MENTAL HEALTH ISSUES OF SCHOOL-GOING ADOLESCENTS IN HIGH SCHOOLS IN THE EASTERN CAPE, SOUTH AFRICA

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ABSTRACT

The study sought to describe and explore the experiences of school teachers and school health nurses in dealing with mental health issues of school-going adolescents in high schools. A qualitative descriptive exploratory design was used to gain an integrated view of the experiences of these school teachers and school health nurses. Semi-structured individual interviews and two focus group discussions were held with teachers and school health nurses, respectively, until data saturation was achieved. Preliminary analysis ran concurrently with data collection and was finalised using the directed content analysis method. Mental health issues to emerge were inappropriate handling of emotions by adolescents, engaging in risky behaviours and disruptive behaviours by adolescents. The conclusion reached is that there is a clear need for interventions and programmes that would promote social skills among school-going adolescents.

Keywords: Adolescents; experiences; mental health issues; qualitative research; school health nurses; teachers

INTRODUCTION AND BACKGROUND

Approximately 20% of children and adolescents have at some point experienced mental health issues in the form of social, emotional and behavioural difficulties (Caldarella, Christensen, Kramer and Kronmiller 2009, 51; Loades and Mastroyannopoulou 2010, 150). Mental health issues increase the likelihood of academic underachievement and ultimately poor quality of life of the child (Loades and Mastroyannopoulou 2010, 150; Weare and Nind 2011, i29). Schools are expected to play a major role in their learners'

mental health. Teachers and school health nurses as partners in the promotion of mental health in schools are thus challenged to identify mental health issues early in schools and to provide timely interventions. In South Africa, for instance, there are guiding policies from both health and education sectors that teachers and school health nurses must adhere to.

Mental health is the foundation of individual wellbeing as it relates specifically to the individual's physical, social and emotional wellbeing (Ekornes, Hauge and Lund 2012, 289). The present study used concepts of social and emotional problems synonymously and interchangeably with mental health issues confronting teachers and school health nurses within the school context. Caldarella et al. (2009, 51) classify the common social, emotional and behavioural problems displayed by adolescents as either internalising or externalising. The internalising problems include depression, anxiety, shyness, social withdrawal, sadness, fear and difficulty with social assertion demands, whereas externalising problems include physical and verbal aggression, anger, irritability and defiance. These problems, if left untreated, may develop into mental health disorders with negative outcomes (Caldarella et al. 2009, 51; Ogden and Hagen 2014, 31).

In South Africa, the strengthened collaboration between the Department of Health (DoH) and Department of Basic Education (DBE) in the past five years has culminated in the development of an integrated school health policy. The DoH, in its endeavour to re-engineer primary health care services, has identified school health as one of the three priority streams. The DBE, in its policy initiatives, has developed a framework which provides for health promotion as a priority area in schools (Shung-King, Orgil and Slemming 2014, 60). Despite all these efforts, children and school-going adolescents still face many mental health challenges. This study thus sought to gain insight into the experiences of teachers and school health nurses on mental health issues among high school adolescents. These combined experiences will better inform school health intervention programmes which aim to promote adolescent mental health and strengthen collaborative mental health management partnerships.

Statement of the Research Problem

In South Africa, violence, aggression and gang membership are common aspects of mental health issues in schools. Incidents of alcohol abuse fuel school violence and anger outbursts directed towards peers, family members and teachers alike, and have received extensive coverage in the local media (SABC 3 2013; The Mercury 2012; Cape Argus 2012; The Star 2011).

Purpose

Teachers and school health nurses interact with adolescents on a daily basis, and hence experience these mental health issues more acutely than parents. As such, this study

sought to describe and explore the experiences of school teachers and school health nurses in dealing with mental health issues of school-going adolescents in high schools.

Methods

A qualitative descriptive exploratory inquiry was undertaken to gain integrated and holistic views of the experiences of teachers and school health nurses in dealing with mental health issues of adolescents in four school settings in both rural and urban locations in the Eastern Cape.

Target Population and Sampling

The population consisted of school teachers and school health nurses who worked in urban and rural high schools of one municipal district in the Eastern Cape (table 1). Convenient purposive sampling was used to recruit teachers and school health nurses based on availability and experience of the phenomena being studied. Seven teachers participated in semi-structured audio-taped individual interviews.

School health nurses were mobilised from their local health service area (LSA) and participated in focus group discussions (FGDs). Of the twelve nurses approached, eight gave consent to take part in the FGDs.

