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Perceptions of Students' Mental Health Issues among Female Elementary School Staff in Saudi Arabia

by

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Master of Public Health

Hubert Department of Global Health

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Thesis Committee Member: Scott JN McNabb, PhD, MS

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An abstract of a thesis submitted to the Faculty of the Rollins School of Public Health of Emory University in partial fulfillment of the requirements for the degree of Master of Public Health in Hubert Department of Global Health, 2018

Abstract

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Introduction: Mental health problems and disorders in childhood have been shown to be highly prevalent in different studies conducted on different populations worldwide. The implications of mental health problems during childhood can be debilitating and long-lasting. Our study aims at providing a better understanding of the perceptions and responses of public elementary school staff to school children's mental health problems in Jeddah, Saudi Arabia.

Method: This is a cross-sectional qualitative study consisting of in-depth interviews with public school staff, comprising: Eight elementary school teachers, four social workers/student advisors, and four school principals. Study participants were chosen from schools within each of the four school districts of Jeddah - South, North, East, and Middle.

Results: Family disruption, stigma and emotional abuse, physical abuse, poor socioeconomic status, poor parents' level of education, and supernatural causes were found to be the most common perceived causes of student's mental health problems among the interviewed school staff. Unexplained physical signs (e.g., headache and stomachache), cognitive signs (e.g., distraction and confusion), loss of confidence, aggression towards others, and depression were perceived as signs and consequences of mental health problems. Strategies of school staff to improve students' mental health, the perceived obstacles to achieving better outcomes, and the recommended solutions to the challenges were documented in this study.

Conclusion: Management of mental health issues among students cannot be the responsibility of only the social workers or student counselors. It is a sensitive issue that requires cooperation among all the stakeholders. School staff, parents, and the society at large must change attitude to the issue and refuse from the culture of stigmatizing people living with mental health conditions.

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Chapter I: Introduction

a) Background

The WHO constitution defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO). This infers a distinction is drawn between mental health and mental disorder; mental health is not merely the absence of mental disorder. Mental health and mental disorders have different definitions. Mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2014).

Whereas mental disorders are defined by WHO as “Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others. Examples are conditions such as schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be successfully treated” (WHO). The U.S. Department of Health and Human Services defines mental illnesses as “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning” (DHHS).

The interaction of emotional, psychological, and social factors determines a person’s mental health; a deficiency in any single factor can lead to mental health disorders over time. Mental health problems and disorders in childhood have been shown to be highly prevalent in studies conducted on different populations worldwide (Merikangas, Nakamura, & Kessler, 2009). Yet, childhood mental and psychological disorders receive less attention compared to

their physical disorders. This is particularly evident in developing countries and can be attributed to multiple factors; including the lack of comprehensive understanding of child development and child psychology, misconceptions in the community about mental health in general, weak advocacy and lack of financial resources, and absent or inadequate training of professionals who are in direct contact with the children particularly school teachers (Chambers, 2010) (Belfer). According to WHO, 10% - 20% of children and adolescents worldwide experience mental disorders. The toll of mental illness and its consequences in adulthood is high, both in terms of life expectancy and individual productivity and national healthcare budget spending. Mental illness leads to 8 million deaths annually in all people. Moreover, individuals with mental illnesses have a life expectancy that is 10 - 25 years less than those without mental illnesses (Elizabeth Reisinger Walker, 2015). In the United States, the direct (healthcare expenditure), and indirect (loss of productivity) cost of mental illnesses mounted to 201 billion US dollars (Roehrig, 2016). According to the International Health Metrics and Evaluation, Global Burden of Disease, globally, mental disorders account for 5.2% and 12% of the total disability adjusted life years (DALYs) for all ages and for the age group of 10 to 24, respectively. In Saudi Arabia, the numbers are higher, with DALYs attributable to mental disorders from total DALYs being 10.2% and 17.7% for all ages and for the age group between 10 and 24, respectively (DALYS, 2016).

Recently, the Saudi Arabia Ministry of Education, in collaboration with the Ministry of Health, started a new program for mental health under the School Health Programme. This program aims to develop, implement, and disseminate policies to control and prevent school mental health disorders, by increasing knowledge of students and teachers around school mental health concepts and provide teachers with a list of interventions that can be used with students

who have signs of mental disorders, or emotional and behavioral problems, as well as activating the role of the students' families.

One study found that teacher's perceptions about their students' mental health needs can provide information that can be utilized to bridge the gap between the scientific evidence and the school mental health practices (Wendy M Reinke, 2011). Another study found that school staff's perceptions of child mental health problems and their attitude to school-based mental health services can help develop and deliver interventions that can improve children's mental health effectively and efficiently (Kerebih, Abrha, Frank, & Abera, 2016).

b) Problem statement and significance

Childhood is not defined by age; rather, it is a period that extends from birth to include adolescence. In developmental psychology, the period of childhood consists of different developmental stages including toddlerhood, early childhood, middle childhood, and adolescence (Macmillan, 1984). Mental disorders in childhood can have debilitating lifelong consequences affecting the individual's academic, professional, and social performance. Children who suffer from mental disorders are more likely to have poor school performance and higher drop out rates, substance abuse problems, higher rate of teenage pregnancy, and social interaction problems (Soares, Estanislau, Brietzke, Lefevre, & Bressan, 2014). Also, Individuals with mental disorders die ten to twenty-five years younger than the general populations (WHO).

Perceptions and responses to mental health generally and child mental health specifically vary widely. General knowledge, cultural backgrounds, and social stereotypes contribute to how people perceive the problem. Different studies conducted in communities with different economic and educational backgrounds have shown that people's perceptions of mental illnesses involve supernatural and parapsychological notions, like demonic possession, imbalance of

cosmic forces, divine punishment, and as part of predetermined and natural suffering. Even in the developed world such superstitious beliefs are encountered (Choudhry, Mani, Ming, & Khan, 2016). Such misconceptions can hinder the efforts to tackle mental health problems for adults, and the parents and caregivers of affected children become less likely to seek proper evidence-based medical attention.

In Saudi Arabia, there are no large-scale studies of mental illness in school children. Due to the conservative and religious social and cultural constructs, results of studies done in western countries are difficult to extrapolate to the Saudi Arabian context. Yet, the limited available studies provide alarming numbers and describe a problem that has the potential to grow. Considering the demographics of Saudi Arabia, where more than two-thirds of the population are younger than 30 years of age, and almost a half are younger than 15 years of age, an increasing number of more serious mental health disorders is expected to be faced over the next decade or two.

