PERCEPTIONS OF PUPILS, TEACHERS AND SCHOOL ADMINISTRATORS ABOUT MENTAL HEALTH NEEDS IN PRIMARY SCHOOLS IN IBADAN, NIGERIA

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NOVEMBER, 2020

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DECLARATION

I hereby declare that this research project was carried out by me and submitted to the Centre for Child and Adolescent Mental Health of the University of Ibadan. No part of this work has been previously submitted in part or whole to any other institution or published anywhere else.

Where other sources of information have been used, the authors are duly acknowledged and listed in the references.

Taiwo Feyisara Oladunni

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CERTIFICATION

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DEDICATION

This work is dedicated to the Almighty God the source of my strength throughout this program and on His wings only have I soared. I also dedicate this work to my lovely parents Pastor Mike Olayera and Mrs Lamide Larinde Taiwo whose love and support has inspired me to go for the peak in my quest for knowledge.

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Key to Abbreviations

ADHD	-	Attention Deficit Hyperactivity Disorder
CAMH	-	Child and Adolescent Mental Health
CD	-	Conduct Disorder
CDC	-	Centers for Disease Control and prevention
EBP	-	Emotional and Behavioural Problems
HICs	-	High Income Countries
KIs	-	Key Informants
LMIC	-	Low and Middle Income Countries
NASP	-	National Association of School Psychologists
ODD	-	Oppositional Defiant Disorder
PFGD	-	Pupils Focus Group Discussion
SSA	-	Sub Saharan Africa
TFGD	-	Teachers Focus Group Discussion
WHO	-	World Health Organization

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ABSTRACT

Background:

Schools have long been considered as an ideal environment were mental health services could be provided in order to fill the mental health service delivery gap. School based mental health services have been identified to have the likelihood of reaching children in dire need of mental health services. The perspectives of school administrators, pupils and teachers, who are prominent stakeholders in education, on the need for child mental health programmes is paramount in implementing school based mental health programmes. This study explores the perceptions of pupils, teachers and school administrators on the need for mental health programmes in primary schools.

Methods:

This study was a cross-sectional qualitative study consisting of both key informant interviews and focus group discussions (FGDs). Six primary schools (4 public and 2 private) were randomly selected for the purpose of this study. A total of 8 in-depth interviews and 6 FGDs were conducted with school administrators, pupils and classroom teachers. Convenience sampling technique was used to select pupils, teachers and key informants who participated in this study. All interviews and focus group discussions were audio taped, transcribed and analysed for identification of emerging themes using interpretative phenomenological analysis.

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Results:

A total of 29 pupils, 24 teachers and 8 school administrators were recruited into this study. The mean age of pupils was 10.8years (S.D: 2.7), teachers was 37.8years (S.D: 7.5) and school administrators was 39.6years (S.D: 9.5). Key informants and focus group participants had similar perceptions of mental health problems in children. Stigmatizing words such as 'insanity' and 'mentally retarded' were used by most of the participants to express their perceptions of mental health problems among school children. There was a lack of formal mental health interventions within schools but various informal methods/approaches of managing children with mental health problems such as individual counseling for the child and parental counseling were mentioned. Most of the participants' perceived presence of mental health experts in schools, use of mental health promotion strategies and implementation of school based mental health programmes as resources necessary to tackle mental health problems in schools. Stigma, shame, inadequate mental health orientations and trainings as well as exclusions of mental health concepts in school curriculum were identified as barriers to implementation of school based mental health services.

Conclusion:

This study contributes to filling the knowledge gap in understanding the current state of using schools as a way of approaching child mental health problems. Current perceptions of stakeholders on the need for school based mental health programmes could be an indicator of increased mental health awareness in schools. This study also identified the need for more formal training to all stakeholders on child mental health problems by CAMH professionals in all

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primary schools. There is a need to include mental health in primary school curricula and teachers' education curricula as well as to include school administrators in the planning and implementation of school based mental health programmes.

Keywords: School Mental Health Programmes, Mental Health, School Administrator, Primary School Teacher, Primary School Pupils.

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CHAPTER ONE

INTRODUCTION

1.1 Background

Mental health, defined by World Health Organization (WHO) is 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 contribution to his or her community (WHO, 2018). Mental health is not just the absence of mental illness but also includes a person's ability to enjoy life, attain a balance between life activities, achieve psychological resilience, and cope with life's challenges (National Association of School Psychologists NASP, 2016; Legg 2017). Child and adolescent mental health disorders account for 15% of the global burden of diseases (World Health Organisation, 2004). Half of all mental health disorders begin by the age of 14 years and 75% by the age of 24 years (Forness *et al*., 2012; Polanczk *et al*., 2015), with neuropsychiatric conditions being the leading cause of disability in young people in all regions of the world (Bloem *et al.,* 2011; World Health Organization, 2004). In Sub-Sahara Africa, One in 7 children and adolescents have significant difficulties with 9.5% having specific psychiatric disorders. (Cortina *et al*., 2012; Belfer, 2008). A study carried out among 200 public primary school pupils in Zaria, Northwest, Nigeria found a 37% prevalence rate of psychiatric disorders (Abubakar *et al*., 2017).

In many regions of the world, school is one of the strongest social institutions in a child's life as children spend a higher number of hours in school and this afford schools to have a significant impact on the lives of young people (World Health Organization, 2006; Bella *et al*., 2011). Schools could serve as an ideal environment that can provide comprehensive mental health services that can be integrated in a cost-effective, culturally acceptable, accommodating and non-

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stigmatizing manner to benefit children and adolescents (Ibeziako *et al.,* 2008; Bella *et al.*, 2011; Langer *et al.,* 2015). The school environment can help to facilitate early identification, prevention as well as timely interventions to arrest escalation of mental health issues among in-school children (Durlak *et al.*, 2011).

Evidences suggest that school mental health services are an effective means of addressing the mental health needs of children as well as improving the learning environments, which results in improved academic outcomes (The Wisconsin School Mental Health Framework, 2015). Increased access to mental health services and supports in schools is vital to improving the physical and psychological safety of in-school children, as well as their academic performance and problem-solving skills (NASP, 2016). Most school mental health programmes when effectively implemented, have the potential to enhance pupils' social competencies including assertiveness, communication, self-confidence and to also boost their academic achievements (Greenberg *et al.*, 2003).

