

RECOVERY-ORIENTED SELF-MANAGEMENT FRAMEWORK TO PROMOTE MENTAL HEALTH AMONG SECONDARY SCHOOL TEACHERS: A SYSTEMATIC LITERATURE REVIEW

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Received: 15.03.2026

Accepted: 27.06.2026

ABSTRACT

Background and Purpose: This review explores self-management components and recovery-oriented principles for promoting mental health among secondary school teachers. It aims to identify teacher self-management components, examine recovery-oriented mental health principles, and develop a recovery-oriented self-management framework.

Methodology: Guided by the PRISMA framework, this systematic review analysed 18 peer-reviewed journal articles, including nine studies on teacher mental health self-management and nine studies on recovery-oriented mental health principles.

Findings: The review identified three teacher self-management components: personal self-care and self-compassion, emotional self-regulation and coping competence, and digital self-management literacy. Four recovery-oriented principles were also identified: hope, meaning, and personal recovery; self-determination, autonomy, and empowerment; person-centred, dignity-based, and culturally sensitive support; and collaboration, social support, and system-level coordination. These findings suggest that teacher mental health self-management should be understood as an active and recovery-oriented process rather than only stress reduction.

Contributions: This review proposes a recovery-oriented self-management framework for secondary teachers' mental health. It contributes to teacher wellbeing research by connecting self-management literature with recovery-oriented mental health principles and provides directions for future teacher training, school-based wellbeing programmes, and mental health promotion policies.

Keywords: Mental health, recovery-oriented practice, secondary school teachers, self-management, systematic literature review.

Cite as: Shi, Y., & Omar, I. M. (2026). Recovery-oriented self-management framework to promote mental health among secondary school teachers: A systematic literature review. *Journal of Nusantara Studies*, 11(2), 306-325. <http://dx.doi.org/10.24200/jonus.vol11iss2pp306-325>

1.0 INTRODUCTION

The increasing attention to teacher mental health has significantly expanded research on its causes, external interventions, and organisational determinants, especially in secondary school contexts (Beames et al., 2023; Li, 2023). Teacher mental health promotion is recognised not only as a matter of clinical support, mindfulness-based programmes, or organisational improvement but also as a process shaped by individual capacities such as coping, resilience, emotional regulation, self-efficacy, and help-seeking (Le Thi, 2026; Reintjes et al., 2025; Zhou et al., 2024). Teachers need to manage their mental health because it allows them to identify when they experience psychological stress, and they learn how to control their feelings while using coping methods, finding assistance and sustaining their wellness practices during their work responsibilities (Bitinaite et al., 2026; Rübben, 2025).

Despite the potential benefits of developing a self-management framework for teachers to promote their mental health, there are currently challenges to developing such a framework. Self-management has been applied effectively to long-term health conditions like diabetes and has had positive impacts on patients' health outcomes (Ahmad & Joshi, 2023; Butayeva et al., 2023), while educational research frequently discusses self-management in relation to students' self-regulated learning, academic achievement, and anxiety reduction rather than teachers' psychological self-management (Al-Abyadh & Abdel Azeem, 2022; Pontes et al., 2024). Moreover, teacher-related studies tend to focus more on classroom management, teacher-student relationships, and instructional practices than on how teachers manage their own stress, emotions, help-seeking behaviours, and wellbeing routines (Clark et al., 2023; Duan et al., 2024).

Given the emphasis of recovery-oriented mental health practice on hope, autonomy, empowerment, connectedness, meaning, and personal growth (Jørgensen et al., 2022; Subandi et al., 2023), its connection with self-management is theoretically important. Recovery-oriented practice has been widely discussed in mental health services and community-based care contexts (Mousavizadeh & Bidgoli, 2023), where recovery is understood not merely as symptom reduction but as a personal process of rebuilding agency, identity, social participation, and well-being (Ventosa-Ruiz et al., 2024). However, its application in educational settings remains limited, and little is known about how recovery-oriented principles can be integrated with teachers' self-management components to promote mental health among secondary school teachers.

This study presents a systematic review on recovery-oriented self-management for promoting mental health among secondary school teachers, with specific attention to the integration of self-management components and recovery-oriented principles. It aims to address three research questions: (1) What self-management components can promote mental health among secondary school teachers? (2) What are the recovery-oriented principles in mental health practice? and (3) How can self-management components and recovery-oriented principles be synthesised into a conceptual framework to promote mental health among secondary school teachers? By synthesising evidence from teacher mental health self-management and recovery-oriented mental health practice, this review offers critical insights into teacher-centred mental health promotion and proposes a conceptual framework for more coherent, sustainable, and recovery-oriented support.

2.0 LITERATURE REVIEW

2.1 Mental Health among Secondary School Teachers

To improve teacher wellbeing and sustain educational quality, mental health promotion among secondary school teachers requires further attention in both research and practice (Evans et al.,

2022). Many researchers have attempted to support teachers by developing psychological programmes, wellbeing interventions, organisational support measures, and professional development activities, especially in response to increasing workload, emotional demands, classroom pressure, and retention concerns (Nwoko et al., 2023; Zito et al., 2024). Teacher wellbeing is closely associated with sleep quality, teacher retention, teacher-student relationships, and student-related outcomes, suggesting that teachers' mental health is not only an individual concern but also an educational issue (Dreer, 2023). Promoting mental health among secondary school teachers is crucial for their professional functioning and the development of the school as a whole.

Various studies reviewed indicated that the common approaches used to promote mental health among teachers include psychological intervention programmes, mindfulness activities, stress management, resilience training, burnout reduction, and wellbeing. Beames et al. (2023) examined controlled trials which studied psychological interventions for teachers' mental health and burnout and wellbeing to establish school-based teacher mental health support as a vital intervention area. Meanwhile, Avola et al. (2025) demonstrated that various intervention strategies exist to support teacher wellness improvement and burnout reduction because current studies now study actual solutions instead of just analysing teacher stress. The methods work to decrease mental stress while helping teachers understand their emotions better, and they protect their career health as educators.