Children spend a significant portion of their day in schools; the school environment provides an opportunity to observe and examine the children's social skills and interpersonal interactions. This gives the school staff an insight into school children's psychology. This opportunity can only be seized if the school staff are equipped with the knowledge and skills that allow them to pick up and properly manage potential mental health disorders.

c) Purpose

This study aims to better understand the perceptions and responses of public elementary school staff to school children's mental health problems in Jeddah, Saudi Arabia.

Based on the outcomes, recommendations on how to improve school staff ability to detect and properly manage common psychological problems can be given. Also, the results of this study

can be used to develop and refine the School Mental Health Programme, which will aid in achieving its desired outcomes

Chapter II: Literature review

Mental health problems during childhood have a wide range of negative, long- and short-term effects including lower future test scores and schooling attainment, worse mental and physical health lower wages, and chances of employment, and more crime as an adult (Janet Currie, 2007) (Kristen W.Springera, 2007) (Halfon, Houtrow, Larson, & Newacheck, 2012) (Oellerich, 2014). Moreover, it had been found that those effects are still seen even if mental health problems improve (Roos, 2010). This highlights the importance of early detection and prevention of childhood mental problems.

A study assessing the impact of adverse early childhood experiences on health burden and risk behavior was carried out on adults in Saudi Arabia by Almuneef, *et* al. (2016). A survey-based, cross sectional study was performed with 10,156 participants in all 13 Saudi regions. The study utilized the Adverse Childhood Experience International Questionnaire (ACE-IQ) developed by the WHO and intended to explore the link between adverse early childhood experiences, like family dysfunction, physical, emotional, and sexual abuse, among other adverse experiences, and the association of these experiences with bad behaviors and chronic diseases during adulthood (WHO). The authors found that early childhood experiences significantly impact chronic disease. In this study, early childhood experiences were associated with chronic diseases such as diabetes mellitus, anxiety, depression hypertension, mental illness, smoking, and drug use. The respondents that had a large number of early childhood adverse experiences had an increased rate of coronary heart disease in addition to obesity. The authors

concluded that there is a need for the provision of focused approaches of prevention for the mitigation of early adverse childhood experiences in Saudi Arabia. This is with respect to specific health burden and behavior outcomes that are risky (Maha Almuneef, 2016).

According to the article "The Burden of Mental Disorders in the Eastern Mediterranean Region, 1990-2013", the prevalence of mental disorders in children as well as adolescents in the Eastern Mediterranean Region are within or higher than the globally reported ranges. This report stated that 10% – 20% of children and adolescents globally suffer from a mental disorder, while in the Eastern Mediterranean Region the prevalence of mental disorders ranged between 11% - 40% (Raghid Charara1, 2017). Other local epidemiologic studies that were carried out in different regions of Saudi Arabia reported different ranges. A study that was conducted on male children studying in secondary schools in Abha, a city in the Southern Region of Saudi Arabia, reported that 38% of these children were suffering from depression; 49% were suffering from anxiety and 35% were suffering from stress, with 59% having at least one of the three disorders, 41% with at least two, and 23% having the three disorders (Al-Gelban, 2007). The study was conducted on male children between the age of 15 years and 18 years. On the other hand, studies that were conducted on female students of the same age group and in the same region found that a 42% of these children were suffering from depression. 66% of these children were suffering from anxiety and 52% of them were suffering from stress, with 73% having at least one and 50% with at least two of the three disorders (Al-Gelban, Al-Amri, & Mostafa, 2009). Therefore, the conclusion made from both studies was that psychological disorders and psychological symptoms are common in boys and girls in secondary schools. This calls for the need to recognize, manage, and follow up problems in mental health in school aged and young individuals. Another study conducted in Al-Taif, a city in the Western Region of Saudi Arabia

found that the most significant challenges were anxiety, somatic disorders, obsession, aggression, delinquency and depression (Dalia El- Sayed Desouky, 2015).

Mental stresses do not necessarily present in the form of psychological symptoms. Rather, psychosomatic symptoms can be seen in children with mental problems. Psychosomatic symptoms are defined as clinical symptoms with no underlying organic cause. A wide range of symptoms have been described under this category, including headaches, chest pain, abdominal pain and difficulty breathing, and fatigue. Psychosomatic complaints in children and adolescents are reported to have a prevalence between 10 and 25% (Brill, Patel, & MacDonald, 2001).

It is vital to understand the background on mental literacy. Choudhry, Mani, Ming, and Khan (2016) are of the view that mental literacy refers to the beliefs in addition to the knowledge on issues on mental health and remedies to these issues. Personal knowledge on mental illness plays a significant role of shaping the attitudes and the beliefs that are held by lay individuals with regard to mental health. Issues in mental health have increased and became alarming all over the world. It is therefore important to have a clear picture on the wide range of views that exist on mental disorders and mental problem. Choudhry, Mani, Ming, and Khan (2016) reiterate that it is also essential to fill the gap in published literature by emphasizing on the system of belief on the challenges in mental health on the general public. More so, there is the need to fill the gap in literature on the perception of the problems in mental health in the general public. With secondary research, it was evident that there are various causes, descriptions, and options of treatment for the problems in mental health. In this case, this provides insight into various behaviors for the seeking of help (Choudhry et al., 2016).

A study in the United States on the public conceptions of mental illness showed that participants mentioned six possible causes of the mental illness. Namely, the person's own bad

character, a chemical imbalance in the brain, the way the person was raised, stressful circumstances in the person's life, a genetic or inherited problem, and "God's will." (Bruce G. Link & and Bernice A. Pescosolido, 1999).

The relationship between exclusion from school and mental health has been studied in Britain (Ford T1, 2018). Authors predicted poorer mental health in students who are excluded. The results led authors to conclude that there is a bidirectional relationship between psychological distress and school exclusion, and that efforts in the identification and the provision of support to children who struggle with school ought to be used in the prevention of exclusion in the future and psychiatric disorders.

The effect of the socioeconomic status of the family on the mental health of children was studied in Bergen, Norway as part of the Bergen Child Study (BCS). It was found that “poor family economy consistently predicted mental health problems” (Bøe T, 2011).