DATA COLLECTION

Semi-structured interviews lasting 40–50 minutes were held with seven teachers. The grand opening question was broadly related to the research topic: *Tell me your experiences of mental health issues of school-going adolescents.* Follow-up questions were used to elicit deeper responses and enhanced clear communication and understanding between the researcher and the participants. Concurrent preliminary analysis during data collection showed levels of data saturation after the fourth participating teacher. The researcher nevertheless proceeded to interview all seven participants.

FGDs with school health nurses sought to bring out similarities and differences which ensured the collection of rich data. Two focus group sessions were conducted and the researcher as the moderator helped create a safe and relaxed environment for all participants to freely share their experiences. The discussion was opened by asking the question: *Tell me your experiences of dealing with mental health issues of school-going adolescents.* Intermittent and clarity-seeking probes were used to guide the discussion. Two research assistants observed proceedings and took field notes, focusing mainly on the group interactions. The FGDs and semi-structured interviews were audio-recorded.

Table 1:   Description of study participants

	Interviews (n = 7): Teachers	Focus group (n = 8): School health nurses
Number of participants	7	8
Years of experience	3-5	3-5 or more
Qualifications	Teachers' course (n = 6) Teachers' course + Psychology (n = 1)	Community Health Nursing and others (n = 6) Psychiatric nursing (n = 2)
Work settings	Urban high school (n = 4) Rural high school (n = 3)	Urban and rural schools (n = 8)
Age range (years)	30-40 (n = 3) 40-50 (n = 2) 50 or above (n = 2)	35-45 (n = 5) 46-55 (n = 1) 60 or above (n = 2)
Gender	Female (n = 5) Male (n = 2)	Female (n = 7) Male (n = 1)

DATA ANALYSIS

Audio recordings from interviews were transcribed verbatim. Data from interviews and FGDs were analysed using Creswell's content analysis process (2014, 197). Both sets of data were analysed in parallel to arrive at congruent themes reflective of the collaborative context in which teachers and school health nurses encountered mental health issues of school-going adolescents.

Ethical Consideration

Ethical clearance was granted by the Higher Degrees Committee of the Department of Health Studies at the University of South Africa (248/2013). Further permission was obtained from the Eastern Cape provincial Departments of Health and Basic Education research committees. District Health and Basic Education authorities, the LSA nursing manager and school principals granted site permission.

Trustworthiness

Triangulation was applied at data collection level (i.e. semi-structured interviews and FGDs) and Streubert and Carpenter (2011, 354) refer to this as within-method triangulation. Prolonged engagement with the participants after data saturation point provided an opportunity to obtain rich and thick descriptions of individual encounters with mental health issues of adolescents (Polit and Beck 2008, 539). This ensured that the findings reflected the participants' voice and the condition of inquiry, not the

researcher's biases, motivations or perspectives (Polit and Beck 2012, 723). During content analysis, agreement between the author and research assistants on data coding and labelling helped strengthen the internal validity of the analysis.

RESULTS

Findings from the semi-structured interviews with teachers and FGDs with school health nurses were congruent with regard to mental health issues of school-going adolescents. The themes which emerged from the content analysis of data from both teachers and school nurses are presented collectively. Verbatim quotations from both teachers and school health nurses are used to verify and validate themes.

Inappropriate Handling of Emotions

Some responses from both teachers and school health nurses highlighted instances in which adolescents dealt with their emotions inappropriately or poorly. Emotional instability, characterised by mood fluctuations and irritability which occasionally escalated to anger outbursts, was highly prevalent in the schools. It was further linked to escalating rates of teen pregnancies in schools. Both teachers and school health nurses had this to say about emotional instability:

> *"When girls are pregnant you will observe them to be cheeky with spells of irritability. Some will be sleepy and absent-minded."* (teacher)

> *"During assessment interviews, suspected pregnant girls are moody, cheeky and uncooperative."* (school health nurse)

> *"An alarming episode was witnessed when one boy stormed into her class at shout to a classmate girl that he is not the one who impregnated her."* (teacher)

The participants voiced concerns that emotional instability affected the academic performances and total health of the school-going adolescents. The following extracts indicate these concerns:

> *"Boys miss many classes if the girls' parents have reported that they had impregnated a girl in school."* (teacher)

> *"Most pregnant girls' inattentiveness and absentmindedness in class lead to poor performances in grades."* (teacher)

> *"Despite the availability of family planning, they are not adhering and do not fear HIV/AIDS infections."* (school health nurse)