A review of the literature reveals a variety of factors associated with teachers' mental health and well-being. For example, factors associated with teachers' well-being include personal capabilities like resilience, self-efficacy, autonomy, and coping strategies (Zayed et al., 2026). Other factors that impact teachers' mental health include socioemotional competence, work conditions and workload, professional relationships, and school leadership (Alzouebi et al., 2025; Collie, 2025). According to Zhou et al. (2024), factors like hope, autonomous motivation, psychological capital, and job competencies positively impact teachers' well-being, while factors like neuroticism and disengagement coping negatively impact teachers' well-being. However, the literature also highlights challenges in the research regarding teachers' mental health, such as a lack of consistency in the conceptualisation of teachers' mental health, fragmented research into teachers' mental health interventions, a lack of causal evidence, and a lack of research into how teachers maintain their mental health (Cavioni et al., 2025).

2.2 Mental Health Self-Management

Mental health self-management is a concept that lies at the heart of mental health promotion. Self-management strategies have been used in clinical and public health contexts to help individuals with a variety of mental health and physical health conditions to monitor their symptoms and regulate their health-related behaviours (Beaudin et al., 2024; Huang et al., 2024). As such, self-management strategies can be applied to teachers as well, whose mental health is influenced by various external and internal factors (Munezero et al., 2026; Xiyun et al., 2022). Yet, mental health self-management remains relatively marginal in teacher-focused research, where individual psychological resources are often examined as predictors of burnout or well-being rather than as integrated components of a self-management process.

Research suggests that self-management can bridge the gap between formal intervention and daily mental health maintenance. In educational research, self-management has commonly been discussed in relation to students' self-regulated learning, academic performance, online learning behaviour, and classroom behaviour intervention (Smith et al., 2022; Xu et al., 2023). These studies show that self-management can support individuals in monitoring their own behaviour, adjusting strategies, and improving learning or behavioural outcomes. However, the application of self-management in education remains strongly student-

centred, while teacher-related studies more often focus on classroom management, teacher-student relationships, or instructional practice than on how teachers manage their own stress, emotions, recovery routines, and help-seeking behaviours.

Nevertheless, applying mental health self-management to secondary school teachers requires clearer conceptual development. Teachers are not only professionals delivering instruction but also individuals who experience emotional labour, role conflict, administrative pressure, student-related stress, and changing school expectations (Peng et al., 2023). Existing teacher wellbeing research has identified many relevant personal and contextual factors, but these factors are often presented separately rather than organised into a coherent self-management framework (Avola et al., 2026). Therefore, teacher mental health self-management should be understood as a teacher-centred process through which teachers recognise psychological strain, regulate emotions, mobilise coping resources, seek appropriate support, and sustain wellbeing practices within the realities of school life.

2.3 Recovery-Oriented Mental Health Practice

Recovery-oriented mental health practice originates from the broader concept of personal recovery, which shifts mental health care from clinical symptom reduction to a more holistic process of living a meaningful, hopeful, and self-directed life (Mekuriaw et al., 2025). Leamy et al. (2011) conceptualised personal recovery through the CHIME framework, which includes connectedness, hope and optimism, identity, meaning in life, and empowerment. More recent recovery-oriented mental health literature further emphasises person-centred care, autonomy, empowerment, community inclusion, citizenship, collaborative relationships, and personally defined recovery as core principles of recovery-oriented practice (Subandi et al., 2023). These principles show that recovery-oriented practice is not only a clinical service model but also a way of understanding mental health as an active, personal, and socially supported process.

Personal recovery is closely connected with self-management because both emphasise the individual's active role in recognising difficulties, using personal resources, making decisions, and maintaining wellbeing in everyday life (Senneseth et al., 2022; Zhang et al., 2024). Recovery-oriented practice positions individuals as active agents in their own recovery rather than passive recipients of professional care (Mekuriaw et al., 2025), while self-management emphasises ongoing regulation of symptoms, emotions, behaviours, routines, and support-seeking (Boger et al., 2015). Therefore, recovery-oriented principles can provide a value-based foundation for mental health self-management by framing self-management not merely as stress control or symptom management, but as a broader process of agency, meaning-making, social connection, and sustainable wellbeing. This connection is important for teachers because their mental health is shaped not only by external stressors but also by how they interpret, regulate, and respond to these demands in daily professional life (Hu, 2023).

The connection between recovery-oriented principles and teacher mental health is also supported by teacher well-being research. Zhou et al. (2024) found that hope, autonomous motivation, psychological capital, and job competencies were among the strongest positive predictors of teacher wellbeing, while disengagement coping was one of the strongest negative predictors. Similarly, research on psychological capital suggests that hope, optimism, resilience, and self-efficacy are closely linked to teachers' wellbeing, work engagement, and mental health (Baguri et al., 2022; Bertieaux et al., 2024). These findings overlap strongly with recovery-oriented principles, especially hope, autonomy, empowerment, and personal growth. However, recovery-oriented practice remains largely concentrated in mental health services, psychiatric rehabilitation, community-based care, and service-user recovery (Mousavizadeh & Bidgoli, 2023), while its application in education and teacher mental health remains limited. Therefore, the key gap is that recovery-oriented principles have not yet been systematically integrated

with teacher mental health self-management to form a conceptual framework for secondary school teachers.

3.0 METHODOLOGY

The methodological approach used in this study is a Systematic Literature Review (SLR). An SLR is suitable because it allows researchers to identify, evaluate, and synthesise existing studies related to a specific topic through a transparent and replicable process (Kitchenham & Charters, 2007). In this study, the SLR process included the formulation of research questions, development of search terms, exploration of bibliographic databases, definition of inclusion and exclusion criteria, article selection, data extraction, and thematic synthesis. The reporting of the search and selection process of the studies included in this scoping review was guided by the PRISMA 2020 framework (Page et al., 2021). Figure 1 presents the phases of the review process followed in this study.