Appropriate training of classroom teachers and school administrators—a way of achieving task shifting— can be an effective means to tackle mental health problems in children. These stakeholders are well positioned to detect mental health issues among in-school children early enough, manage children with behavioural and psychological problems, and also make appropriate referrals of children with mental health issues (Tamsin *et al.,* 2000) as cited by (Oshodi *et al.*, 2013). Teachers' prior knowledge of mental health problems among school children and their right disposition to mental health services can be a measure for a successful school mental health programme. Studies carried out in Ethiopia and Nigeria revealed that most school's personnel lack the right perception of mental illness or mental health problems (Ibeziako *et al.*, 2008; Oshodi *et al.*, 2013; Habtamu *et al.,* 2016). This was in line with another

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study in Brazil where teachers revealed that lack of information on mental health creates insecurity and mismanagement of everyday situations involving mental health disorders (Goncalves et al., 2014). Understanding the perceptions of pupils, teachers and school administrators on mental health related issues can be useful in advocating for implementation of evidence based school mental health programmes.

1.2 Statement of the problem

Children and adolescents are at increased risk for mental health problems with an estimated prevalence of 10-20% psychiatric illness in childhood (Habtamu *et al.*, 2016; WHO, 2019). About 50% of mental health problems have been found to begin before the age of 14, and children with such conditions tend to suffer for a long period of time (WHO, 2019). Mental health conditions can affect functioning in every aspect of life, and when left untreated, may significantly limit an individual's opportunities across the lifespan (WHO, 2004). Mental health is more than the absence of mental illness but includes all aspects of health---there is no health without mental health (WHO, 2018). Evidence shows that there is a shortage of child and adolescent mental health (CAMH) professionals all over the world, with resource-poor countries being the most affected (Dogra and Omigbodun., 2004) as cited by (Ibeziako *et al.,* 2008; Bella *et al.*, 2011). School mental health programmes have, therefore evolved as a strategy to meet up with the demands for child and adolescent mental health services.

In spite of the established importance of school mental health services, such services are unfortunately almost non-existent in the Nigerian context (Ibeziako *et al.*, 2008; Bella *et al.*, 2011). If school mental health programmes are to be successfully implemented in our context,

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teachers and school administrators undoubtedly have to be positively disposed to it. It has been shown in Ethiopia, for example, that teacher' perceptions of child mental health problems and their perceptions of school mental health services can help in designing early intervention strategies aim at promoting mental health (Habtamu *et al.*, 2016). Teachers and school administrators who are expected to be drivers of this initiative have, however, been often found in the local context to exhibit rather negative perceptions about the subject of mental health. A study by Ibeziako *et al.,* (2008), showed that teachers expressed significant difficulty in identifying children with mental health problems and expressed their incapability to address mental health issues (Ibeziako *et al.*, 2008).

1.3 Justification

Despite the increasing evidence that school mental health services have the highest likelihood of reaching children in need of mental health services in resource poor countries (Ibeziako *et al.*, 2008; Lee, 2017; Bella-Awusah *et al.*, 2014), these services are rarely available and little is known on the current perceptions of education stakeholders (teachers and school administrators) regarding school mental health services in low and middle income countries. It's therefore important to explore the current perceptions of these stakeholders regarding school mental health programmes. Ibeziako *et al.*, (2008) study showed that classroom teachers and school administrators' disposition to school mental health services in primary schools is quite not encouraging and the study did not sought the perceptions of primary school pupils who are the ultimate target of the school mental health programmes.

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This study was, therefore, deemed relevant as it seeks to explore the changes that may have occurred in the perceptions of teachers, who are the primary stakeholders in implementing school mental health programmes, and school administrators, who possess appreciable influence on the development of policies to promote mental health in schools. This study also has a wider scope as it seeks to explore pupils' perception of their own mental health needs as the end users. It is hoped that this study would give insight into the current state of need for mental health in primary schools and subsequently inform the needed interventions.

1.4 Research questions

This study was conducted to answer to the following research questions:

1. What are the perceptions of pupils, teachers and school administrators about the common mental health problems in primary school children in Ibadan, Nigeria?

2. What are the perceptions of pupils, teachers and school administrators about the resources currently available to tackle mental health problems in primary schools?

3. What are the resources needed to address mental health problems in primary school children as perceived by pupils, teachers and school administrators?

4. What are the barriers to children receiving mental health care as perceived by pupils, teachers and school administrators?

5. What are the changes in the perceptions of mental health needs of primary school children by teachers and school administrators since the previous study by Ibeziako *et al.,* (2008).

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1.5 Aim

This study aims at exploring the perceptions of pupils, teachers and school administrators on the need for mental health programmes in primary schools.

1.6 Specific objectives

The specific objectives of this study were to explore the perceptions of pupils, teachers and school administrators about:

a. Common mental health problems in primary school children in Ibadan, Nigeria
b. Resources available to tackle child mental health problems.
c. The resources needed to address mental health problems.
d. The barriers to receiving mental health care.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Mental health problems in school children

Mental health and emotional well-being is an important aspect of overall health necessary to have a happy and productive childhood experience (Suldo, 2010). The mental health status of children is directly related to their optimal psychological and social functioning (Cortina *et al.,* 2012). Mental health problems during childhood is known for its severe impact on learning, social relationships and general health (Esan *et al.*, 2012). Mental health problems in childhood are often not recognized or addressed early enough, especially in developing countries (Suldo, 2010). With reference to prevalence, evidence reveals that mental health problems among school children vary globally, depending on geographical factors (Russel *et al.*, 2008; Eapen *et al.,* 2003; Cortina *et al.,* 2012) as cited by (Tunde-Ayinmode *et al.,* 2012). Estimated at 14-20% globally, the prevalence of child psychiatric disorders is of growing concern (Kato *et al.,* 2015; Habtamu *et al.,* 2016; Tunde-Ayinmode *et al.,* 2012). A meta-analysis, for example, found a worldwide prevalence of mental health problems among in-school children to be 13.4% with the prevalence of anxiety disorder being 6.5%, depressive disorder 2.6%, attention-deficit hyperactivity disorder 3.4% and disruptive disorder 5.7% (Polanczyk *et al.,* 2015). In the United States (U.S.), prevalence rates of 9.4%, 7.1%, 3.2%, and 7.4% were obtained for attention deficit hyperactivity disorders (ADHD), anxiety disorders, depressive disorders and behavioural disorders respectively among children aged 3-17 years (Center for Diseases Control CDC, 2019).

Meta-analysis of surveys conducted in Sub Sahara Africa (SSA) yielded a prevalence rate of 13-20% of childhood mental health problems. One in 7 children in Sub Sahara Africa have

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significant difficulty, with 1 in 10 (9.5%) having a specific psychiatric difficulty. The prevalence rate of mental health problems among in-school children in low resources countries is estimated at 14.3% with anxiety disorders, depressive disorders, conduct disorders and delinquency, mental retardation and learning disabilities being more commonly reported than autism spectrum disorder (ASD) and ADHD (Cortina *et al.*, 2012; Omigbodun OO, 2004) as cited by (Tunde-Ayinmode *et al.,* 2012). In Ethiopia, for example, a significant number of children (17%–20%) suffer from childhood behavioural and emotional disorders (Habtamu *et al.*, 2016). Epidemiological surveys in Nigeria revealed that childhood mental health problems are common with a prevalence rate of 11.4% of psychiatric disorders (Atilola *et al.,* 2014; Tunde-Ayinmode *et al.*, 2012). There is, however, a dearth of data in low-resource countries where the adversity is apparently more prominent and its impact to the society is much more detrimental (Cortina *et al.,* 2012; Scott, 2016; Esan *et al.,* 2016).