A study conducted in Spain found a strong association between the parents’ level of education and the parent-reported, child mental health issues, with odds ratio of having a mental health issue being higher in children of parents with lower level of education (Sonego, Llacer, Galan, & Simon, 2013).

One study (Kerebih et al., 2016), provides the perceptions as well as the attitudes of teachers on the problem in mental health in primary schools in Ethiopia. Although Ethiopia is not a Middle Eastern country, but there are sociocultural and racial commonalities with Saudi Arabia. The article asserts that the perception of teachers on the challenges in mental health of children and services in mental health that are school based aids in the design of early strategies of intervention. The objective of these strategies of intervention is to promote the use of mental health services. The study aimed at conducting an assessment on the perceptions as well as the

attitudes of teachers on the problem in mental health in primary schools. The study was conducted in Jimma Town in the Southwest of Ethiopia. According to the authors the major finding of the study was that the perception of teachers on the psychopathology of mental health among children was low. As a consequence, there is need for the creation of awareness on mental health among teachers. There is also the need to establish services in mental health in schools. This is primarily aimed at finding solutions to the challenges in mental health among children.

Teachers lack sufficient information on mental health. This is shown in a qualitative study (Soares et al., 2014) with 31 teachers in both primary and secondary schools at a state school in southeastern Brazil in the year 2010. The main aim was examining the perception of teachers in public schools on not only general health but also mental health and the manner in which the teachers obtained the information. The authors report that a large number of teachers lacked information on the topic of students' mental health and that they showed interest in gaining knowledge on mental health. Also, they stated that the lack of information created insecurity and complicated their job when faced with situations that involved students' mental health issues. Therefore, the authors advocated for the development of strategies to promote mental health in all learning institutions.

A study aimed at understanding how the general public, community leaders, and school teachers identify emotional disorders in children, was conducted in Pitt County, North Carolina (Willard K. Bentz). Researchers utilized eight vignettes that described the symptoms associated with the following common types of emotional disorders in children: temper tantrums, withdrawal, acting out behavior, paranoia, school phobia, mental retardation, bedwetting, and bad dreams. Researchers read the vignettes to the participants and then asked questions

attempting at answering whether they knew a child with such a behavior, whether they thought that this behavior indicates any emotional or psychiatric illness, and who they thought can help the affected child. Among the findings of the study was that community leaders (72%) were more likely than teachers (62%) who were more likely than the general public (42%) to identify the children in the vignettes as likely having emotional or psychiatric problems. When it came to who the participants thought could help the children, community leaders chose psychiatrists and psychologists, the general public chose psychiatrists and doctors, and school teachers thought that psychiatrists and guidance counselors were most likely to help.

Stigma is perceived as a significant barrier to students accessing school-based mental health programs, this was among the findings in a study by (Gauvreau, 2012). This study took place in secondary schools in different Canadian provinces and territories. In this study, the researchers surveyed 49 high school students (13-20 years of age) and interviewed 63 service providers on the perception of stigma as a barrier to accessing school-based mental health services. Quantitative and qualitative data were analyzed to show a greater percentage of students who viewed stigma as a barrier to accessing mental health services compared to school-based service providers. To conclude, the authors advocated for engaging the students and the educators in developing and refining school-based mental health programs. Acknowledging that this is easier said than done, the authors also encouraged school boards to work on building their capacity in mental health literacy. Sharp *et* al. report that the social outcome of the prejudicial treatment and stigmatization ranges from isolation, deteriorating quality of life for the affected individuals, and lack of or deprivation of social help and support. Therefore, the society needs to be very tactful when dealing with mental issues, especially when the victims are students (Sharp, 2015).

Williams *et* al. described that it is important for teachers and other educators to implement a variety of strategies in schools in order to promote children's mental health. The strategies outline in their paper titled "Children's Mental Health Promotion and Support: Strategies for Educators" included creating a positive school environment, developing relationships, involving the families, and staying vigilant to early signs of mental illness (Barbara Bole Williams).

Violence and corporal punishment of students is still practiced in many parts of the world. A cross-sectional survey conducted in primary schools in Luwero District, Uganda found that the use of violence against students was associated with poor mental health and educational performance (Karen M. Devries, 2014).

The mentioned studies highlight the fact that mental health problems are seen, with varying prevalence, in children populations worldwide, including Saudi Arabia. Despite the limited data from Saudi Arabia, the available numbers show that the children mental health problems in the country are either equally prevalent or more prevalent compared to the rest of the world. The studies also highlight the importance of the implementation of school mental health policies.

Our study aims at providing a better understanding of the perceptions and responses of public elementary school staff to school children's mental health problems in Jeddah, Saudi Arabia. Our results can guide the development of training programs for school staff on school children mental health, and develop more depth and breadth to the current School Mental Health Programme.

Chapter III: Methods

a) Study context

This qualitative study took place in public schools in Jeddah, Saudi Arabia. Jeddah is the second largest city in Saudi Arabia, with a population just over 4 million people (GASKSA). All public schools are segregated by gender at every grade. The public schooling system in Saudi Arabia consists of six grades at primary/elementary level, three grades at intermediate/middle level, and three grades at secondary/high level. Jeddah has close to 700 public schools for girls, of which 280 are elementary/primary schools. Almost 100,000 students attend female public elementary/primary schools. Those students are served by a school staff of approximately 6,700 teachers, social workers/student advisors, and principals. The student to staff ratio is close to 15:1 (MOE, 2016-2017).

b) Study design

This is a cross-sectional, qualitative study consisting of in-depth interviews with public school staff, comprising elementary school teachers, social workers/student advisors, and school principals. The study objective was to understand school staff perceptions of mental health and how they respond to students' mental health problems.

c) Study population and participant recruitment

Only teachers in direct daily contact with the students, social workers/student advisors who are involved in managing the students' psychological problems, and school principals who are familiar with the school policies were included in this study. Other school staff that were not directly involved in managing the students on a daily basis, such as academic supervisors, or lab managers, were excluded. Eight teachers, four principals, and four social workers/student advisors participated in this study. The participants academic credentials ranged from a middle

school diploma (two participants) to master's degree (one participant), with bachelor's degree being the most ubiquitous (fourteen participants). The participants' experience in education ranged from 1 to 23 years.