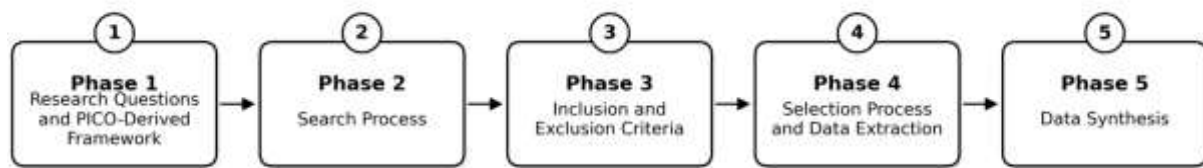


Figure 1: Review phases

Phase 1: Research Questions and PIO Framework

The first phase of the study involved formulating the research questions. One of the common uses of the methods for formulating research questions is using a framework such as PICO (Eriksen & Frandsen, 2018; Schardt et al., 2007). Since this review did not compare interventions, the comparison element of the framework was not applied. Hence, the framework was adapted to contain three elements: population, issue of interest, and outcome. Table 1 presents the formulated research questions and their search elements.

Table 1: Research questions and PICO-derived search elements

Research question	PIO element	Focus
RQ1. What self-management components can promote mental health among secondary school teachers?	Population & Issue	Secondary school teachers & mental health self-management
RQ2. What are the recovery-oriented principles in mental health practice?	Issue	Recovery-oriented principles in mental health practice
RQ3. How can self-management components and recovery-oriented principles be synthesised into a conceptual framework to promote mental health among secondary school teachers?	Outcome	Recovery-oriented self-management framework

Phase 2: Search Process

A preliminary search was conducted across Web of Science, Scopus, ERIC, and PubMed to map the literature and refine the search terms. This preliminary search produced 455 records before deduplication and 260 records after duplicate removal. Since the preliminary results were broad and conceptually diverse, the final search strategy was refined into two focused pools. Pool 1 focused on teacher mental health self-management, while Pool 2 focused on recovery-oriented principles in mental health practice.

The final search was conducted in Web of Science and Scopus because these databases cover peer-reviewed research across education, psychology, health, and social sciences. The

search was limited to English-language journal articles and review articles. Pool 1 used a 10-year time frame because research on teacher mental health self-management is still scattered. Pool 2 used a 5-year time frame because it aimed to capture recent recovery-oriented mental health practice literature. The refined search produced 76 records. Table 2 presents the final search strings.

Table 2: Final search strings and records

Database	Pool	Search string	Time frame	Records
Web of Science	Pool 1	("self-management" OR "self management" OR "self-regulation" OR "self regulation" OR "self-care" OR "self care") AND ("mental health" OR "psychological health" OR "psychological wellbeing" OR "psychological well-being" OR stress OR anxiety OR depression) AND ("secondary school teacher" OR "secondary school teachers" OR "high school teacher" OR "high school teachers")	10 years	14
Web of Science	Pool 2	("recovery-oriented principles" OR "recovery oriented principles" OR "recovery-oriented framework" OR "recovery oriented framework" OR "recovery-oriented model" OR "recovery oriented model" OR "recovery-oriented values" OR "recovery oriented values") AND ("mental health" OR "mental health care" OR "mental health services" OR "mental health practice")	5 years	21
Scopus	Pool 1	TITLE-ABS-KEY("teacher self-management" OR "teachers' self-management" OR "teacher self-regulation" OR "teachers' self-regulation" OR "teacher self-care" OR "teachers' self-care" OR "teacher stress management" OR "teachers' stress management") AND TITLE-ABS-KEY("mental health" OR "psychological wellbeing" OR "mental wellbeing" OR "psychological distress" OR anxiety OR depression OR stress OR burnout)	10 years	31
Scopus	Pool 2	TITLE("recovery-oriented mental health" OR "recovery oriented mental health" OR "recovery-oriented mental health practice" OR "recovery oriented mental health practice" OR "recovery-oriented mental health services" OR "recovery oriented mental health services") AND TITLE-ABS-KEY(principle* OR value* OR framework OR model)	5 years	10
Total				76

Phase 3: Inclusion and Exclusion Criteria

This study established individual inclusion and exclusion standards for both search collections because each collection fulfilled its distinct objective. Pool 1 functioned to determine self-management elements which secondary school teachers needed to maintain their mental health, while Pool 2 functioned to determine recovery-oriented principles which mental health practitioners needed to practice. Across both pools, studies had to be English-language peer-reviewed journal articles or review articles with full-text access. Table 3 presents the inclusion and exclusion criteria used in the screening process.

Table 3: Final search strings and records

Criterion	Pool 1: Teacher mental health self-management	Pool 2: Recovery-oriented mental health practice
Population	Secondary school, high school, middle school, junior high school, or upper-secondary teachers	Not limited to teachers; mental health service, community mental health, psychiatric rehabilitation, or personal recovery contexts were eligible
Core focus	Teachers' own mental health, wellbeing, stress, burnout, psychological distress, anxiety, depression, emotional exhaustion, or work-related mental health	Recovery-oriented mental health practice, principles, values, frameworks, models, care, or services
Key concept	Self-management, self-care, self-regulation, coping, emotion regulation, resilience, mindfulness, help-seeking, mental health literacy, lifestyle, work-life balance, or stress management	Recovery-oriented values such as hope, autonomy, empowerment, connectedness, meaning, person-centred care, strengths-based practice, social inclusion, or personal recovery
Publication type	Peer-reviewed journal articles and review articles	Peer-reviewed journal articles and review articles
Language and access	English and full text available	English and full text available
Main exclusions	Studies focused only on students, pre-service teachers, university lecturers, primary or preschool teachers, principals, parents, healthcare workers, or general employees; studies where teachers were only classroom managers or providers of student support; studies without teacher mental health or self-management relevance	Studies using "recovery" only to mean physical recovery, sleep recovery, work recovery, exercise recovery, or general stress recovery; studies focused only on symptom reduction without recovery-oriented principles
General exclusions	Conference papers, book chapters, editorials, commentaries, dissertations, protocols without findings, duplicates, non-English articles, and inaccessible full-text articles	Conference papers, book chapters, editorials, commentaries, dissertations, protocols without findings, duplicates, non-English articles, and inaccessible full-text articles

