homogenous groups to managing a diverse classroom (Jury et al., 2023) as well as an increased need for paraprofessional and external support (Jury et al., 2023; Warnes et al., 2022). Rachman et al. (2023) assert that teachers, especially teachers in inclusive preschool education, are susceptible to stress, affecting their teaching, personal lives, and the school environment. Therefore, given the unique demands and complexities of inclusive education, it is crucial to address this gap in research to better understand and support the mental health needs of inclusive teachers.



METHOD

Research Design

Quantitative research involves precise measurements and follows a structured, controlled process (Hagan, 2014). Researchers use these measurements to conduct statistical tests, compare groups, and evaluate treatment effectiveness (Hagan, 2014).

This study adopted a quantitative survey design. According to Gül (2023), quantitative surveys collect data from a large number of people to help researchers understand specific topics, such as how common a certain trait or opinion is. This method is especially useful for research questions that focus on individual views or attitudes (Gül, 2023).

Research Sample

Selecting participants involves ensuring that the reasons for selecting a particular sample in a research study are consistent with the fundamental principles and goals of the study (Campbell et al., 2020). Stratified random sampling was chosen to ensure the representativeness of the sample. According to Simkus (2023), stratified sampling involves dividing a population into homogeneous subgroups, known as “strata”, and randomly selecting participants from each subgroup for the study. The rationale for this approach is to enhance representativeness and capture a diverse range of perspectives within the quantitative data.

This research employed stratified random sampling to select a sample of 88 inclusive teachers who teach students with SEND in private schools in South Lebanon, as shown in Table 1. The strata were constructed based on key characteristics, including gender, age, grade level, subject taught, and SEND categories encountered, to ensure representation across relevant variables.

Table 1. Study participants’ demographic characteristics

Independent Variables		Frequency	Percent
Gender	Male	14	15.9
	Female	74	84.1
Age	Under 25	11	12.5
	25-34	26	29.5
	35-44	41	46.6
	45 and above	10	11.4
Most Grade Levels Taught	Preschool	12	13.6
	Grades 1-3	33	37.5
	Grades 4-6	23	26.2
	Grades 7-9	13	14.8
	Grades 10-12	7	7.9
Most SEND Categories Encountered	Learning Difficulties	48	54.5
	Psychosocial Disorders	10	11.4
	Speech, Language, and Communication Impairment	7	7.9
	Intellectual Impairment	5	5.7
	Visual Impairment	6	6.9
	Hearing Impairment	2	2.3
	Physical Impairment	7	7.9
	Chronic Health Problems	3	3.4

Research Instrument

This quantitative study utilizes the Depression, Anxiety, and Stress Scale [DASS-21] (Lovibond & Lovibond, 1995) to measure levels of psychological distress among inclusive teachers.

The DASS-21, widely recognized as a reliable mental health assessment tool (Cao et al., 2023), consists of 21 items divided into three subscales, each assessing one of these emotional states (Lovibond & Lovibond, 1995).



Lovibond and Lovibond (1995) examined the psychometric properties of the DASS scale using a sample of 717 participants and confirmed that the scale effectively differentiates between the three negative emotional syndromes: depression, anxiety, and stress. While these syndromes remain moderately to highly correlated, the stress scale is more strongly associated with anxiety than with depression (Lovibond & Lovibond, 1995). The study demonstrated that the DASS can reliably distinguish depression, anxiety, and stress based on self-report data (Lovibond & Lovibond, 1995). Specifically, the depression scale reflects a loss of self-esteem and motivation and is associated with a low perceived likelihood of achieving important life goals (Lovibond & Lovibond, 1995).

The DASS-21 employs a four-point response scale, in which participants indicate the extent to which each statement applied to them by selecting one of four descriptive options (Lovibond & Lovibond, 1995). For scoring, these responses are assigned numerical values as follows: 0= "did not apply to me at all", 1= "applied to me to some degree or some of the time", 2= "applied to me to a considerable degree, or a good part of the time", 3="applied to me very much, or most of the time" (Lovibond & Lovibond, 1995). Scores for the emotional states are calculated by summing the values for the relevant items (Lovibond & Lovibond, 1995). To determine the final score, the total obtained from the DASS-21 is doubled (Lovibond & Lovibond, 1995).