The local public education authority divides Jeddah into four school districts - South, North, East, and Middle. Study participants were chosen from schools within each of these four school districts. To select a diverse sample, factors like the geographic location, the socioeconomic status and the demographics of the district, and the number of students in the school and in each class, were taken into consideration. For example, a school from a low-income area and a large students count was chosen from the southern school district, a school from a high-income area was chosen from the northern school district, a school that has a higher percentage of immigrant students was chosen from the eastern school district, and finally, a school from an area of middle income class was chosen from the middle school district.
From each of the four schools selected for this study, two teachers, one social worker/ student advisor, and one school principal were chosen as participants. All the participating school staff in this study were females, which reflects demographics of the schooling system in Saudi Arabia, where schools are gender-segregated. As the School Mental Health Programme is currently only established in public/governmental schools, and to better serve the purpose of the study, only school staff from public/governmental schools were included (16 school staff members.)

4) Data collection instruments and justification

A semi-structured interview guide was used to collect data and included questions about school staff educational background and experience, their understanding of mental health and child mental health in particular, their perception of how the parents of students and the community in general view mental illness, their knowledge about the current School Mental

Health Programme, their approach to identifying mental health issues of students and what they do once potential cases of mental health issues are detected, the amount of training they get, and how competent they feel dealing with students with mental health issues. Broad, open-ended questions and direct probing questions were used to capture the emic perspective. Questions in the interview guide were developed from the general themes found in previous studies related to the topic and refined with specific probes during data collection (Choudhry et al., 2016) (Walker, Kwon, Lang, Levinson, & Druss, 2016) (Yoder, Tol, Reis, & de Jong, 2016).

Inductive changes to the interview guide were made, as the researcher gained new perspectives after each interview. For example, after several interviewees mentioned that the workload is too heavy for them to be able to meet the students' mental health needs, questions about the workload, like the number of students under each social worker/student advisor and the number of classes that teachers give per week, were added. This strengthened the study methodology by providing deeper insights to the participant's perceptions and generated richer data.

The interviews were conducted by a female researcher during May 2017. All interviews were audio recorded and interviews lasted between 40-60 minutes. Focus group discussions were not implemented in this study to limit peer pressure and prevent breaches of confidentiality. The interviews were done either in the school or in public places. Factors that were taken into consideration when choosing a public meeting venue were: a limited background noise, and a widely spaced and relatively isolated seating areas that limit the ability of bypassers to overhear the conversation.

e) Data analyses:

All interviews were audio recorded (with permission of the participants.) To record non-verbal cues, notes describing the act were taken by the interviewer during the interview. The recorded interviews were transcribed verbatim in the original language of the interview (Arabic), then translated into English to replicate the meaning of the participants words, and entered into MAXQDA software for analyses.

A grounded theory approach was used for data analysis (Barney G. Glaser, 1967). We chose this approach because our impetus was to explain how female public elementary school staff perceive and respond to students' mental health issues, by exploring topics like: what they think the problem is, how they currently manage the issues, what gaps and defects do they see and what are their views on how to better manage and improve the students' mental health.

We started by detailed reading of all transcripts to identify the issues raised by the participants themselves. Each issue was given a code name and a definition that captured the concepts that fall under it. During coding new issues were identified, given a code name and added to the codebook. A final set of twenty-one deductive and inductive codes were developed. Then, we went through the transcripts one more time with an emphasis on highlighting pertinent phrases and plugging them into the corresponding deductive and inductive code.

Once data were coded, data analysis began by searching the data by each code to develop descriptions of issues raised and compare these across the data set. For each code, intergroup and intragroup comparisons were made between the deductive subgroups; student advisors/social workers, principals, and teachers. We moved through the coded data and

further examined each code in depth and looked for overlaps and linkages between codes. This led us to modify some code names to be more representative of the content. The twenty-one codes were consequently categorized under six broad categories that captured groups of issues. Those categories further summarized and accounted for each part of the linked data they encompassed. Those categories were: students' mental health problems, consequences, meaning of mental health, obstacles, school staff strategies, and solutions. These categories made us identify the patterns that led to concrete explanations which trickled into answering our research question.

f) Ethical considerations

The study protocol was reviewed by Emory University Institutional Review Board (IRB) and deemed exempt, as not considered research on "human subjects" as set forth by Emory University policies and procedures and federal rules. Nonetheless, the following ethical issues were taken into consideration. We sought informed consent from each participant by providing oral and written information about the aim of the study, use of the data, and confidentiality and their rights as participants. Participants were informed that the participation in the study was voluntary and they were free to withdraw their participation at any time and without any consequences. The participants verbally consented to participate in the in-depth interview after getting all the earlier mentioned information and after we answered all their questions. During each interview, an effort was made by the researcher to ensure that a mutually trusting relationship with the participants was created. The interviews were audio recorded, after taking the participants' permission, and transcribed without personal or school identifying information.

g) Study limitations

This study had two limitations. In Saudi Arabia, public education is segregated based on gender from elementary schools to graduate and postgraduate education. Females are not allowed to access male schools by law. Therefore, the study included only female schools, so the perspectives of male only schools are not captured here. In addition, the strict cultural norms in Saudi Arabia restrict interaction between individuals of opposite genders who are unrelated. Therefore, interviewing male school staff members was not feasible.

The other limitation is that only public schools were included in this study. This decision was made after consulting the "gatekeepers" at the ministry of education. Public schools have a more versatile population of students, and given the recent refugee crisis, a large number of refugee students have recently enrolled in public education. This was thought to make public schools a richer field for our study purposes.

Chapter IV: Results

Meaning of Mental Health

The interviewed members of the staff defined mental health as anything that occurs inside a person's mind. They believed that mental health reflected on the person's stability in terms of love, security and balanced life. Thus, mentally healthy people portray traits of productivity and good performance. They are peaceful, do not threaten the safety of other people around them or show extreme complications. Student advisors also highlighted that adaptability and the ability to coexist with people from different cultures and backgrounds and in different environments are key definers of mental health. Some of the interviewed teachers and student advisors emphasized the role mental health played in physical health and ascertained that good mental health is required for physical health.

Causes of Student's Mental Health Problems

Family Disruption

We found that dysfunctional family structure is seen as a cause of mental health problems among students. Principals, teachers, and social workers were all in agreement that parents who have mental health issues or are divorced or separated can directly cause or contribute to students' mental health issues. Also, the death of a family member was mentioned as a cause of short-term emotional disturbance that can progress to become a chronic issue if not dealt with wisely.