Phase 4: Selection Process and Data Extraction

After title, abstract, and keyword screening, 24 articles were retained for full-text review, including 13 articles in Pool 1 and 11 articles in Pool 2. Following full-text eligibility assessment, 18 articles were included in the final review. These consisted of nine studies related to teacher mental health self-management and nine studies related to recovery-oriented principles in mental health practice. Figure 2 presents the PRISMA flow diagram of the study selection process. Data were extracted using an Excel spreadsheet. The extracted information included author, year, country, research aim, methodology, sample, key findings, self-management components, recovery-oriented principles, and relevance to the research questions.

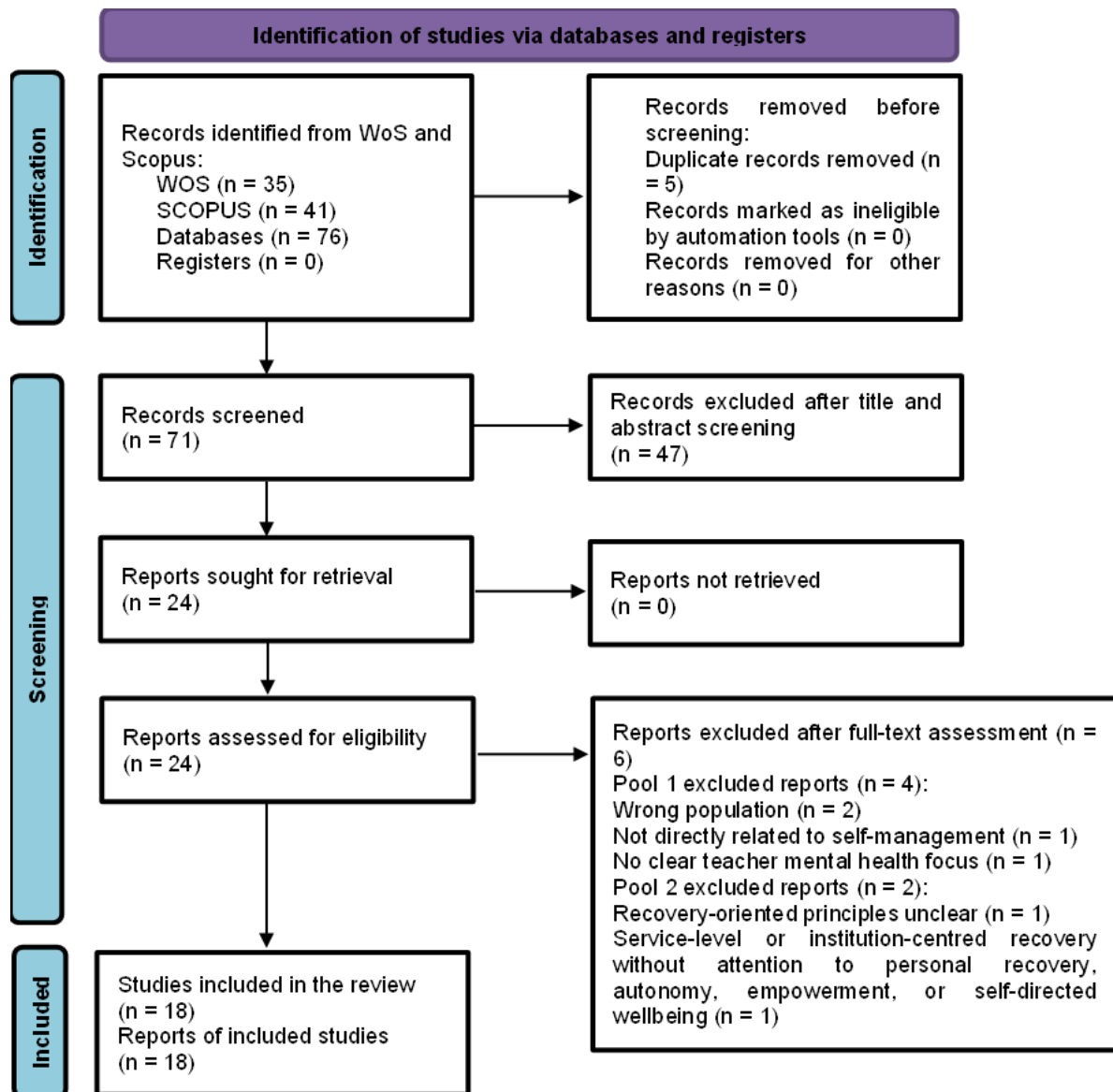


Figure 2: PRISMA process

Phase 5: Data Synthesis

The selected articles were analysed using thematic synthesis. Thematic synthesis is appropriate for integrating findings across studies because it allows researchers to code textual findings, identify descriptive themes, and develop higher-level analytical themes (Thomas & Harden, 2008). In this review, Pool 1 articles were coded to identify teacher mental health self-management components. Pool 2 articles were coded to identify recovery-oriented principles in mental health practice. The two sets of themes were then compared and integrated to conceptualise a recovery-oriented self-management framework for promoting mental health among secondary school teachers.