2.1.2 Common Mental Health Issues among Primary School Children

Global Burden of Diseases reveals that childhood mental health problems are relatively consistent across the 21 world regions and the burden of diseases attributable to mental disorders in children is likely to increase as the population of children increases globally (Scott *et al.,* 2016; Baranne *et al.,* 2018; WHO, 2019). Mental health disorders are common problems in childhood with 1 in 5 children experiencing some kind of emotional or behavioural disorder with a long lasting effect that is serious enough to impair the child's functioning at home or in school and also affect those around the child (Scott *et al.*, 2016; Association for Children Mental Health, 2019). Mental health problems among primary school children are more likely to be in the form of behavioural issues as children are more likely to display behavioural changes as manifestation

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of mental health problems such as obsessive-compulsive disorder (OCD), oppositional defiant disorder or conduct disorder (NASP, 2016; Ogundele, 2017; Barrington, 2019).

Common mental health problems affecting school children include: anxiety disorder (social phobia, traumatic stress disorder and generalized anxiety disorder), attention deficit hyperactivity disorder, autism spectrum disorder, mood disorders and eating disorders (Barrington, 2019). Attention deficit hyperactivity disorder, conduct disorder and autism spectrum disorder are more common in males while young females are more likely to suffer from anxiety disorders (GBD, 2010). The consequences of mental health disorders among in-school children include the adverse impact during childhood and the persistence of mental ill health unto adult life. Impact of childhood mental disorders extend beyond the personal suffering of the child but have a negative impact on their families, peers and the society (Scott *et al.,* 2016).

2.2 School mental health services

School mental health services refer to a continuum of support integrated throughout the school community for in-school children through the use of universal, selective and indicated strategies. Universal strategies promote the social and emotional well-being of students; selected strategies are directed towards pupils who are at risk, or those with mild mental health challenges; and indicated strategies are aimed at supporting those with significant needs— with a streamlined process for referrals to community mental health providers. School mental health programmes address the socio-emotional development of in-school children such as wellness, mental illness, substance abuse, and effects of adverse childhood experiences (The Wisconsin School Mental Health Framework, 2015).

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School mental health services are charged with the responsibility to make positive changes on the mental health status of in-school children through provision of social and emotional supports (Heller, 2014). Most school mental health services comprise various mental health professionals that can help in identifying mental health challenges in children through appropriate screening, assessments and follow up (The Wisconsin School Mental Health Framework, 2015).

2.2.1 Components of School Mental Health Programmes

Children's mental health is not just the prerogative of mental health experts. It is the concern of every member of the society (Education Development Center, 2011). School settings are ideal for mental health promotion, prevention and early identification (EDC, 2011; NASP, 2016; Ibeziako *et al.,* 2008). According to the American Association of Paediatrics (AAP), one of the ways to categorize the components of a school based mental health program is to consider a 3-tier model of services and needs (AAP, 2004). The first is an array of preventive mental health programmes and services which target all pupils within the school settings. Preventive mental health programmes offer services that improve the mental health and psychological wellbeing of the whole school population and equip pupils to be resilient so as to cope with normal stress of life effectively and efficiently (EDC, 2011). Preventive programmes focus on reducing risk factors and building resilience. These also include teaching pupils about psychological wellbeing through the curriculum and reinforcing this teaching through school activities which include provision of a positive, friendly and social school environment that promote family and community support associated with healthy emotional development (AAP, 2004).

The second tier of school mental health services is designed to assist pupils with one or more identified mental health needs. This includes pupils who function well enough to participate

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successfully in many social, academic, and other daily activities. The focus is to recognise emerging issues as early and accurately as possible. Services offered to pupils under this category include the provision of group or individual therapy (DEF, 2011; AAP, 2004).

The third tier of mental health programs targets the smallest population of children. This is to address the needs of children with severe mental health diagnosis and symptoms. These usually include the referral of such a child to a multidisciplinary team of professionals which may not be available within the school environment (AAP, 2004).

2.2.2 Models of Existing School Based Mental Health Programmes

Schools have a central role to play in enabling their pupils to be resilient and to support good mental health and wellbeing (DFE, 2018; AAP, 2004). School mental health services emerge as a strategy to address mental health problems among school children through prevention and intervention strategies by removing barriers to accessing mental health services and improving coordination of those services (AAP, 2004). In developed countries, schools have an existing history of involvement in mental health; many schools have developed curricula for mental health and offer a wide range of mental health services to school children (Hoagwood *et al.*, 2003). It is important that schools promote good mental wellbeing for all pupils. Education about relationships, sex and health can be an important vehicle through which schools can teach pupils about mental health and wellbeing (DFE, 2018).

The high prevalence of mental health problems during childhood coupled with the low rates of attendance at mental health services has made it necessary to develop a population-based model so as to prevent mental health problems among young people (Hoagwood *et al.,* 2003). Earlier models intervened at the level of the individual child using contemporary approaches informed

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by social-ecological models (Bronfrebrenner, 1989). Furthermore, earlier models targeted key environmental influences that could hinder the child psychological wellbeing (Brian Graetz, 2008). These models include but are not limited to:

2.2.2.1 School supported mental health model

In this model, a separate mental health units exist within the school system and school nursing services is a major portal of entry for children with mental health concerns. Social workers, guidance counsellors and school psychologists are employed directly by the school system.

2.2.2.2 Community connection model

Community connection model make use of mental health agencies or individuals to deliver direct services under contract within the school either as a part-time or full time. Mental health professionals are available within a school based health centre or are invited into after-school programmes. The school has a formal linkage to an off-site mental health professional or to a managed care organization who helps through this.

2.2.2.3 Comprehensive integrated model

This model addresses prevention strategies, school environment, screening, referral, special education, family and community issues and delivers direct mental health services. School-based mental health care services provide comprehensive and integrated and mental health services within the school environment (AAP, 2004).