In Saudi Arabia, the practice of polygamy is not uncommon. This was mentioned by some principals as one of the causes of mental health issues, which was described in the context of students who are being parented by stepmothers and have to endure discrimination and inequality compared to their stepsiblings, especially in the setting of an inattentive or absent father. "In case of separation of the parents, or divorce you can see that the girl is disturbed and

distracted.” In most cases of divorce in Saudi Arabia, the father acquires custody of the children. Cases, where the father denies his children the right to see their mother, were mentioned by the interviewed principals, which according to them causes significant distress to the girls.

Stigma, and Emotional Abuse

The issue of stigmatization of children with certain traits was raised by more than half the participants as a cause of mental health problems in students. The main source of stigmatization and singling out were peers at school, “They use derogatory words to address her and avoid interacting with her” reiterated one of the teachers. Other sources of stigmatization were the general public outside of the school and, to a lesser extent, school staff. Stigmatization and singling out of students coming from war-torn areas like Syria and Yemen from their peers, in the form of racist remarks and bullying, was noted by principals and the teachers. On the other hand, cases where students coming from refugee families were embraced, accommodated and assimilated, were mentioned.

Other targets of stigmatization included children with poor academic performance, chronic diseases, like diabetes mellitus and eczema, and children with contagious diseases, like lice infestation. There was a wide agreement among the participants of the concept of stigmatization as a source of mental and emotional stress. Moreover, two participants viewed stigmatization as a factor that prevented students with mental health issues from seeking help because of the fear of more stigmatization. It was described by one of the participants as a “vicious cycle” where it causes mental health problems and acts as a barrier to seeking help. The emotional and verbal abuse did not only occur in the school, cases of students with mental problems that the teachers attributed to emotional and verbal abuse by the parents and the guardians at home were also discussed.

Physical Abuse

Students advisors, teachers, and principals agreed that physical abuse at home by parents and by teachers at school increased chances of mental health issues among students. They reported having a "limited authority to intervene in cases of domestic violence and child abuse, even when the signs are too obvious to neglect!" Also, some teachers complained about what they called "the regressive mentality" of some of the school staff who consider physical or corporal punishment a form of disciplinary action.

Socioeconomic Status

A split of opinions was noted regarding the effect of the socioeconomic status of the parents or guardians on the students' mental health. Some principals and teachers reported socioeconomic problems such as a low income to be a cause of mental health among students at schools. Social workers/student counselors, however, did not think that mental issues can be caused by the level of income that their parents or guardians earn.

Parents' Level of Education

The level of education of the parents or guardians was also discussed by some teachers; however, it was viewed as a minor cause of mental health problems. Student advisors and principals did not think that the level of education of the parents played a significant role in causing mental health problems among students. Teachers have a strong belief that students coming from families with relatively lower level of education are more likely to suffer from mental illnesses. They argue that parents who do not have the knowledge needed are unable to identify the condition at early stages; hence their children become adversely affected.

Supernatural causes

Almost all the participants alluded to attributing mental illness to "God's will" when no cause could be readily identified. Lack of religiosity and belief in God were also mentioned by some participants as contributors to mental illness.

Signs and Consequences of Mental Health Problems

Unexplained Physical Signs

Teachers and student advisors reported physical signs of mental health problem among students. Those included repeated physical complaints, like headaches and stomachaches without a warranting underlying physical problem, and appearing pale and gloomy.

Cognitive Signs

Additionally, students with mental health problems usually experience some cognitive difficulties. According to teachers and student advisors, they easily get distracted and confused. As a result, such students record poor school performance.

Loss of Confidence

Students living with mental problems lack confidence. They usually are extremely shy, stumble frequently, and easily get intimidated. Such students experience fear and hesitation and thus, become introverted and secluded. They do not talk much and are usually less active.

Aggression towards Others

Students with mental health issues have shown violent behaviors toward others and bullying traits. They would hit their friends, engage in theft, harass their peers, even sexually. Such individuals also tend to draw bad and aggressive pictures.

Depression

Staff members agree that depression is a sign of mental illness among students. The signs of depression include crying excessively and for no obvious reason, confusion, introversion, isolation and suicidal ideation.

School Drop Out and Exclusion

Some participants stated that children with mental health problems tend to drop out from school more than healthy children.

School Staff Strategies for Mental Health Problems

- **Compassion, Care, and Listening:** School staff show love and compassion as a way to accommodate students and increase their confidence. Additionally, they aim to always be close and listen to their needs. Teachers and social workers are always accommodative to students by showing them compassion, love, and empathy, give them positive and friendly advice, assist them with homework and ensure an enabling environment for students when they want to talk about any issues.
- **Education and Awareness:** Teachers use interesting events and stories to get students interested in knowing more about mental health. Principals and social workers also try to involve the guardians and educate them on how to deal with the children when signs of mental health start showing up. Yet, there were some complaints about the lack of enough opportunities to engage the parents and guardians effectively in the discussions about their children wellbeing in general and mental health in particular.
- **Leadership and Role Modeling:** School principals always include the affected students in all the activities so that they do not feel the stigma. Teachers, on the other hand, give students some responsibility by letting them lead some class activities.

- **Social Bonding:** The advisors would ask the class or a group of students to be fair to mentally ill students.
- **Thanking, Gifts, and Prizes:** Principals always attempt to award students who show poor academic performance whenever they achieve any slight academic improvement. Teachers issue thank you cards to improve their behavior. Social workers would give students with poor academic performance an opportunity to participate in competitions, so they can also get awarded.
- **Cooperation with Others:** Principals work together with social workers to handle the cases of mental health issues. Teachers constantly work together with the school administration and social workers on the case. Similarly, social workers communicate with the administration in managing the case.
- **Utilizing Religious Beliefs:** Religion plays an important role in these cases. Therefore, teachers encourage students to pray and come closer and ask for a cure from God.
- **Punishments:** Teachers punish students when they go overboard. This measure is taken to make them realize their mistakes. The participants mentioned that this measure is reserved as last resort when all other measures fail.