Engaging in risky Behaviours

Most participants alluded to the fact some mental health issues emanate from risky behaviours of the school-going adolescents. Alcohol and substance abuse, unsafe sexual activities and bullying were some of the identified behaviours. This position is reflected in the following responses from teachers:

> *"Many a times, boys have been caught smoking dagga in the toilets. Obscene language and nasty, violence-depicting cartoon drawings are found on the walls and doors in the toilets, when they are high."*

> *"After short/lunch breaks during school periods, you will observe that they are not behaving as in the morning."*

> *"Most bullies have been found to be indulging in substance abuse. They are stealing from others in order to get the money for the fix."*

School health nurses also corroborated the incidents. One nurse highlighted:

> *"In one school, I was called to intervene with a violent child who was drunk. We could not handle him as he was so violent and abusive."*

On risky sexual behaviours, the school nurses reflected the vulnerability of school-going adolescents to contracting sexually transmitted diseases, including HIV infection. The high rate of adolescent pregnancy, which has adverse repercussions on the emotional wellbeing and academic outcomes of the adolescents, was another cause for concern. The following excerpts from the school health nurses explain the concerns:

> *"Whilst interviewing one student about condom use, the answer was: 'Mom, we cannot eat sweet with its cover.' Some reported that their boyfriends do not want condoms and had to agree fearing being left out."*

> *"Judging from the questions they ask during sexual education, most of the school adolescents are sexually active even from the earliest age of 15 years."*

> *"We also found out some students are already on antiretroviral drugs."*

Disruptive Behaviours

Most teachers believed that disruptive behaviours were mostly evident in those poorly performing adolescents who used alcohol or drugs. Disruptive behaviours often manifested as deviant behaviours such as theft to satisfy the substance abuse and gang-related behaviour in or outside school. This type of behaviour leads to increased school dropout rates due to poor academic performance. Teachers attributed the source of these disruptive behaviours to be poverty and underlying psychological problems of identity crisis. The following was shared by one of the teachers:

"Some adolescents displaying anger and irritability in class have been found to have psychological problems that include family disorganisation and financial instability."

"Most bullies have been found to be indulging in substance abuse, and then would be found stealing from others in order to get the money for the fix."

Adolescents' untoward behaviours against teachers were a cause for concern for school health nurses. Lack of respect, inattentiveness and poor academic progress all contributed to disruptiveness in the classroom. One school health nurse commented:

"Whilst visiting one of the schools, I observed that students are not taking heed of teachers' commands, they answer back; and this was found to be more common among girls."

One also confirmed the disrespectfulness they came across:

"Even when they talk to us as nurses about sexuality, they express their feelings in the slang language used with peers. This shows disrespect for adults."

One teacher concurred with the nurses on inattentiveness:

"Some students were found short messaging and reading sexual illicit magazines not allowed in class. These were generally those students who repeated grades."

Lack of Strategies to deal with Mental Health Issues in Schools

Most responses from teachers indicated a lack of strategies to deal with mental health issues among school-going adolescents. Teachers reported difficulties interacting with learners they identified to be emotionally challenged as some decided not to open up to them. Interaction is only possible where individuals open up and share their issues. Teachers often resorted to reactive strategies in dealing with particular incidents as they occurred. This is confirmed by the following statements from the participants:

"We only deal with that particular incident ... like for instance when one Grade 12 pupil was found drunk and violent, we called the police."

"When one child reported fearing for his life from the gang he belonged to, we called the parents who solved it, (we are told) through buying her child out of the gang."

"We sometimes find dagga and nasty, offensive writings on the walls of the toilets, but we can't do anything as we did not catch anyone."

"Peer education programme undertaken by the provincial department is not regularly done, but it does help."

"I may have studied psychology, but at times we are not skilled to deal with some of these social, emotional and behavioural problems. We just have to refer them."

The school teachers suggested that peer education programmes in schools should be strengthened. The participants further suggested that all schools should have a teacher responsible for peer education programmes and must work with peer leaders in each class to ensure the success of the programmes. The promotion of mental health through interdisciplinary collaboration in schools was also deemed essential. One teacher commented:

> "I think it could greatly help, that we periodically be in-serviced on these mental health issues… what to look-out for, as sometimes we may mistakenly label the adolescent as ill-disciplined or moody whereas it may be signs of an emotional problem … school nurses can be of assistance."