The researchers chose the Arabic-adapted version of the DASS-21, developed by Alharbi and Osman (2024), due to identified challenges within the original DASS-21 items, including weak discrimination. Given the cultural context of the study in Arabic settings, the Arabic adaptation of the DASS-21 questionnaire was deemed the most appropriate. This meticulous adaptation allows for a more nuanced understanding of psychological distress within the Arabic cultural framework. The Arabic-adapted DASS-21 questionnaire was accompanied by a demographic section that collected information on participants' age, gender, the grade levels taught, and the specific SEND categories encountered in their classrooms.

The Arabic-adapted version of the DASS-21 showed high reliability, with a Cronbach's alpha of 0.94, reflecting strong internal consistency (Alharbi & Osman, 2024). Moreover, the three subscales demonstrated good internal consistency with coefficients of .87, .84, and .86, respectively (Alharbi & Osman, 2024). Alharbi and Osman's (2024) study affirmed the appropriateness of the three-factor structure in the Arabic version, reinforcing its validity and utility in assessing psychological distress within Arabic-speaking populations.

Pilot Study

A pilot study is a preliminary, small-scale investigation conducted to evaluate the feasibility of methods intended for a more comprehensive, larger research project (Lowe, 2019). According to Lowe (2019), its main purpose is to ensure that researchers fully understand the proposed methods before undertaking the full-scale study and not to answer definite research questions. Thabane et al. (2010) argue that conducting a pilot study prior to the main research can enhance the study's chances of success and help prevent potential failures.

To ensure the reliability of the research instrument, a pilot study was led to test the reliability and feasibility of the Arabic-adapted DASS-21. This study involved 40 general education teachers from private schools in South Lebanon who were selected based on their availability and willingness to participate, ensuring a diverse representation of teaching experiences and backgrounds. The Arabic adaptation of the DASS-21 scale, available in both English and Arabic, was distributed to general education teachers via a Google Form link shared through WhatsApp for both the pilot and main studies. This approach provided convenience and accessibility for participants. The collected responses were analyzed to evaluate the internal consistency reliability of the scale. As shown in table 2, the depression subscale had a Cronbach's alpha of .82, the anxiety subscale .83, and the stress subscale .85. For the overall scale, encompassing all dimensions, the Cronbach's alpha was .94, indicating excellent reliability. These results suggest that the Arabic adaptation of the DASS-21 is a reliable tool for measuring psychological distress.



Table 2. Reliability analysis of the Arabic-adapted DASS-21 scale.

#	Dimension	Number of Items	Items	N	Cronbach's Alpha
1	Depression	7	3; 5; 10; 13; 16; 17; 21	40	.82
2	Anxiety	7	2; 4; 7; 9; 15; 19; 20	40	.83
3	Stress	7	1; 6; 8; 11; 12; 14; 18	40	.85
4	All Dimensions	21	1-21	40	.94

Data Collection Procedures

The researchers obtained an ethical approval (reference number LIUIRB-240412-FHF-344) for conducting the study from the Institutional Review Board at the Lebanese International University (LIU). Data collection began on May 30, 2024, via a Google Form link that was distributed through WhatsApp and continued for four weeks. During this period, two gentle reminders were sent to participants: one in the third week and another in the fourth week. A short paragraph at the beginning of the survey explained the study and asked for consent. Participants had to agree before continuing, and their anonymity and the confidentiality of information they provided were protected.

Data Analysis Procedures

Statistical data analysis filters out irrelevant information and organizes crucial data in a straightforward manner, making the complex task of data organization seem effortless (Kumar, 2025). Descriptive statistics were computed to identify the extent of psychological distress among inclusive teachers. Specifically, frequency and percent were used to determine the distribution of scores on depression, anxiety, and stress within the sample, showing how many inclusive teachers fall into each severity category.

RESULTS

Responses were collected using the Arabic adaptation of the DASS-21 scale. Table 3 presents the scores of participants on the depression subscale of the Arabic-adapted version of the scale, illustrating the frequency and the percent of responses across the seven items related to depression. Most participants reported that these items were either not applicable to them at all or were relevant only to some degree or for part of the time. Only a few participants indicated that the items applied to them to a considerable degree, for a good part of the time, or very much/most of the time. Notably, 9.1% of participants reported experiencing a depressed or blue mood to a considerable degree or for a considerable part of the time.

Table 3. Scores of participants on the depression subscale of the Arabic adaptation of the DASS-21.