Obstacles to Improving Students' Mental Health

The Role of Psychologist

"Psychologists and professionals with such capabilities are desperately needed here." In the schools where this research was conducted, all the school staff defined the role of a psychologist as the provision of guidance. They agreed that the major role of a psychologist is to guide students with mental health problems and show them the best ways to deal with this. The major problem cited by the teachers was the accessibility issue. Since school psychologists are not

easily accessible, the alternative is school social workers. However, they do not have a degree or sufficient knowledge of child psychology, which makes it hard for them to solve the problems professionally.

Workload Management and Staffing

Most schools reported a lack of personnel to follow up. We found that teachers do not have time to evaluate the mental health needs of children due to heavy workload "We can barely breath at the end of our work-day." Teachers reported giving from 22 to 24 classes per week. Similarly, social workers/student advisors have a large number of students to look after, in some case up to 1,000 students. Teachers mentioned that if they had 12 to 14 classes, they would be able to address the students' mental health needs better. The staff expressed frustration about not enforcing the Ministry of Education policy on staffing. Currently, the student to social worker/student advisor ratio ranges between 1 to 600 and 1 to 1000, which is around three to four times higher than the recommended ratio of 250. Not enforcing such policy puts a huge burden on the currently employed social workers/student advisors, who are concerned about not being able to fulfill their duties properly due to time restrictions and work overload. In addition, teachers complained about the large number of students in each class. Although there was no mention of the current numbers versus the recommended numbers of students to teachers, a common denominator among all teachers was the expressed frustration about the size of each class of students.

Moreover, one teacher was annoyed by the fact that the type of class is never taken into consideration when assigning classes to teachers. She explained that practical classes, where teachers spend time standing and moving around, are more physically demanding than theoretical ones, where they are sitting all the time. A different teacher reported about not having

enough time to listen to students' complaints. As a result, she has to use her break time for this purpose. Another teacher complained about having to do excessive paperwork and continue working at home at her free time. Some teachers mentioned that tasks such as routine paperwork, emergent tasks, administrative tasks, regular classes, and extracurricular activity consume the whole workday. On the other hand, social workers/student advisors stated that their job is demanding and versatile; they work with students, mothers, teachers, and administration. They work in different fields, particularly they refer cases on behalf of the school to areas with a higher specialization or manage the cases based on the school's policies. A wide range of tasks they have to perform leaves them with no time to properly handle students with mental health problems. In addition, one of the participants expressed concerns about the double work they have to do as the school is transitioning from paper to electronic forms. Thus, they currently have to fill both electronic and paper forms, which adds extra tasks to the already busy schedule.

Guidelines and Directions

We found teachers, psychologists, and social workers work on cases without clear guidelines. The interviews also revealed lack of policies and rules in schools on how to deal with mental health issues. In cases where policies existed, there was no proper implementation and enforcement. They were "just pieces of papers and good policy books with no action tag" one social worker noted. Even more surprising was the fact that most schools did not have any history or records of students' mental health.

Role of Family and Community

The community, in general, played the role of a key obstacle when dealing with mental problem issues among children. Teachers reported mothers always refused to cooperate with them. There are cases where parents refuse to avail documents such as medical records to teachers, which

jeopardized the work of teachers since they cannot refer any case to the social service unit without the consent of the parents. In some cases, families were in disagreement with the school administration and very upset when the teachers mention that their daughter needs to seek medical attention, denying the presence of a mental issue. The school staff, therefore, often fight this problem alone. They struggle with no support from the parents. Further, parents tend to say that the problem is in the school system but not them. "We don't have a culture of child mental health, or, to be more precise, mental health in any age!" one teacher commented.

Training and Education of Staff

A major concern emerged that the school staff do not have the required knowledge to deal with cases of mental health problems. Three out of the four principals, seven out of the eight teachers, and three of the four social workers who were interviewed said that they had no mental health training throughout their entire career. One principal, one teacher, and one social worker mentioned attending some courses that are about school mental health. Although the teacher was happy with the courses, the principal and the social worker were somewhat dissatisfied with the value and the comprehensiveness of the content of these courses.

"In regard to training on mental health, nothing so far, no training at all." Lack of training, therefore, plays a huge role on how mental health issues are dealt with in schools.

Government-funded Programs

"The current program is lacking in so many aspects" replied one social worker when asked about the recently developed School Mental Health Programme by the Ministry of Health in coordination with the Ministry of Education. The current government programs that intend to deal with mental health problems in schools are too complex with a large number of departments, whose functions are not well distinguished. These departments are also found to

have numerous requirements and paperwork that tend to be tiring and discourage the school staff. These programs are also not familiar to the general public. Several school staff were not aware of the presence of the School Mental Programme. Teachers also cited lack of objective measures to quantify outcomes of such programs and make any proper meaningful follow-up and adjustments.

School Staff Delinquency

Lack of interest in improving students' mental health from authorities, teachers, and parents is one of the major obstacles in provisioning mental care to school students. The administration and teachers have always stopped their communication with parents, especially when the latter did not respond in a supportive manner. Student advisors report that no one in the administration cares about such cases. Administrative strategies are so superficial and leave all the responsibility to social workers, whereas the administration only takes interests in the outcome of the students and careless about the details leading to these outcomes.

Recommended Solutions

Role of Psychologist

As the absence of an expert in schools was a major setback in managing mental health issues among students, all the participants indicated that psychologists with a background in child psychology were needed. The participants advocated for either hiring a full-time psychologist or having a part-timer who rotates and provides services to different schools in the same geographic location. The expertise of highly trained personnel would aid in setting and overseeing more specific guidelines to help better address the students' needs. Also, they would help in training school staff and function as a reference for complex cases. Additionally, there were demands of social workers or student advisors to have a degree in psychology as a

requirement before being hired at schools. It is worth noting that a social worker mentioned that only schools with mentally challenged students' integration program have dedicated school psychologists and that this had shown to be beneficial even to normal students. Some principals and teachers advocated for strict requirements to school staff should be developed to avoid hiring personnel just to fill positions; they should be hired strictly based on qualifications.

Workload Management and Staffing

The staff expressed frustration about not enforcing the Ministry of Education policy on staffing. The teachers and the social workers demanded lighter weekly schedules, a recurring theme in most interviews. The suggest numbers ranged between 14 and 18 classes per week. Also, a reduced student to staff ratio was desired. In addition, there were frequent demands for cutting down the amount of routine paperwork and administrative work.