2.3 Perceptions about the need for mental health programmes in schools

The role of schools in the early identification of mental health problems among primary school children is highly significant, especially as mental health related service contacts occur mostly

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within the school settings (Humphrey *et al.,* 2016; Williams 2013; Delgado *et al.,* 2016). The large number of contact hours children spend at school is significant enough to call the attention of teachers and other school personnel to changes in the child's behaviour and demeanour which may be a sign of mental health problems (Ibeziako *et al.,* 2008; Eklund *et al.,* 2014). Evidence reveals that half of all mental illnesses begin before the age of fourteen. That is, half of all mental illnesses begins during the elementary and high school years (anxiety and impulse control disorders each have a median age of onset of 11years) (Kessler *et al.,* 2005) cited in (Soneson *et al.,* 2018). Needs assessment based on the perceptions of teachers, school administrators and other academic staff is, therefore, the first step in the development of a comprehensive school-based mental health services (Walter *et al.,* 2006) as cited by (Ibeziako *et al.,* 2008). This is to ensure that services are planned and evaluated based on the identified needs of the school which include evaluating their capacity to respond to the growing needs of the population. Needs assessment involves the synthesis of views about the mental health needs of children from stakeholders involved in their care (Ibeziako *et al.,* 2008; American Institute for Research, 2017)

2.3.1 Teachers' Perceptions about School Mental Health Programmes

Globally, teachers are regarded as frontline custodians of children in schools. Teachers help to enhance child resilience in schools and teachers' attitude on the significance of mental health services in schools is of paramount importance, especially, in resource poor settings. (Al-Obaidi *et al.,* 2012). The class room teacher plays a key role in understanding specific issues relating to school mental health programmes. Teachers are often in charge of implementing school-based universal interventions, as well as in referring children in need of additional supports (Ibeziako *et*

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al., 2008; Reinke *et al.,* 2011). Teachers' perceptions of mental health problems among in-school children and their dispositions to school-based mental health services help in designing early intervention programmes which aim at promoting mental health services. Teachers, when equipped with adequate knowledge and skills, have the potential to address mental health problems among in-school children with an attempt to promote good psychological well-being (Ibeziako *et al.,* 2008; Habtamu *et al.,* 2016). Evidence shows that most teachers prefer referral of children with emotional or behavioural problem to other school personnel who have had mental health related training than health facilities (Oshodi, 2013).

Primary school teachers in Ethiopia, for example, viewed behavioural problems such as disruptive behaviour, defiant, aggression, conduct problem, hyperactivity and inattention, social skills deficit and depression as the top children mental health concerns in their classroom (Reinke *et al.,* 2011). They, however, rated externalizing behaviours (e.g. hyperactivity, restlessness) to be more severe than internalizing mental health problems (Habtamu *et al.,* 2016).

A study in Nigeria by Ibeziako *et al.,* revealed that primary school teacher's perception of mental health problems and school-based mental health programmes is limited. Teachers described their first thought of mental illness among children with obsolete and deprecating terms. Teachers' perceptions of the possible causes of mental health problems among in-school children includes: problems with primary support, poverty, psycho-active substance use, peri-natal problems, head trauma, medical illnesses, peer influences, sexual abuses, teachers attitude, religious practice, genetic transmission, and spiritual forces (Ibeziako *et al.,* 2008).

Teachers can play important role in screening, monitoring the child's progress as well as teaching socio-emotional lessons that can promote mental well-being of pupils in their various

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classes. A sustainable way to remove barriers to integrating mental health practice is to help teachers to identify their roles in supporting children with mental health challenges (Reinke *et al.,* 2011). Evidence-based universal interventions for school-based mental health programmes require teacher's implementation. Selective or indicated interventions which often involve teacher's referral (Greenberg *et al.,* 1999) cited in (Reinke *et al.,* 2011).

Understanding the perception of teachers on school mental health programmes can help to increase implementation of evidence-based interventions within the school settings. Teachers' perceptions provide important information about contextual influence that can be leveraged to bridge the gap in school-based mental health practices. The perception of teachers in terms of educational and training requirement is necessary in order to successfully implement effective mental health practice. This is necessary to ascertain if teachers see the relevance of supporting children with mental health needs and to help schools overcome specific barriers for providing mental health services (Reinke *et al.,* 2011).

Additionally, understanding the perception of teachers is important to know, if teachers believe it is part of their roles to support the mental health needs of children in school. If yes, are they capable in terms of knowledge, skills and training necessary for providing these roles? (Reinke *et al.,* 2011). The study by Ibeziako *et al.*, (2008) revealed that teachers do not have enough knowledge, skills and resources to address mental health issues in their classroom. In the same vein, school administrators appear unaware of the presence of mental health problems in their schools (Ibeziako *et al.,* 2008). In a study carried out in Ethiopia, only 34% of teachers reported that they felt they had the skills necessary to support the needs of these children (Reinke *et al.,* 2011).

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In another view, teachers perceive the roles of a school psychologist to be more expansive than their role in supporting mental health services. Teachers felt that school psychologists should play a greater role in screening, conducting assessments and teaching socio-emotional lessons in the classroom. However, teachers indicated that the role of implementing behavioural interventions in the classroom was a teacher's role (Reinke *et al.,* 2011).

2.3.2 Pupils' Perceptions about School Mental Health Programmes

Mental health disorder appears to be one of the biggest challenges facing all countries. Nigeria boasts a population of about 200 million populations with 50% children and adolescents who are considered to be especially at risk (WHO, 2014; Atilola *et al*., 2014). The stigma associated with mental health problems can have a considerable impact on several aspects of the affected individual (Jack-ide, 2016). Educating primary school children about mental health disorders will not only increase their understanding of mental health but have a long lasting impact on their families, friends and neighbours (Naylor *et al.,* 2009) cited in (Jack-Ide, 2016). In addition, evidence shows that increasing young people's knowledge on mental health through contact and education showed positive results which reduce negative attitudes towards people with such disorders (Bella-Awusah *et al.,* 2014; Al-Naggar *et al.,* 2013). Research on young people's views on mental health disorders showed positive changes after exposure to educational programs (Jack-Ide, 2016).

A study carried out in Italy, among school children to promote mental well-being and to create awareness of mental disorders reported that in-school children showed a significant reduction of stigma after acquiring new information about such conditions (Del-Casale *et al.,* 2013). A similar study carried out in Bayelsa Nigeria, revealed that most school children acquire information on mental health through social media, colleagues, teachers and families, who most times do not

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have the right perspectives about the disorders. Studies showed that adequate education and information about mental illness is likely to modify negative perceptions and attitudes among primary school children and thus, promote public mental health (Jack-Ide, 2016). Children's negative attitudes and perceptions about mental health problems are likely to change when people around these children have positive perceptions of individuals with the disorders (Corrigan *et al,* 2004) cited by (Jack-Ide 2016).

2.4 Perceptions of teachers and school administrators about the resources for mental health programmes

Schools have a huge role to play in supporting the mental health and wellbeing of their pupils through the development of approaches and implementation of strategies tailored to the particular needs of their pupils. All schools are under a statutory duty to promote the wellbeing of their pupils, by preventing physical and mental health disorders and taking actions to ensure that all children have the best outcomes (DFE, 2018). School administrators agreed that mental health is an important need that schools must address (Frabutt *et al.,* 2012). A study carried out by Ibeziako *et al.,* 2008 revealed that teachers and other school personnel have no resources to tackle mental health needs, howbeit; some focus-group-discussions identified corporal punishment as a tool to address mental illness and mental health problems in schools. However, participants from this study perceived available resources to include special schools, juvenile remand home (correctional facilities), teaching hospitals, churches and mosques. Human and material resources were perceived by school teachers and administrators as part of the resources necessary to address mental health problems among in-school children (Ibeziako *et al.,* 2008).