#	Item	Severity Degree	0	1	2	3
3	I was unable to feel any good emotions at all.	64 (72.7%)	19 (21.6%)	4 (4.5%)	1 (1.1%)	
5	It was tough for me to muster the motivation to take action.	56 (63.6%)	29 (33%)	2 (2.3%)	1 (1.1%)	
10	It seemed like there was nothing to look forward to.	59 (67%)	23 (26.1%)	6 (6.8%)	0 (0%)	
13	I had a depressed and blue mood.	40 (45.5%)	40 (45.5%)	8 (9.1%)	0 (0%)	
16	I could never get excited about anything.	54 (61.4%)	29 (33%)	5 (5.7%)	0 (0%)	
17	I considered myself to be a person of little value.	73 (83%)	13 (14.8%)	2 (2.3%)	0 (0%)	
21	I believed that life had no purpose.	68 (77.3%)	15 (17%)	5 (5.7%)	0 (0%)	



Following calculation, Table 4 displays the distribution of depression levels among participants as assessed by the Arabic adaptation of the DASS-21. The scores were calculated and categorized accordingly: 79.5% of participants exhibited normal levels of depression; 10.2% reported mild depression; 5.7% experienced moderate depression; and 1.1% showed extremely severe depression.

Table 4. Level of depression among participants as measured by the Arabic adaptation of the DASS-21.

Level of Severity	Frequency	Percent
Normal	70	79.5
Mild	9	10.2
Moderate	5	5.7
Severe	3	3.4
Extremely Severe	1	1.1
Total	88	100

The second subsection of the research question addresses anxiety. Table 5 displays participants' scores on this subscale, showing the frequency and percent of responses for each item. Most participants indicated that the seven anxiety-related items were either not applicable to them at all or applied only to some degree or some of the time. Only a small number of participants reported that these items applied to them to a considerable degree, for a good part of the time, or very much/most of the time. However, a significant portion of participants, 11.4%, reported experiencing a dry mouth, and 9.1% indicated that they could feel their heart beating faster or skipping a beat even when they were not physically active.

Table 5. Scores of participants on the anxiety subscale of the Arabic adaptation of the DASS-21.

#	Item	Severity Degree	0	1	2	3
2	I noticed that my mouth was dry.		44 (50%)	29 (33%)	10 (11.4%)	5 (5.7%)
4	I had a hard time breathing.		59 (67%)	24 (27.3%)	4 (4.5%)	1 (1.1%)
7	I experienced trembling (e.g., in the hands).		66 (75%)	16 (18.2%)	6 (6.8%)	0 (0%)
9	I was concerned that there would be circumstances when I'd freak out and seem foolish.		48 (54.5%)	33 (37.5%)	7 (8%)	0 (0%)
15	I felt on the verge of panic.		63 (71.6%)	23 (26.1%)	2 (2.3%)	0 (0%)
19	When I wasn't physically active, I could feel my heart beating faster or skipping a beat, for example.		54 (61.4%)	24 (27.3%)	8 (9.1%)	2 (2.3%)
20	I experienced fear for no apparent reason.		56 (63.6%)	29 (33%)	2 (2.3%)	1 (1.1%)

Following the calculation, Table 6 illustrates the distribution of anxiety levels among participants, as measured by the Arabic adaptation of the DASS-21. The results reveal the following categories: 63.6% of participants reported normal levels of anxiety, 6.8% indicated mild anxiety, 20.5% experienced moderate anxiety, 6.8% reported severe anxiety, and 2.3% showed extremely severe anxiety.



Table 6. Level of anxiety among participants as measured by the Arabic adaptation of the DASS-21.

Level of Severity	Frequency	Percent
Normal	56	63.6
Mild	6	6.8
Moderate	18	20.5
Severe	6	6.8
Extremely Severe	2	2.3
Total	88	100

Participants' responses were collected to examine the third subsection, which focuses on stress levels. Table 7 presents their scores on the stress subscale of the Arabic adaptation of the DASS-21 scale, providing a detailed overview of their responses across the relevant items. Most participants indicated that the seven stress-related items either did not apply to them at all or applied only to some degree or some of the time. A smaller portion reported that these items applied to them to a considerable degree, for a good part of the time, or very much or most of the time. However, 11.4% of participants reported difficulty relaxing and unwinding. Additionally, 15.9% indicated high levels of anxious energy, 9.1% felt notably sensitive, and 14.8% experienced their temper rising, demonstrating that these items applied to them to a considerable extent, or for to a good part of the time.

Table 7. Scores of participants on the stress subscale of the Arabic adaptation of the DASS-21.