Guidelines and Direction

Every school must develop clear guidelines on how to deal with mental health issues. "There should be a clear separation of roles in order to avoid conflicts and absconding of duty in schools" one of the participants commented. School staff are urged to take an interest in managing the problem. They are also strongly urged to refuse from the culture of treating mental health problems as shame. Apart from the above-stated solutions, there was a lot of advocacy for a system of close and objective monitoring. It should emphasize objective scientific measures of the programs in the field of mental health. This measure will ensure that the programs act not just on paper but are implemented in schools.

Role of Family and Community

"The institutions have the responsibility of spreading the culture of mental health to families and the community at large to increase acceptance of this problem and to help develop a

culture that is more acceptable among parents and guardians" stated one principal. Creation of awareness among the community, parents, students and school staff about students' mental health is of vital importance. Parents should also play forefront role in addressing their children' medical issues. They should also be ready to accept that their children may be in dire need of their help any time; in such cases, they should be ready to offer their assistance.

Training and Education of the Staff

Provision of mental health training to all staff and even students through lectures and workshops would be a key element in creating awareness about mental health in schools. This measure will also give school staff, particularly the teachers the idea of what to do when a situation arises. This kind of training will relieve the social workers and school psychologists from a part of the burden they carry by reducing the number of students dependent on their skills and expertise, and consequently, reduce the number of required dedicated psychologists.

Government-funded Programs

The Ministry of Health's School Mental Health Program should be restructured to provide a more comprehensive approach toward achieving its goals. Also, the program should be publicized this to all school staff. Moreover, the ministry should purpose the construction of equipped infirmaries in all schools. This move will make it easier to deal with mental health cases at the school since there will be facilities needed at the dispense of the school administration.

The ministry should engineer a school system that is more interested in determining and solving the problems that students face on their day to day stay at school. This recommendation requires a complete overhaul of the education system, from the elementary school all the way to tertiary levels. In addition, the ministry should fund studies and national surveys in schools to

have a rough idea of how they address mental school issues, as currently there are no large-scale datasets available to understand the current situation. This move will also help the government define problems and produce recommendations for specific schools. This can be done through a questionnaire survey sent to schools. “The entire system should be rearranged by the ministry, which would result in less paperwork and less overlapping roles of the departments” suggested one of the interviewed principals.

Chapter V: Discussion

Mental health is characterized by a blend of how a person acts, feels, sees, thinks, or functions. It also can be portrayed as a state of success in which every individual comprehends his or her potential, can adjust to the customary stresses of life, work beneficially and profitably and guarantee her or his stability (Sharp, 2015). The participants in our study had different definitions of mental health, most of which were agreed with the definitions put forward by WHO and other similar organizations.

The main factors that were viewed as contributing to students' mental health problems in our study were family disruption, stigma, emotional and verbal abuse, physical abuse, parents or guardians low socioeconomic status and level of education, and supernatural causes. Family structure played a significant role in mental health of both children and young adults. The existence of trauma and any psychiatry related history in a family leads to an escalated rate of hospitalization of children with mental issues (Behere, Basnet, & Campbell, 2017).
Stigma was perceived as a significant barrier to students accessing school-based mental health programs (Gauvreau, 2012). The social outcome of the prejudicial treatment and stigmatization ranges from isolation, deteriorating quality of life for the affected individuals, and lack of or deprivation of social help and support (Sharp, 2015). In our study, views on the issue of stigmatization being a barrier to seeking help were not consistent. While we found that the majority of participants agreed that stigmatization or singling out of students with certain traits, like students with poor academic performance and students from lower socioeconomic classes, was a significant cause of mental health problems, only a minority thought that it would act as a barrier to seeking help. This can be attributed to the high level of secrecy and confidentiality that

cases of mental health problems are dealt with in the schools, which provides a safe environment for affected students to seek help without fearing stigmatization from their peers.

We also found that students who were refugees coming from war-torn regions like Syria and Yemen were particularly the target of racist remarks putting them in additional stress over the preexisting stress of witnessing the war, and rendering them less likely to achieve academically. Racism had a negative influence on mental health. Students were likely to suffer from a mental illness when they received racist treatment. Those students who had mental health problem reported worsening of their condition when exposed to racist comments (Nandal, 2014).

The use of corporal punishment was common and linked to poor mental health and academic performance (Karen M. Devries, 2014). Despite the active ban and campaigning by the Ministry of Education against using corporal punishment by the school staff, cases were mentioned where this was used as a form of disciplinary action and were thought that this contributed to poorer mental health outcomes among the victims.

Family economy was a predictor of mental health problems as measured across a wide range of symptom dimensions and poor economy predicted a high probability of a psychiatric disorder (Bøe T, 2011). A split of opinion was noted in our findings regarding the effect of the socioeconomic status of the parents on their children mental health, with the majority seeing no connection between low socioeconomic status of the parents or guardians and the chances of developing mental problems as a child. There was a strong association between parental education and parent-reported child mental health and this was indeed stronger than that for income and social class (Sonego et al., 2013). There was no agreement among participants on whether the parents or guardians level of education had an effect on the students' mental health and their chances of developing mental illnesses. Those who saw a connection argued that

parents who did not have the required level of knowledge were unable to identify signs of mental health problems at early stages; hence their children become adversely affected. It is worth noting that when no natural cause could be identified, participants refuged to supernatural or mystic explanations. This has also been found in studies from other countries, in which "God's will" was among the causes participants gave for described mental health conditions (Bruce G. Link & and Bernice A. Pescosolido, 1999).

Unexplained physical complaints, including headaches and abdominal pain, were one of the reported signs of mental health problems. Psychosomatic symptoms in pediatric include headaches, abdominal pain, chest pain and difficulty breathing, and general fatigue are signs of mental stress. Psychosomatic symptoms are seen in 10-25% of children. By definition, those are complaints that have no underlying organic pathology (Brill et al., 2001). School drop-out and exclusion were also among the mentioned signs. A study from Britain reported that there is a bidirectional association between mental health disorders and exclusion from school was reported in. Deterioration of cognitive abilities, loss of confidence and low self-esteem, aggression toward others, and depression, were other reported signs and consequences of mental health problems in students.