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2.5 Perceptions of barriers to mental health care delivery in schools

There are a number of challenges to the successful implementation and maintenance of mental health practices in schools (Reinke *et al.,* 2011). It is essential to have adequate knowledge of the barriers to mental health service utilization in order to address the needs of pupils with mental disorders and plan appropriate service (Jack-Ide *et al.,* 2013). A study in Columbia revealed that teachers rated barriers to implementing school mental health programs to include inadequate mental health training for school personnel, lack of funding and absence of mental health personnel in schools (Reinke *et al.,* 2011). Pupils reported stigma as the most significant barrier to accessing school mental health services (Bowers *et al.,* 2013). Ibeziako *et al.,* (2008), revealed that access is a major barrier to mental health care delivery for children as most of these children depend on adult (parents or caregivers) for help. Lack of awareness of the available resources and lack of cultural incompatibility also contributed to these barriers (Ibeziako *et al.,* 2008).

2.5.1 Financial barrier

Finance remains a major obstacle to delivery of a comprehensive school mental health programme (Evans *et al.,* 2003). Funding is significant to the implementation of school mental health programmes. In developing countries, funding for public schools is limited and there is a sizeable cut to education funding. Many schools have little or no resources to cater to the needs of the individual child (Oliff *et al.,* 2013). A study carried out in Ohio, USA revealed that schools with school-based mental health programs receive limited federal funding. State grants, partnerships with local hospitals or public health departments and grants from non-profit organisations are the means through which many educational sectors receive help (Heller, 2014).

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In addition to limited staff capacity and access to specialists, funding was identified as a key barrier to mental health services in a study carried out in ten (10) European countries (Patalay *et al.,* 2016)

Nigeria, like other countries in Sub-Sahara Africa, is experiencing neglect in mental health and consequently school mental health services. Mental health services receive a low priority in the national budget allocation with only about 1% of the health budget spent on mental health (World Mental Health Atlas, 2014). Most Sub-Sahara African countries do not have any budget whatsoever for mental health related issues at any level of government (Esan *et al.,* 2014). The Ibeziako *et al.,* (2008), found poverty (financial constraints) to be among the more common themes to emerge from the focus groups. According to the respondents, lack of finance was a major barrier to the delivery of mental health services. Financial constraints were said to be the leading cause of poor nutrition, child labour and poor quality of living. Respondents from the study argued that most problems in resource poor settings could be related to poverty (Ibeziako *et al.,* 2008).

2.5.2 Human resource barrier

Many countries are faced with the challenge of providing adequate human resources for proper delivery of mental health service. The fact that there are limited numbers of child and adolescent mental health (CAMH) professionals, particularly in low and middle income countries is well established. It is not feasible to rely on this low numbers of professionals to implement mental health services that will cater to the whole population as human resources for mental health in Sub-Sahara African is unlikely to grow unless effective steps are taken (Wittkowski *et al.,* 2014, Kakuma *et al.,* 2011, Kisia *et al.,* 2012). The World Health Organisation estimates a huge lack of

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mental health professionals in low and middle income countries (WHO, 2018). In the Ibeziako *et al.,* (2008) study, the focus group respondents described human and material resources as a major barrier to successful delivery of school mental health programme (Ibeziako *et al.*, 2008). Evidence suggests that mental health services can be delivered effectively within the school settings through school-based mental health programme and task shifting approach (Bella *et al.*, 2014; Ibeziako *et al.,* 2008; Kakuma *et al.*, 2011). Task shifting has remained the only feasible solution to overcoming this barrier of shortage in the mental health workforce (Dawson *et al,* 2004, WHO, 2006). Task shifting in mental health is a potentially cost-efficient strategy for achieving optimal child mental health in sub-Sahara Africa (Yen-Huang *et al.*, 2014). This may include modifying the interventions to be delivered by teachers, and training the teachers in mental health prevention and intervention strategies. Furthermore, provision of adequate consultation and support to teachers is necessary so they can implement the intervention with fidelity. Training of teachers and availability of child mental health specialists within schools were identified as being of utmost importance (Ibeziako *et al.*, 2008). (Wittkowski *et al.,* 2014; Kisia *et al.,* 2012).

2.6 Interpretative phenomenological analysis (IPA)

Interpretative phenomenological analysis is a qualitative research approach that deals with how participants make sense of their lived experience or major life events (Creswell *et al.*, 2013; smith *et al* 1996; Rubin *et al.*, 2012). IPA gives insight into the participants' experiences and perspectives on the phenomenon been discussed, taking into consideration the research questions (Alase, 2017). A research carried out in Boston, USA viewed Interpretative phenomenological analysis as a qualitative approach that allows the interviewees (research participants) the opportunity to express themselves through the narration of their lived experience stories, the way

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they fit without any distortion or prosecution (Alase, 2017; Creswell *et al*., 2013). According to Alase, (2017) IPA is considered as the most participant oriented qualitative research approach due to the respect and sensitivity attributed to the lived experiences of the research participants.

Interpretative phenomenological analysis is one of the approaches that capture the experiential, qualitative, interpretative and navigating perspectives of the people (research participants) without any distortion. The strength of IPA as a qualitative research approach lies in its ability to systematically examine and interpret the lived experiences of the participants (Flick, 2010; Smith *et al*., 2009). IPA allows for multiple individual (participants) who experience similar events to tell their stories in relation to the phenomenon been discussed

Creswell 2012, stated that interpretative phenomenological studies described the common meaning of a concept or phenomenon been discussed for several individuals with respect to their lived experiences. IPA allows each participant to express their human lived experience in their own term rather than according to a predefined category system. The aim of using an interpretative phenomenological approach in a qualitative research is to understand what the participants' experiences are and how they make sense of such experiences, while annotating closely (coding) to determine emergent themes (Smith *et al*., 2015; Creswell 2012)

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CHAPTER THREE

METHODOLOGY

3.1 Study Area

This study was conducted in randomly selected public and private primary schools in Ibadan metropolis, Oyo-state, Nigeria. Ibadan is the third most populous city in Nigeria and the country's largest city by geographical area with a population of about 6 million (World Population Review, 2018). Ibadan comprises 11 local government areas (LGAs) with 5 urban LGAs and 6 semi-urban LGAs (Sawe, 2019). The location of this study is the same as that of the study carried out by Ibeziako *et al.,* (2008). This study was carried out in one rural and two urban local government areas (LGAs) in Ibadan metropolis. The first of the two urban LGAs; Ibadan North West Local Government covers a large area of land with a population of about 152,834 (World Population Review, 2018) It was initially divided into eleven wards, however, a new LGA has been carved out of Ibadan North West leaving it with six wards. Ibadan North is the second urban LGA where this study was carried out. The Ibadan North LGA covers a landmass of 132,500 square meters with a population density of about 347,998. Akinyele Local Government is a rural LGA and the third LGA where this research was carried out. It has a population of about 211,359 who are predominantly farmers and artisans. Significant change in terms of structures and increase in population has occurred in each of these LGAs since the previous study.