#	Item	Severity Degree	0	1	2	3
1	My ability to relax was challenging.		20 (22.7%)	55 (62.5%)	10 (11.4%)	3 (3.4%)
6	I often reacted excessively to circumstances.		52 (59.1%)	29 (33%)	5 (5.7%)	2 (2.3%)
8	I felt that my anxious energy was being expended heavily.		29 (33%)	44 (50%)	14 (15.9%)	1 (1.1%)
11	I could feel my temper rising.		35 (39.8%)	44 (50%)	8 (9.1%)	1 (1.1%)
12	I had a hard time unwinding.		25 (28.4%)	49 (55.7%)	10 (11.4%)	4 (4.5%)
14	Anything that prevented me from completing my task infuriated me.		50 (56.8%)	32 (36.4%)	5 (5.7%)	1 (1.1%)
18	I felt that I was quite sensitive.		26 (29.5%)	47 (53.4%)	13 (14.8%)	2 (2.3%)

Following analysis, Table 8 illustrates the distribution of stress levels among participants. Results indicate that 75% of participants exhibited normal levels of stress, 15.9% reported mild stress, 5.7% experienced moderate stress, and 3.4% indicated severe stress. None of the participants showed extremely severe stress.

Table 8. Level of stress among participants as measured by the Arabic adaptation of the DASS-21.

Level of Severity	Frequency	Percent
Normal	66	75
Mild	14	15.9
Moderate	5	5.7
Severe	3	3.4
Extremely Severe	0	0
Total	88	100

The results from the Arabic adaptation of the DASS-21 scale administered to inclusive teachers in private schools in South Lebanon following the reopening during the 2021-2022 school year revealed primarily normal levels of psychological distress. Specifically, 79.5% of participants showed normal



levels of depression, 63.6% exhibited normal levels of anxiety, and 75% reported normal levels of stress. These results indicate a consistent pattern across the three subscales, highlighting a general trend of normal psychological states among the participants. However, on the anxiety subscale, a notable 20.5% of participants experienced moderate anxiety. In contrast, severe or extremely severe depression, anxiety, or stress were not significantly reported by participants across the three subscales. The consistency across the subscales underscores the nuanced yet parallel effect of COVID-19 on the well-being of inclusive teachers in educational settings.

DISCUSSION, CONCLUSION, and RECOMMENDATIONS

Teachers' healthy psychological state is evident when their behavioral, cognitive, and emotional components function harmoniously within their environment and interpersonal interactions (Cui & Ma, 2022). The present study found that inclusive teachers displayed normal levels of depression, anxiety, and stress following the reopening schools in 2021-2022 during the pandemic, suggesting typical psychological distress symptoms. These findings differ from several studies that have reported elevated levels of poor mental health during the pandemic. For example, Palma-Vasquez et al. (2021) reported a significant prevalence of poor mental health among teachers in Chile who engaged in remote teaching for more than 50% of the 2020 academic year. Similarly, Kush et al. (2022) indicated elevated levels of distress, including depression, anxiety, and isolation, among teachers engaged in remote teaching during the COVID-19 pandemic. The researchers' results also contradict those of Agyapong et al. (2022) and Ozoemena et al. (2021), who reported a high prevalence of distress among teachers in general.

Hirshberg et al. (2023) found that a significant proportion of school employees experienced anxiety and depressive symptoms during the pandemic, with 48.02% reporting moderate to severe anxiety and 27.05% reporting moderate to severe depression. In contrast, the current research found that only 20.5% of participants experienced moderate anxiety and 6.8% severe anxiety, while 5.7% reported moderate depression and 3.4% reported severe depression.

Jakubowski and Sitko-Dominik (2021) indicated that during both the first and second waves of the pandemic, teachers experienced at least mild levels of psychological distress. Stress levels ranged from 6% to 47%, anxiety from 21% to 31%, and depression from 12% to 46% (Jakubowski and Sitko-Dominik, 2021). Interestingly, the researchers' results on the anxiety subscale align with Jakubowski and Sitko-Dominik's (2021) results from the first wave, where moderate anxiety was around 21%.

The observed normal psychological distress levels among inclusive teachers in this study can be attributed to several interrelated factors. Firstly, mental health is a naturally sensitive topic. Over time, individuals may forget the severity of the distress they experienced, leading in lower reported levels of psychological distress. This factor could partially explain the differences between the results of the current study and those of previous research.