4.0 LITERATURE REVIEW

4.1 Overview of the Included Studies

Table 4 presents the 18 studies included in this review. Pool 1 includes nine studies on teachers' mental health self-management and addresses RO1, while Pool 2 includes nine studies on

recovery-oriented mental health principles and addresses RO2. The findings from both pools are later integrated to address RO3.

Table 4: Overview of the included studies

No.	Author(s) and year	Title	Journal	Article type / design	Population / sample	Key findings
Pool 1						
1	Abou Assali and Al Abdouli, 2024	Unleashing the power of teacher's wellbeing and selfcare	Research Journal in Advanced Humanities	Research article; qualitative secondary data research	No primary participants; based on secondary sources	Teacher wellbeing is affected by workload, work-life balance, emotional demands, limited support, and institutional culture. Self-care is presented as important for teachers' physical, mental, and emotional health.
2	Awwad-Tabry and Levkovich, 2024	"We felt so alone, but at least we felt it together": Self-compassion among teachers	Psychology in the Schools	Research article; qualitative phenomenological study	34 teachers in Israel	Self-compassion was understood as connection, collaboration, self-acceptance, and self-forgiveness. It may reduce occupational stress and burnout.
3	Bührer et al., 2025	Why coaching matters: Exploring the interplay of teacher self-regulation and well-being with a longitudinal multigroup model	Frontiers in Psychology	Original research; longitudinal multigroup SEM	273 early career teachers	Self-regulation predicted work engagement and emotional exhaustion when supported by training plus coaching. Coaching helped activate self-regulation as a wellbeing resource.
4	Carroll et al., 2022	Mindful practice for teachers: Relieving stress and enhancing positive mindsets	Frontiers in Education	Original research; mixed-methods intervention study	18 teacher participants	The mindfulness programme reduced perceived stress and improved mindfulness attributes, including observing, non-reaction, and non-judgment.
5	Gutierrez et al., 2025	Mental health and emotional self-regulation in secondary education teachers	Mundo da Saúde	Original article; quantitative descriptive-correlational study	150 secondary school teachers in Puno	Emotional self-regulation was negatively related to depression, anxiety, and stress. Anxiety and stress significantly predicted emotional self-regulation.
6	Liu, 2025	Exploring burnout, professional identity, and psychological capital in Chinese secondary school teachers: A mixed-methods study with Critical Incident Technique	Humanities and Social Sciences Communications	Article; mixed-methods study	620 Chinese secondary school teachers; 25 interview participants	Professional identity and psychological capital were associated with lower burnout. Self-regulation mediated these relationships.
7	Manning et al., 2023	High School Teachers' Experiences of Consumer Technologies for Stress Management During the COVID-19 Pandemic: Qualitative Study	JMIR Formative Research	Original paper; longitudinal qualitative study	8 high school teachers in South London	Consumer technologies helped teachers recognise stress, understand the toll of work, and practise more intentional self-care.

8	Najjarpour, 2024	Constructing a self-management competence model for EFL teachers: A perception-strategy evaluation	Acta Psychologica	Original research; qualitative grounded theory study	19 Iranian EFL teachers	The study identified emotional, behavioural, and classroom performance management as key self-management perceptions, with emotion regulation and self-awareness as major strategies.
9	Petrovic et al., 2026	Leveraging digital programming to support pre-service teachers' stress management and well-being: Evidence of effectiveness and acceptability	Journal of Education for Teaching	Research article; quantitative programme evaluation	52 Bachelor of Education pre-service teachers	The digital programme improved mental health, wellbeing, coping self-efficacy, mindfulness, and functioning, with high programme satisfaction.
Pool 2						
1	Anttila et al., 2023	Recovery-oriented mental health principles in psychiatric hospitals: How service users, family members and staff perceive the realization of practices	Journal of Advanced Nursing	Multimethod study; quantitative and qualitative descriptive design	Service users, family members, and staff from 12 Finnish psychiatric hospital wards; 24 focus group interviews	Dignity and respect was perceived as the most realised recovery-oriented principle. Service users and family members rated recovery-oriented practices less positively than staff, showing differences between stakeholder perspectives.
2	Subandi et al., 2023	The principles of recovery-oriented mental health services: A review of the guidelines from five different countries for developing a protocol to be implemented in Yogyakarta, Indonesia	PLOS ONE	Review article; narrative literature review with thematic analysis	13 recovery-oriented guidelines from Australia, Ireland, Canada, the UK, and the US	Seven principles were identified: hope, partnership and collaboration, organisational commitment, rights, person-centredness and empowerment, uniqueness and social context, and social support.
3	Fawor et al., 2024	Supporting self-determination in mental health recovery: Strategies employed by occupational therapists	Australian Occupational Therapy Journal	Feature article; qualitative study using online questionnaire and thematic analysis	34 mental health occupational therapists, mainly from Australia	Supporting self-determination involved working on oneself, working with the person, and working with others. Addressing power imbalance was central to recovery-oriented practice.
4	Tham and Solomon, 2024	Practicing Cultural Humility Will Achieve Recovery-oriented Mental Health Practice and Service Delivery	Administration and Policy in Mental Health and Mental Health Services Research	Point of view article	No empirical sample	Cultural humility was proposed as a way to strengthen recovery-oriented practice by promoting dignity, collaboration, person-centred care, self-determination, and respect for individual uniqueness.