During FGDs, school health nurses cited some challenges which hinder service provision to schools. The nurses alluded to a lack of follow up of referred cases due to the lack of resources such as transport and school health team members. There was also a feeling that schools needed well-trained and equipped interdisciplinary teams. The following excerpts describe this:

> "I had a raped child referred to me who I further referred to the social worker. I do not know what happened with the case as I could not be able to go to that school due to transport problem."

> "The violent child that was apprehended by police on the day we were in that school, could not be followed up because we could not go back to that school, transport was a major problem."

> "We use to go together with health promoters when we are busy with physical examinations they give health education. But now the transport we use cannot accommodate them."

> "The presence of a social worker in the team can fast track attending to some social problems (such as lack of social support grant to orphans, rape cases etc)."

DISCUSSION

Socio-economic circumstances of the majority of school-going adolescents are not optimal, especially within the Eastern Cape which, together with KwaZulu-Natal and Limpopo, ranks as one of the poorest and more rural provinces of South Africa. Approximately 60% of schoolchildren living in these provinces live in income poverty (Shung-King et al. 2013, 61). The high prevalence of risky behaviours in youth, which include substance abuse, gang membership and teenage pregnancy, are common and lead to mental health issues. Thus, social determinants of health can never be excluded as a genesis of health problems of school adolescents (Shung-King et al. 2013, 61).

Schools are primary settings with the potential of reaching a large number of children and adolescents within that environment. Mental health problems that occur within the school environment can be dealt with effectively at their onset in a cost-effective manner. However, the escalating prevalence, nature and impact of these problems overwhelm the teachers. According to Bester and Du Plessis (2010, 205), teachers are expected to strike a balance between education demands, dedication to

the perceived educational calling and the expectation to improve the emotional and psychological wellbeing of the learners in order to be successful in their educational mission. This is evident among the teachers in this study who were not confident enough to deal with mental health problems in adolescents despite having attended additional courses in psychology.

Inability to handle emotions as one of the overarching findings of this study is described by Collaboration for Academic, Social and Emotional Learning (CASEL 2013, 3) as an inability to self-regulate where an individual is unable to recognise and manage emotions in order to respond to conflict in a calm and assertive way. Such individuals often become aggressive and bully others frequently. Besides being bullies, they also end up being more vulnerable to victimisation (CASEL 2013, 3; Landstedt 2010, 39). Learners' ability to recognise and regulate emotions is essential, as unmanaged emotional stress can detract them from engagement in learning opportunities and hinder academic progress over time (Zmuda and Bradshaw 2013, 73).

Study participants identified teenage pregnancy and drug abuse as contributing factors to the emotional instability displayed by adolescents. Empirical evidence on teenage pregnancy reveals that though the constitutional rights supported by education policies permit pregnant young women to attend school, the negative and moralistic responses they experience within the school environment and outside school adversely affect their social and emotional wellbeing and mental health (Ngabaza and Shefer 2013, 106; Shefer, Bhana and Morrell 2013, 2). The Life Skills programme has been introduced in all secondary schools in South Africa. Part of the broader Life Orientation curriculum teaches, among other things, topics of emotional and mental health, drugs and alcohol. Despite this, however, schools continue to be plagued by high-risk teenage pregnancy. This is in line with Smith and Harrison (2013, 68), who concur that about one-third of 19-year-old women admit to having been pregnant. The high rate of adolescent pregnancies indicates risky sexual behaviours which further expose them to sexually transmitted diseases, including HIV infection. Approximately 16% of young women and 5% of men are affected by HIV and the majority become sexually active in their teens, as evidenced by a median age of sexual debut of 17 years for men and women (Smith and Harrison 2013, 68). School health nurses in this study confirmed this statement from observations during health education sessions where adolescents as young as 15 years of age were sexually active.

Adolescents' risky sexual behaviours with resultant pregnancies have been linked with both externalising (conduct disorders) and internalising (anxiety, depression) problems which destabilise ties adolescents may have with family, school and healthy peers (Parkes, Waylen, Sayal, Heron, Henderson, Wight and Macleod 2014, 508). For instance, adolescents with aggressive or antisocial behaviour become progressively alienated by peers, family and school and become closer to their delinquent peers. This scenario presents a great likelihood for these adolescents to be part of gangs and engage in more risky gang-related activities.