The system of education in Ibadan follows the general school system in Nigeria which took a new dimension since the introduction of the (1)-6-3-3-4 system of education: one year pre-primary education, six years primary, three years junior secondary, three years senior secondary and a minimum of four years tertiary education (Ajibade, 2019). An academic year consists of 3

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terms with each term having between 12 weeks of academic activities. Schools in Ibadan metropolis are open for academic activities five days a week (Monday – Friday). This study was carried out in primary schools. Children in primary schools spend between 6 - 9 hours each day in school. The age range of children in primary schools is between the ages 5- 12 years.

In the previous study by Ibeziako *et al*, 2008, six urban public, six urban private and five rural public schools were randomly selected, making a total of 17 schools from three local governments. The local governments selected for this study were the same as that of Ibeziako *et al.*, 2008 study. However, owing to limitations in resources and time, six schools consisting of two urban public, two urban private, and two rural public schools were selected.

3.2 Study Design

This study was a cross-sectional qualitative study consisting of both key informant interviews and focus group discussions.

3.3 Study Population

The population for this study were primary school pupils in basic five and six classes in the selected public and private primary schools in Ibadan metropolis. This selection was because the pupils are deemed to be developmentally mature enough to understand the simplified mental health concepts entailed in the discussion guide. This study population also included classroom teachers and school administrators (including administrators from the State Universal Basic Education Board (SUBEB) and head teachers, assistant head teachers or school proprietors). These groups of people were selected because they have direct and indirect contacts with children in school (Bella *et al.*, 2011; Ibeziako *et al.,* 2008)

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3.3.1 Inclusion Criteria

Participants were included in the study if

- Basic five and six pupils who could speak and understand either Yoruba or English very well and their parent(s) gave consent for participation.
- Primary school teachers who have at least one year teaching experience.
- School administrators with more than 5 years working experience.

3.3.2 Exclusion Criteria

- Basic five and six pupils who met the inclusion criteria but are too ill to participate.

3.4 Sampling Techniques

A total of 4 public and 2 private schools were randomly selected from the list of all public and private schools in the chosen local governments. Six schools consisting of 2 urban public, 2 urban private and 2 rural public were randomly selected for teachers' and pupils' focus group discussions respectively. All the head or assistant head teachers in the 6 schools were selected for key informants' interviews including 2 administrators from the state schools board. This was to ensure adequate representation of all participants (pupils, teachers and school administrators) in the study site. Convenience sampling technique was used to recruit participants from the selected schools in the study. A total of 61 participants consisting of 29 pupils, 24 teachers and 8 key informants (2 school administrators from the State Universal Basic Education Board and 6 head or assistant head teachers) were selected. Each of the pupils FGDs had 9 participants from rural public, 10 from urban private and 10 from urban public respectively. The 3 teachers' focus group discussions had 8 teachers per focus group as well.

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3.5 Study Procedure

Having obtained the requisite permission from the Ministry of Education, the head teachers from the selected schools were contacted to inform them about the nature and procedure of the research. Upon securing the approval of the schools, the pupils' focus group discussion participants were selected using convenience sampling. There were 3 pupils' FGDs and each focus group interview was carried out in an empty class with adequate chairs and tables. Each focus group discussion lasted between 40 minutes and one hour with nine to ten participants making a total of 29 participants.

Each teacher's focus group interview was carried out in an empty office/classroom and lasted between one hour and one hour thirty minutes. The 3 teachers' FGDs were conducted with 8 teachers in each focus group making a total of 24 teachers.

Key informants recruited into the research included administrators from the State Universal Basic Education Board (SUBEB), head teachers and assistant head teachers from both private and public schools using convenience sampling. Also, 7 out of the 8 interviews were carried out in the interviewees' offices and one was carried out in an empty classroom. A total of 8 in-depth interviews and 6 FGDs (including 3 teachers' focus group discussions and 3 pupils' focus group discussions) were conducted with a total of 61 participants.

The key informants' interviews and teachers' focus group discussions were carried out in English as requested by the participants. Pupils' focus group discussions were carried out in both Yoruba and English for better understanding of the respondents.

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3.5.1 Data Collection

All data generated from this survey through focus group discussion and key informant interviews were recorded with battery operated digital audio recorder and then downloaded into a computer hard drive, a CD-ROM and a flash drive. All digital recordings downloaded into a computer hard-drive were transcribed verbatim. Pupils' focus group discussion conducted in English and Yoruba was translated into English accordingly by the researcher.

3.5.2 Study Instruments

Data was collected using the following instruments;

- The socio-demographic questionnaire-----------------------------Appendix 2A
- The focus group discussion guide--------------------------------Appendix 2B
- Pupils focus group discussion guide (adapted from teachers focus group discussion guide)---Appendix 2C

3.5.2.1 Socio-demographic Questionnaire

The socio-demographic questionnaire by Omigbodun *et al.,* (2008) was used to elicit information on age, class, gender, name of school from the pupils. A socio-demographic questionnaire adapted from the previous study by Ibeziako *et al*., was used to elicit information from teachers and school administrators.

3.5.2.2 Teachers Focus Group Discussion Guide

A focus group discussion guide (Appendix 2B) which consists of 11 items adapted from the previous study on needs assessment for child mental health programmes in primary schools (Ibeziako *et al.,* 2008), was used for all the interviews. The question guide covers a series of

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explorative statements such as "what comes to your mind when you hear about mental illness or mental health problems in children.

3.5.2.3 Pupils Focus Group Discussion Guide

A pupils' focus group discussion guide (Appendix 2C) consisting of 8 items was adapted from the teachers' focus group discussion guide.

3.5.3 Validity of the Study Instrument

The English and Yoruba versions of the socio-demographic questionnaire have been validated among primary school pupils. The question guide used for teachers' focus group discussion has been used in the previous research work carried out by Ibeziako *et al.,* (2008). Pupils' focus group discussion guide was adapted from the teachers discussion guide. A pre-test study was carried out on a small sample of participants (5 pupils) in one of the urban local governments (Ibadan Northwest) to identify any possible challenges that could rise during the study. During the pre-test study, the researcher found that some words like 'approaches and resources' were too ambiguous for the pupils, hence, substituted with 'ways and things' respectively. This was to ensure ease of understanding of the instrument by all participants.