5	Derblom et al., 2025	Key Aspects of Recovery-Oriented Practice in Caring for People With Mental Ill-Health in General Emergency Departments: A Modified Delphi Study	Journal of Clinical Nursing	Empirical qualitative research; modified Delphi study	24-member expert panel, including people with lived experience, emergency nurses, psychiatric nurses, and recovery researchers	Consensus was reached on 39 key aspects of recovery-oriented practice, emphasising person-centred, strength-based, collaborative, reflective, and respectful care in emergency departments.
6	Jorgensen et al., 2025	Cross-Sectoral Collaboration Between Mental Health Hospitals and Municipalities: A Scoping Review	Issues in Mental Health Nursing	Scoping review	30 peer-reviewed articles published between 2012 and 2024	Recovery-oriented care requires integrated, person-centred, cross-sectoral collaboration. Barriers included fragmented communication, professional differences, power imbalance, funding issues, and weak user involvement.
7	Bibb et al., 2026	Staff Perspectives on the Meaning of Recovery-Oriented Mental Health Care and its Implementation in Prevention and Recovery Care Services in Victoria	Community Mental Health Journal	Original paper; qualitative component of a mixed-methods study	20 multidisciplinary staff from 19 PARC services in Victoria, Australia	Recovery-oriented care was viewed as non-clinical, non-linear, subjective, person-centred, holistic, and linked to meaning, identity, choice, autonomy, structure, relationships, and skill development.
8	Inta et al., 2026	Recovery-oriented mental health training interventions: An integrative review	International Journal of Nursing Studies Advances	Integrative review	33 studies on recovery-oriented training for healthcare professionals and peer support workers	Recovery-oriented training improved staff knowledge and attitudes and may improve service-user recovery outcomes. Key training components included recovery concepts, collaborative relationships, autonomy, hope, and motivation.
9	Green et al., 2026	Recovery-Related Return-to-Work Experiences of People with Common Mental Disorders within Australia's Disability-Based Insurance Context	Journal of Occupational Rehabilitation	Original paper; qualitative study informed by constructivist grounded theory	25 adults who sustained return-to-work for at least six months after a common mental disorder-related income protection claim	Recovery-related return-to-work involved personal growth, navigating workplace roles, accessing helpful support, and broader contextual influences such as stigma, financial issues, and workplace conditions.

4.2 Self-Management Elements in Secondary Teachers' Mental Health

The thematic analysis of the nine studies in Pool 1 identified three self-management elements relevant to secondary teachers' mental health. The first element is personal self-care and self-compassion, which refers to teachers' ability to recognise their own wellbeing needs, accept personal limitations, practise self-kindness, and allow themselves to recover from occupational pressure (Abou Assali & Al Abdouli, 2024; Awwad-Tabry & Levkovich, 2024; Manning et al., 2023). The second element is emotional self-regulation and coping competence, which refers

to teachers' ability to identify stress reactions, regulate emotions, manage classroom responses, and use coping or mindfulness strategies to maintain professional functioning (Bührer et al., 2025; Carroll et al., 2022; Gutierrez et al., 2025; Liu, 2025; Najjarpour, 2024; Petrovic et al., 2026). The third element is digital self-management literacy, which refers to teachers' ability to use digital programmes, apps, wearables, or consumer technologies to monitor stress, understand emotional and physical responses, and make informed self-care decisions (Manning et al., 2023; Petrovic et al., 2026). The distribution of these three self-management elements is presented in Figure 3.

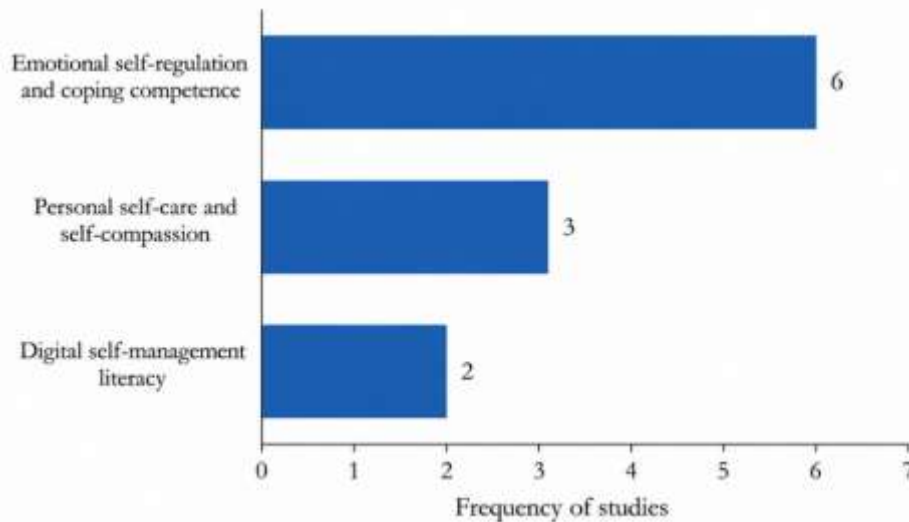


Figure 3: Self-management elements in secondary teachers' mental health

These three elements can be interpreted through the Transactional Model of Stress and Coping. Folkman et al. (1986) explained that stress depends not only on external demands, but also on how individuals appraise those demands and evaluate their coping resources. From this perspective, teacher mental health self-management involves recognising stressors, understanding personal emotional responses, selecting coping strategies, and using available resources to maintain wellbeing. Personal self-care and self-compassion help teachers restore their resources after stress exposure, emotional self-regulation and coping competence help teachers manage immediate emotional and behavioural responses, and digital self-management literacy extends this process by enabling teachers to monitor stress and guide self-care through technology. Therefore, Pool 1 suggests that secondary teachers' mental health self-management is an active process involving personal care, emotional regulation, coping capacity, and technology-supported self-monitoring.