Rebellious actions by adolescents against authority in schools are rife. This could be attributed to an adolescent's need for independence from adult influence and more alignment with peer influence. According to Fontaine and Fletcher (2004, 23), rebellious behaviour might also be a protective mechanism used by adolescents to hide actions that contradict parental guidance or school rules. Lack of respect and insensitivity towards teachers, parents and peers emerged from the study findings and this inability to handle emotions is indicative of disrespectful behaviours. Considering the current 6% prevalence of oppositional defiant disorders in South African adolescents reported by Flisher, Dawes, Kafaar, Lund, Sorsdahl, Myers, Thom and Seedat (2012, 150), developing responsible and respectful school children is essential.

The implications and influence of alcohol and substance abuse in social emotional problems of adolescents, as reported in this study, have been widely reported in literature. Alcohol and drug abuse is one of the common behaviours among school-going adolescents and has potential negative consequences for their health and wellbeing. Problems associated with alcohol and drug abuse include truancy, poor academic performance and dropping out of school. There is an established link between substance abuse and poor self-control which perpetuates involvement in crime and deviant behaviours (Bashirian, Hidarnia, Allahverdipour and Jajizadeh 2012, 54). Hence the study findings of some school-going adolescents' involvement in gang activities.

Teaching and learning in schools has strong social, emotional and academic components which can facilitate or impede a learner's academic engagement, work ethic, commitment and ultimate school success. Teachers and school health nurses are therefore at the forefront in ensuring improved social and emotional wellbeing of learners through preventive and promotive mental health interventions. However, teachers and nurses in the present study voiced their inability to deal with these mental health issues despite receiving additional training in psychology. Existing literature, though limited, confirms this, indicating that some teachers are unable to recognise and seek help for their learners' mental health problems due to lack of specific training on mental health, and some wrongly view mental health as only related to illness and diagnosis (Ekornes et al. 2012, 291; Loades and Mastroyannopoulou 2010, 151). This strong medical and pathological connotation underlies teachers' view of mental health as a specialism beyond their competence and professional domain – a position which perpetuates the risk of stigmatisation (Garmy, Berg and Clausson 2015, 1). According to Ekornes et al. (2012, 291), a positive perception of mental health encompassing social and emotional wellbeing of individuals would be more suitable and acceptable within the school context.

Awareness of the existence and increase in mental health problems of school-going adolescents exerts pressure on health and education ministries to ensure that mental health is promoted in schools. The need for a coordinated effort between the school health nurses and teachers to prioritise emotional wellbeing and mental health in schools is crucial. Study participants alluded to this fact, pointing out that an intersectoral

collaboration between the health and education directorates can strengthen school health and, as a result, improve the mental health of school-going adolescents. The need for well-equipped school health services in terms of both human and material resources, coupled with periodic capacitating of school health nurses and teachers with skills mix, would form a firm foundation of a universal preventive work against mental health problems in schools.

CONCLUSION

This study pointed out the realities of adolescent mental health in schools, coupled with the challenges school health nurses and teachers face in dealing with mental health issues within the school context. Inability to handle emotions by school-going adolescents and risky coping strategies highlight the need for interventions and programmes which improve and develop social skills to positively deal with these situations and thus improve the quality of life of school-going adolescents.

RECOMMENDATIONS

School Health Services

Services should be reinforced by providing adequate human and material resources. Incorporating trained psychiatric nurses to render in-service education to both nurses and teachers on mental health issues could be useful. Periodic mental health education, orientation and/or in-service education sessions for teachers on behavioural changes leading to mental disorders, managing groups and referring social, emotional and behavioural disorders could also help deal with issues. The study also recommends the use of screening or mental health assessment tools for early detection of mental health issues in school. Teachers should be involved in school programmes that promote mental health to enhance adolescents' coping skills, thus improving emotional wellbeing.

Schools

A close connection within the school and among family and friends can be enhanced through the development of a safe and positive learning environment influenced by the teachers. Teachers can be encouraged to attend mental health workshops so that they are equipped with practical and applicable skills for mental health issues in schools. A tailored universal school-based programme can be implemented to improve general social and emotional wellbeing in schools. Participation in educators' development programmes on mental health issues could also better prepare teachers for dealing with mental health issues.

LIMITATIONS OF THE STUDY

This study was done in one district in the Eastern Cape region of South Africa. The researcher recommends that studies of comparable significance be conducted in other South African provinces, as well as other African countries which are either developed, underdeveloped or developing to establish empirically whether there are any similarities or differences in the findings. The use of one school health team whose members are on a rotational basis and who are exposed to similar mental health issues in these schools could be limiting. The small sample size of the study participants could not allow for generalisation of the study findings. Replication of this study in various provinces or districts may produce different results, as geographical areas or provinces may differ.

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