3.5.3.1 Translation of the Instruments

The socio demographic questionnaire (Appendix 2A) had been translated into the local language (Yoruba) by previous studies. The focus group discussion guide was translated into the local language (Yoruba) using back translation method.

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3.5.4 Administration of study instruments

All instruments were administered in English and the local language (Yoruba). The socio-demographic questionnaire was read aloud to the pupils in English and Yoruba. Some of the pupils were guided to tick appropriately. This is done to easy the pupils understanding of the questions in the instrument. The focus group discussions/key informant interviews took place after the socio-demographic questionnaires has been administered.

3.6. Data Analysis

Data collected through key interviews' and focus group discussions' were manually transcribed verbatim for closer study and analysis. Transcriptions involve data interpretation and data representation which are the first step in analysing data. Transcriptions were analysed by the researcher using interpretative phenomenological analysis and validated with the supervisor (See 2.6). Recurring themes from the participants' responses were identified across board. The emergent and recurrent themes were discussed and agreed upon by the researcher and supervisors.

3.7 Ethical Consideration

Ethical approval to carry out this study was obtained from Oyo State Ministry of Health Ethical Review Board and permission was obtained from the State Ministry of Education. Likewise, permission was obtained from the Zonal Inspector of Education at the Oyo-State Schools Board.

3.7.1 Informed Consent

The participants were briefed about the study. Assent was obtained from the participating pupils and the informed consent of the legal guidance of the assenting ones was subsequently sought.

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Interested participants (teachers and school administrators) were provided with a detailed informed consent form. All participants were informed of their right to withdraw from the study prior to the interview.

3.7.2 Confidentiality

The information collected was used for research purpose only, and neither the name nor any identifying information of the participants will be used in any publication or presentation of the study results. All information collected for the study was kept confidential.

3.7.3 Beneficence to Participants

The interview provides pupils the avenue to express their thought on mental health and gained more insight on mental health issues. It provides teachers and school administrators the opportunity to express their difficulties in dealing with children suffering from mental health issues and possibly serve as an eye opener that will influence new policies on implementing school mental health programmes.

3.7.4 Non-maleficence

There is no known risk associated with the study and it did not involve any invasive procedures.

3.7.5 Voluntary Participation

Participation in this study was voluntary. Participants were not forced to answer any questions and they could withdraw from the study at any time with no effect or any consequences.

3.7.6 Conflicts of Interest

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The study was done in the scope of partial fulfillment of requirements for the degree of Master of Science in Child and Adolescent Mental Health, University of Ibadan. There was no conflict of interest.

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CHAPTER FOUR

RESULTS

4.1 Socio-demographic Characteristics of the Respondents

4.1.0 Socio- demographic Characteristics of the Key Informants.

A total of 8 key informants were interviewed. Six head or assistant head teachers and 2 senior officials from the State Universal Basic Education Board (SUBEB) participated in the KI interviews. There were 3 (37.5%) male and 5 (62.5%) female. The mean age of the respondents was 39.6years (S.D: 9.8) and 5 (62.5%) Christians and 3 (37.5%) Muslims. (Table 4.1.0).

4.1.1 Socio-demographic Characteristics of the Pupils FGD Respondents.

A total of 29 pupils participated in the FGDs. The mean age of the respondents was 10.8 years (S.D: 2.7). Majority 15 (51.7%) were 10 years or below and 14 (48.3%) were 11 years and above. There were 17 (58.6%) females and 12 (41.4%) males while 19 (65.5%) were primary six pupils and 10 (34.5%) were primary five pupils. (Table 4.1.1).

4.1.2 Socio-demographic Characteristics of the Teachers FGD Respondents.

A total of twenty-four teachers participated in the FGD. The mean age of the respondents was 37.8 years (S.D: 7.5). The oldest teacher was 48 years and the youngest 28years. The average number of years of teaching was 11.6years (S.D: 5.4years) with a range of 5 to 32years. A total number of 6 (25.0%) were males and 18 (75.0%) were females while 14 (58.3%) were Christians and 10 (41.7%) were Muslims. Majority 22 (88%) were married. (Table 4.1.2)

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Table 4.1.0 Socio-demographic characteristics of key informants (school administrators, head or assistant head teachers)

	n	%
Districts of schools		
Akinyele (semi-urban)	2	25.0
Ibadan North (urban)	4	50.0
Ibadan Northwest (urban)	2	25.0
School type		
Urban public	4	50.0
Urban private	2	25.0
Rural public	2	25.0
Gender		
Male	3	37.5
Female	5	62.5
Religion		
Christian	**5**	**37.5**
Islam	**3**	**62.5**
Educational cadre		
N.C.E	**3**	**37.5**
First degree	**4**	**50.0**
Masters	**1**	**12.5**
Teaching qualification		
Yes	7	87.5
No	1	12.5

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Table 4.1.1 Socio-demographic characteristics of pupils' who participated in FGDs

	n	%
Districts of Schools		
Akinyele (semi-urban)	9	31.0
Ibadan North (urban)	10	34.5
Ibadan Northwest (urban)	10	34.5
School Type		
Urban public	10	34.5
Urban private	10	34.5
Rural public	9	31
Gender		
Male	12	41.4
Female	17	58.6
Religion		
Christian	13	44.8
Islam	16	55.2
Class		
Primary five	10	34.5
Primary six	19	65.5
Age		
≤ 10	15	51.7
≥ 11	14	48.3

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Table 4.1.2 Socio-demographic characteristics of teachers' who participated in the focus group discussion

	n	%
Districts of schools		
Akinyele (semi-urban)	8	33.3
Ibadan North (urban)	8	33.3
Ibadan Northwest (urban)	8	33.3
School Type		
Urban public	8	33.3
Urban private	8	33.3
Rural public	8	33.3
Gender		
Male	6	25
Female	18	75
Religion		
Christian	14	58.3
Islam	10	41.7
Educational cadre		
N.C.E	9	37.5
First degree	15	62.5
Years of teaching experience		
≤ 15	4	16.6
≥ 16	20	83.4

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4.2 KEY INFORMANTS AND TEACHERS PERCEPTIONS ON THE NEED FOR MENTAL HEALTH PROGRAMMES IN PRIMARY SCHOOLS.

Question 1

<u>What comes to your mind when you hear about 'mental illness' or 'mental health problems' in children?</u>

This question explores the perceptions of school administrators and teachers on common mental health problems among school children. There were 8 themes identified in response to this question. These included: 'Stigmatizing words' 'Psychological problems' 'Academic problems' 'Problems with development' 'Problems from family background' 'School environment' 'Brain issues' and 'Evoking a negative emotional feeling'.