4.3 Recovery-Oriented Mental Health Principles

The thematic analysis of the nine studies in Pool 2 identified four recovery-oriented mental health principles. The first principle is hope, meaning, and personal recovery, which refers to recovery as a personal and non-linear process of rebuilding hope, identity, meaning, fulfilment, and life direction rather than only reducing symptoms (Bibb et al., 2026; Green et al., 2026; Inta et al., 2026; Subandi et al., 2023). The second principle is self-determination, autonomy, and empowerment, which refers to individuals' right and capacity to make choices, express preferences, and take an active role in their own recovery process (Bibb et al., 2026; Fawor et al., 2024; Inta et al., 2026; Subandi et al., 2023; Tham & Solomon, 2024). The third principle is person-centred, dignity-based, and culturally sensitive support, which refers to respecting individual uniqueness, lived experience, rights, strengths, dignity, cultural background, and personal context in mental health care (Anttila et al., 2023; Bibb et al., 2026; Derblom et al.,

2025; Subandi et al., 2023; Tham & Solomon, 2024). The fourth principle is collaboration, social support, and system-level coordination, which refers to the role of supportive relationships, shared decision-making, cross-sectoral collaboration, and coordinated services in enabling recovery beyond individual effort (Fawor et al., 2024; Green et al., 2026; Inta et al., 2026; Jorgensen et al., 2025; Subandi et al., 2023). The distribution of these four principles across the reviewed studies is presented in Figure 4.

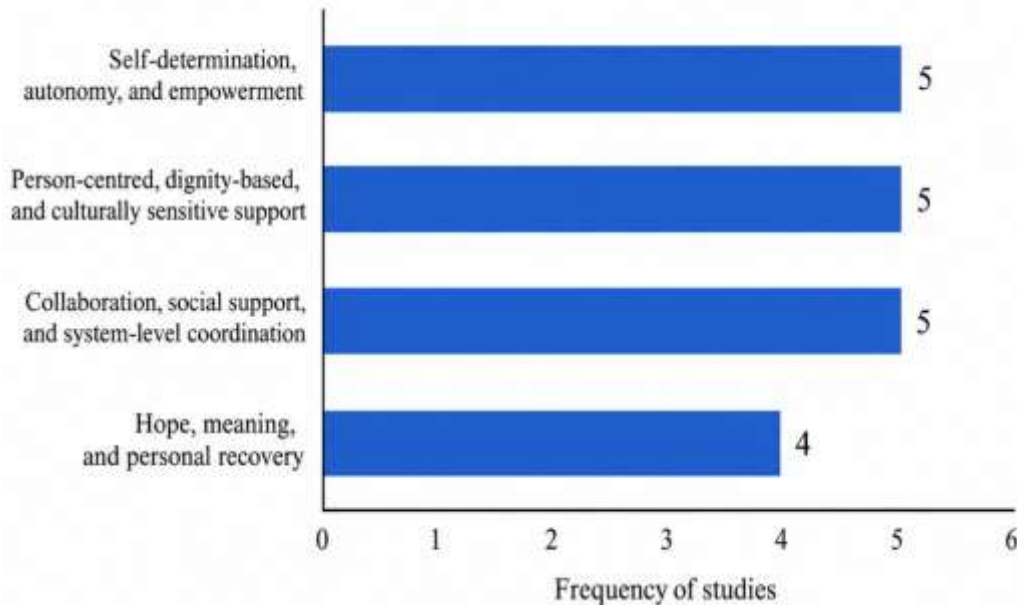


Figure 4: Recovery-oriented mental health principles

These four principles are consistent with the CHIME framework, which conceptualises personal recovery through connectedness, hope, identity, meaning, and empowerment (Leamy et al., 2011). Hope, meaning, and personal recovery directly reflect the CHIME dimensions of hope, identity, and meaning, while self-determination, autonomy, and empowerment correspond to the empowerment dimension. The CHIME framework expands through Person-centered dignity-based culturally sensitive support, which proves that recovery needs personalised respect for individual identity and social environment instead of following clinical guidelines. People recover through their relationships with others, their access to services and their community environment and institutional settings, where social support and system-level coordination and collaboration work to establish. The findings from Pool 2 indicate that mental health services should use recovery-oriented principles to create an all-encompassing framework which views mental health as a journey toward developing hope and personal freedom, gaining power and maintaining self-respect, and building relationships with others.

4.4 Integration of Recovery-Oriented Principles and Teacher Self-Management

From the integration of Pool 1 and Pool 2, it can be concluded that not all recovery-oriented mental health principles can be applied directly into the teacher self-management framework. As the focus of RO3 is on developing a recovery-oriented self-management framework for secondary teachers' mental health, only the principles that directly relate to or strengthen the teachers' self-management of their own mental health should be incorporated into the framework. Therefore, three recovery-oriented principles were integrated into the framework: hope, meaning, and personal recovery; self-determination, autonomy, and empowerment; and person-centred support. Hope and meaning provide teachers with a positive recovery direction by helping them reconnect with professional purpose and personal growth (Bibb et al., 2026; Green et al., 2026; Subandi et al., 2023). Self-determination, autonomy, and empowerment

support teachers as active agents who can make choices about their own self-care, emotional regulation, coping strategies, and use of support resources (Fawor et al., 2024; Tham & Solomon, 2024). Person-centred support is also useful because it shows that teachers' mental health self-management should be personalised according to individual needs, stressors, career stage, cultural background, and school context (Anttila et al., 2023; Derblom et al., 2025; Subandi et al., 2023). In contrast, collaboration and system-level coordination are not placed at the centre of the framework because they refer more to external service delivery and organisational support than to self-management itself. However, they remain important as contextual conditions that can enable or limit teachers' self-management.