During the COVID-19 lockdown, teachers faced significant challenges, including the fear of contracting the virus and the associated anxiety. However, the lack of fixed schedules and long school days may have alleviated some of their stress. Upon resuming face-to-face teaching, many teachers likely felt a sense of freedom and relief, which may have contributed to the lower levels of psychological distress observed. Moreover, inclusive teachers likely had more in-person interactions with students with SEND compared to online interactions, positively influencing their psychological well-being.

Additionally, the resilience and personality traits of inclusive teachers working with students with SEND in private schools in South Lebanon might have played a crucial role in their mental health outcomes. Teachers who demonstrate resilience- by adapting to stress and maintaining a positive mindset- may be better equipped to manage the challenges posed by the pandemic and the return to in-person teaching.



Another important consideration is the study's focus on inclusive teachers in South Lebanon. Following the reopening of schools, the educational approach may have shifted to emphasize feedback and reinforcement rather than the introduction of heavy new material. This adjustment could have reduced the workload and stress on teachers.

The social, economic, and cultural environment of South Lebanon likely exerted a strong influence on the study's outcomes. Distinct community support systems and cultural attitudes towards mental health in the region may have provided a buffer against the psychological impacts of the pandemic.

In conclusion, the normal levels of depression, anxiety, and stress found among inclusive teachers can be attributed to several factors. These include the sensitivity and lingering memory of psychological distress, the unique impact of the COVID-19 lockdown and the subsequent return to normalcy, adjustments in school curricula, and the contextual factors and support systems available in South Lebanon. These combined factors likely contributed to the more favorable mental health outcomes observed in the current research.

Recommendations for Policymakers and Practitioners

Below are several recommendations for policymakers and practitioners to more effectively support inclusive teachers' mental health.

For policymakers:

1. Set policies that help teachers maintain a balanced relationship between their professional duties and personal lives.
2. Promote a culture where teachers feel safe sharing emotional struggles and seeking mental health support, reducing barriers in contexts where access to such support is limited.

For practitioners:

1. Promote open conversations about mental health within the school community to build a supportive atmosphere and dispel stigmas and misconceptions.
2. Give priority to personal well-being by engaging consistently in self-care practices.
3. Utilize support networks (colleagues, mentors) to manage both classroom demands and personal stress.

Limitations of the Study

Identifying the limitations reveals potential weaknesses of the research study, which, in turn, can impact the study's results.

- ✓ It is possible that the participants' responses on the Arabic adaptation of the DASS-21 scale were influenced by the long-term memory limitations, as two full school years have passed since the 2021-2022 school year. This time lapse may have affected the accuracy or vividness of their recollection of experiences, potentially impacting their reported mental health outcomes.
- ✓ Due to the sensitive nature of the study, which focuses on mental health, participants may have been hesitant to disclose their personal experiences and emotions. This could have introduced response bias, leading to possible underreporting or over reporting of mental health issues. Consequently, the reliability of the collected data may be subject to fluctuations.
- ✓ The study's focus on private schools in South Lebanon limits the extent to which its findings can be applied to other regions, school types, or educational systems.
- ✓ The research instrument was translated into Arabic to suit the sample which may have influenced the validity and reliability of the data, as slight shifts in meaning could affect response accuracy.



Conclusion

Inclusive teachers in private schools in South Lebanon, following the reopening in the 2021-2022 school year during the pandemic, experienced overall normal levels of psychological distress, with only a notable subgroup (20.5%) exhibiting moderate anxiety.

Suggestions for Future Research

In the light of this study's results and limitations, several directions for future research can be proposed to deepen our understanding of the inclusive teachers' mental health across varied contexts.

First, incorporating public schools in South Lebanon would offer a more comprehensive view of inclusive teachers' mental health and help identify differences between private and public settings.

The study's results, which indicated that a total of 30% of participants experienced moderate, severe, and extremely severe anxiety, highlight the need for further exploration into the specific factors contributing to anxiety among inclusive teachers. Future research should delve deeper into identifying these factors and developing targeted strategies to mitigate anxiety.

Additionally, exploring the mental health of teachers working with different types of SEND categories could provide insights into how these variables impact teachers' mental health.

Finally, longitudinal studies are needed to monitor inclusive teachers' mental health, revealing how classroom demands and continuous support shape their well-being.

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Ethics and Conflict of Interest

The authors of the study acted in accordance with ethical rules in all processes of the research. There are no individuals or financial relationships that could be perceived as potential conflicts of interest related to this study.

Author Contribution

All authors contributed equally to the research.

Data Availability

The data that support the findings of this study are available on request from the corresponding author.

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