School staff strategies in dealing with mental health problems in the schools included showing compassion and care, listening more to students who have complaints, educating and raising the awareness of the students about mental illnesses and how to seek help, assigning leadership activities to withdrawn students in an attempt to engage them more, encourage social bonding between the students, utilizing religious beliefs, and using punishment when indicated. Most of these strategies are in line with the recommendations by Williams *et* al. (Barbara Bole Williams).

"Teachers see students every day and could spot sudden changes. But teachers have almost no mental health training. And they have lots of other roles and demands" (Meg Anderson, 2016). In our study, one of the major obstacles to achieving better students' mental health was that school staff do not have the required knowledge to deal with cases of mental health problems. This contributed to the poor mental health outcomes in schools. The participants showed interest in getting more education and training on the topic of child mental health. The preferred media were workshops and, to a lesser extent, lectures. Also, we have found that the lack of knowledge and training of the teachers, increased the load on the social workers, who in most cases were not trained enough to handle the number and the complexity of the cases. This highlighted the need for a well-structured, scientifically proven, evidence-based training program for school staff on child psychology and school mental health problems. This appears to be a problem in other parts of the world as well. In the study by Soares et al., The authors reported that a large number of teachers had a lack of information on the topic of students' mental health and that they showed interest in gaining knowledge on the topic. Also, they stated that the lack of information created insecurity and complicated their job when faced with situations that involve students' mental health issues. Therefore, the authors advocated for the development of strategies to promote mental health in all learning institutions. (Soares et al., 2014)

Teachers were overworked, and between assigned classes, routine paperwork, extracurricular activities, and administrative work, they have no or, at best, very limited time to assess and meet the students' mental health needs. Social workers and students' counselors are a helpful resource, but again there are not enough of them. The Ministry of Education states that

the ratio of students to social workers/student counselors should not exceed 250 to 1. Yet, the reality is quite different; it is common to see ratios of 500 to 1 and even up to 1000 to 1 in some schools. The situation is similar in the United States; according to the National Association of Social Workers, there should be one social worker for every 250 students, but, in reality, this is not the case. The American School Counselor Association states that, on average nationwide, there is one school counselor for every 500 students (ASCA).

School psychologists are key players in the advancement of school mental health programs (Thomas K. Fagan and Paula Sachs Wise. White Plains, 1995). School psychologists are not incorporated into the public education system in Saudi Arabia; an exception is in schools with mentally-challenged students' integration program. We have found that psychologists with a background in child and school psychology were viewed by the participants as the best resource that school staff can have to improve the school mental health services. This finding is not in line with a study conducted at Pitt County, North Carolina (Willard K. Bentz) which had shown that psychiatrists rather than psychologists were viewed as more likely to be of help to children with mental problems. Alternatively, participants advocated for requiring a basic degree in psychology for hiring social workers/school counselors.

One of the purposes of our study is to provide data that can be used to develop and refine mental health programs in the country, which will aid in achieving their desired outcomes. Exploring the perceptions of the main stakeholders in this issue, namely the school staff, would provide us with valuable data that can be utilized for this purpose. This is in line with the findings of other studies which explored the perceptions of schools teachers to students' mental health problems. The perception of teachers on the challenges in mental health of children and services in the mental health that are school-based aids in the design of early strategies of

intervention (Kerebih et al., 2016), and that teacher's perceptions about their students' mental health needs can provide information that can be utilized to bridge the gap between the scientific evidence and the school mental health practices (Wendy M Reinke, 2011).

Chapter VI: Public health implications and future recommendations

1. There is a need for a well-structured, scientifically proven, evidence-based training program for school staff on child psychology and school mental health problems. This should include detection and intervention strategies.

2. School mental health policies should be revised to give school staff the right to refer students who potentially are subject to physical or emotional abuse to the authorities without needing to involve parents or guardians.

3. Policies, rules, and regulations regarding school staffing, in terms of staff to student ratio and required qualifications for hiring, should be revised and then enforced. This also entails reviewing the process of task delegation to tackle the problem of delinquency among some school staff.

4. There is a need for involving professional psychologists in the care of school children. Personnel with such expertise would help in tackling the problems of undertraining of school staff on students' mental health and function as a reference for complex cases.

5. More efforts should be steered toward raising the awareness of the public, and specifically parents of school-aged children, on the importance of early detection and intervention to improve the outcomes of mental illnesses in children. This also entails public education on mental health in general and more specifically school mental health to break the social stigma surrounding mental health problems.

6. The Ministry of Health needs to publicize the goals and the objectives of the School Mental Health Programme among school staff. This will help to achieve more penetrance of the methods of the program and achieve better outcomes.

Finally, our study results are applicable to public primary female schools in Jeddah, Saudi Arabia, and are not to be generalized to other populations. Additional studies that explore male schools, private schools, schools in of other regions of the country, and larger scale studies are recommended. Gaining insight and comparing responses between different populations of school staff may provide us with a foundation to develop educational guidelines on school mental health.

Chapter VII: Conclusion

This study reinforced our understanding of perceptions and responses of female public elementary school staff to students' mental health issues. Management of mental health issues among students cannot be the responsibility of only social workers. It is a sensitive issue that requires cooperation among all the stakeholders. The government ministry, school staff, parents and the society at large must change attitude to the issue and refuse from the culture of stigmatizing people living with mental health conditions. Instead, the society should be willing and able to offer free services to help manage these cases when the need arises.

The School Mental Health Programme at the Ministry of Health should encourage schools to build their capacity in the area of school mental health. One of the School Mental Health Programme objectives is to increase the knowledge of students and teachers around school mental health concepts especially worrisome signs of common mental disorders among students, yet this objective is far from being achieved according to our findings.

It is evident from this study that psychologists are the best people to guide school staff in managing students with mental health problems. What is less clear is to what extent the school staff are supported by accurate knowledge and scientific and evidence-based concepts. School staff need to have a well-structured and comprehensive training program on child psychology and school mental health. This will help in achieving one of the School Mental Health Programme objectives which is giving the teachers the skills of early detection of mental disorders and behavioral and emotional problems through observation and to deal with them in a scientific manner which is essential to preventing and treating early signs of mental disorders.

Future studies focusing on male students and students in private schools of the same age are needed for a better understanding of this issue. A gender difference in the perceptions of school mental health is an area we feel merits further exploration. We also recommend repeating the study on the same population after one or more of the intervention suggested by the interviewed school staff are implemented. This will give an insight into the effectiveness of such measures.

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