Based on this integration, the proposed framework includes three core self-management components: personal self-care and self-compassion, emotional self-regulation and coping competence, and digital self-management literacy. Personal self-care and self-compassion are connected with hope and person-centred recovery because teachers need to recognise their own needs, accept limitations, and rebuild a sense of professional meaning. Emotional self-regulation and coping competence are connected with self-determination and empowerment because teachers need to actively monitor stress, regulate emotional responses, and select suitable coping strategies. Digital self-management literacy extends this process by enabling teachers to use digital tools, apps, wearable technologies, or online programmes to monitor stress, understand emotional and physical responses, and make informed self-care decisions (Manning et al., 2023; Petrovic et al., 2026). This framework is also consistent with the Transactional Model of Stress and Coping, which views stress management as a process of appraising demands and evaluating coping resources (Folkman et al., 1986), and with the CHIME framework, which emphasises connectedness, hope, identity, meaning, and empowerment in personal recovery (Leamy et al., 2011). Therefore, the integrated framework understands teacher mental health self-management as a recovery-oriented process in which teachers maintain hope and meaning, exercise autonomy, regulate emotions, use coping strategies, and apply digital tools to support sustainable mental health management.

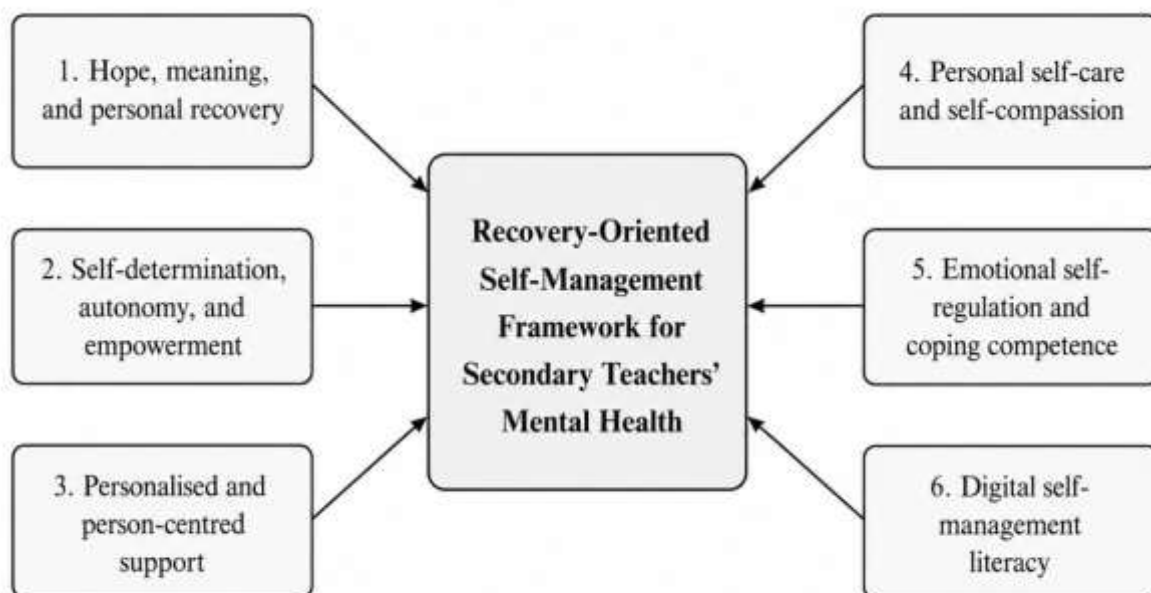


Figure 5: Recovery-oriented self-management framework for secondary teachers' mental health

5.0 CONCLUSION

This systematic literature review examined self-management elements for secondary teachers' mental health through a recovery-oriented perspective. The analysis of 18 studies revealed that teacher mental health self-management can be understood through three main elements: personal self-care and self-compassion, emotional self-regulation and coping competence, and digital self-management literacy. In addition, four recovery-oriented mental health principles were identified, including hope, meaning, and personal recovery; self-determination, autonomy, and empowerment; person-centred, dignity-based, and culturally sensitive support; and collaboration, social support, and system-level coordination. Based upon the findings of the current review, a recovery-oriented self-management framework for secondary teachers' mental health has been proposed. Rather than viewing mental health self-management for teachers as focusing solely on reducing stress, the framework suggests that teachers should recognise their mental health needs, regulate their emotions, utilise coping strategies, use digital tools to support their mental health, and rebuild hope, autonomy, and the meaning of their profession.

6.0 LIMITATIONS

This review has some limitations. First, only 18 studies were included in the review, with nine in each of the two literature pools, which limits the extent of the findings. Second, not all of the studies in Pool 1 focused on secondary school teachers, with some of the studies focusing on pre-service teachers, early career teachers, EFL teachers, or teachers in general. Therefore, the findings represent self-management elements for secondary teachers rather than findings from secondary schools. Third, Pool 2 included studies from clinical, nursing, occupational therapy, community mental health, and rehabilitation contexts, which focused on recovery-oriented principles adapted to teacher mental health rather than studies conducted in schools. Finally, the review focused on selected studies from recent years, which may have excluded relevant studies from other databases, in other languages, or from earlier years.

7.0 IMPLICATIONS

Based on the findings of this study, several implications for future research and educational practice can be identified. Future research studies can empirically test the recovery-oriented self-management framework proposed in this study amongst secondary school teachers, especially through longitudinal and intervention-based studies. Future research can also investigate the influence of self-care, emotional self-regulation, coping competence, and digital self-management literacy on teacher stress, burnout, well-being, and sustainability in their profession. In terms of educational practice, schools and teacher education programmes should not view teacher mental health as a short-term issue related to stress alone. Instead, measures should be put into place to support teachers to develop self-management capacity through training in self-care, emotional regulation, mindfulness-based coping strategies and using digital tools to monitor stress levels. Additionally, school leaders and education policymakers should create conditions that allow teachers to realistically practise self-management of their mental health, such as providing reasonable workloads for teachers, ensuring they have access to resources for their mental health, and creating a culture that recognises the importance of teacher well-being in education.

ACKNOWLEDGEMENT

This article is funded by Universiti Malaya through Universiti Malaya Scholarship Scheme (UMSS) and the Fundamental Research Grant Scheme (FRGS) with project number FP089-2020.

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