<u>Theme 1</u>

Stigmatizing words

Respondents used stigmatizing labels such as mentally retarded, madness, insanity, not ok and sick up stairs to describe their first thoughts of child mental illness.

<u>Mentally retarded</u>

'To me it means when somebody or an individual is mentally retarded' (Male, Schools Board).

<u>Madness</u>

'If we say its mental illness, one would first think or thought that person is mad' (Female, Public school 1).

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'*When I hear mental health problems, me I think of a child, the possibility of madness from the child*' (Female, private school 1)

Sick up stairs

'Well, when we are talking about mental illness or mental disability it will come to one's mind like somebody that is not really okay up stairs' (Female, Schools Board).

Insanity

'Someone that is insane' (Female, Schools Board).

'It might be a kind of insanity in people' (Male, Schools Board).

Theme 2

Psychological problems

'When somebody is psychologically deficient or psychologically the person is not ok. To me that is what it means to be mentally challenged or mentally ill' (Male, Schools Board).

'Someone that is psychologically affected those are the things that will come to one's mind' (Female, Schools Board).

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<u>Theme 3</u>

Academic problems

'Mental health problem is when we discover some mismanagement in children that will not help them learn very well or perform well in their education we say they have mental' (Female, Public school 3).

<u>Theme 4</u>

Problems with developments

'What I understand by mental illness is maybe when a child is not able to do what he/she is supposed to do at a particular age' (Female, Private school 1).

'It can be a problem based on psychological development of the child while growing' (Male, Private school 2).

<u>Theme 5</u>

Problems from family background / Dysfunctional Home

'Mental health problems in child is family genetic problem, problem from the family background between husband and wife can affect the child' (Male, Private school 2).

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'*May be the childhood background or the environment is what is affecting the childs mental health'* (Female, public school 1).

Theme 6

School environment

'May be the environment of the school and the way the school operates can result into mental problems' (Male, Private school 2).

Theme 7

Brain issues

'*The first thing that comes to my mind when I hear mental problems is whether that particular child is having some issues with his or her brain in remembering and assimilating things'* (Female, public school 4).

Theme 8

Evoking a Negative Emotional Feeling e.g fear

'I feel so fearful to hear that a child is mentally retarded, ah! It is very bad' (Female, public school 4)

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Question 2

What are the common signs and symptoms of mental health problems in children in this environment?

This question explores the perceptions of school administrators and teachers about common mental health problems in school children. There were 4 themes identified in response to this question. These included: 'Problems with academics' 'Behavioural problems' 'Emotional problems' 'Sleeping and eating problems'

Theme 1

Problems with academics

Respondents described poor concentration, loss of interest in academics and poor performance as symptoms of mental health problems in children.

Poor concentration / lost in thought

'When you say 2+2 maybe, he may be carried away, playing with others when you are teaching them, when you call him that 2+2 he may say 10 or 11 because the concentration is not there. Lack of concentration in class' (Female, Public school 2).

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'You can identify them with their performance maybe at a time if you ask them a question he is not around (awake), you will call him to say….maybe you will be asking one question and he will be answering another question' (Female, Public school 3).

<u>Loss of interest in academic</u>

'Like the one in my class now, he was brilliant before but now he couldn't do much in academics' (Female, public school 1)

<u>Poor performance in class</u>

'*Well, based on what I have seen, when a child is mentally ill, in terms of academics, academically the performance of such child will be very poor, very, very poor. It will not be anything to write home about'* (Male, Schools board).

'Like when the child is not able to co-ordinate him/herself according to what is expected or may be in reading / learning , he/ she is not able to do what we have in the scheme, so you begin to wonder what is wrong with the child' (Female, Private school 1).

<u>Theme 2</u>

Behavioural problems

Respondent mentioned inactiveness, unfriendliness, socially isolated and truancy as a symptom of mental health problems among school children.

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'Some children may be playing truancy in school because there is loss of interest in the academic work they are doing, because they can't cope with it so they will rather prefer running away from school' (Male, Schools Board).

'Like keeping to oneself, inactiveness, unfriendliness and so on' (Female, public school 2).

'A child that is sitting alone, you know, that behaves somehow in the class' (Female, private school 2).

<u>Theme 3</u>

Emotional problems

Key informants used words like moody, unhappy and depressed to describe symptoms of mental health problems in children.

'Unstable mind of the child even in the class. Disturbing others, looking moody, looking unhappy, looking depressed or looking even suppress among peers. Those are the signs I have discovered' (Male, Private school 2).

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'The first thing is when you see a pupil or a child looking dull, or if you see that person or maybe that child is even sharp before but suddenly turns cold and is sluggish' (Female, Public school 1).

<u>Theme 4</u>

Sleeping and Eating problem

'The child that sleeps always or eats too much' (Female, Public school 3).

Question 3

<u>What approaches and resources currently exist to address mental illness or mental health problems in your school?</u>

This question explores the perceptions of school administrators and classroom teachers of resources currently available to tackle mental health problems in schools. There were **5** themes identified in response to this question. These included: 'Special school placement' 'Corporal punishments' 'Individual counsel for the child' 'Mentorship' 'Speaking to parents' 'Prayers' and 'No resources'.

<u>Theme 1</u>

Special school placement

'What we really do is to invite their parents and ask them to take them to the appropriate school that the child will fit into. This is a primary school, so we didn't have much to do with the child

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but their parent, we try to encourage the parent and ask them to take the child to the normal place' (Female, Private school 1).

Theme 2

Corporal punishment

'We don't have any approach, we may cane them' (Female, Public school 2).

'To curb undesired behaviour in a child, one can use cane but just two or three strokes' (Female, Public school 1).

Theme 3

Speaking to the parents

'Based on the available information from the head of schools, the headmasters and the headmistress, sometimes they call the parent to discuss with them. To tell them what their wards I mean the children are passing through' (Male, Schools Board).

'The first thing we do is to invite the parents to ask them are they aware of their child's problem, before the school will take it take it up' (Female, private school 2).

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Theme 4

Individual counseling for the child

'I believe the use of cane is an archaic system of discipline we call them, talk to them verbally' (Male, Public school 4).

'We suppose to use guidance and counselor for such child but in all our schools we don't have, but in all primary schools all the teachers are the counselors because we do all the subject and we counsel them too, you know we are local parents' (Female, public school 4)

Theme 5

Mentorship

'We use the word mentorship, we try to mentor these children. We look at their weaknesses and we try to guide them out' (Male, private school 2).

Theme 4

Prayers

'If it has to do with spiritual aspect then we pray along' (Female, private school 2).

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<u>Theme 5</u>

No resources

'No we don't have any resources and we have never had one' (Female, public school 1).

'Let assume we have a child with that problem, definitely there would be solutions or provision for such situation but presently we do not have any resources in relation to that' (Female, public school 4).

Question 4

<u>How much do you feel teachers and other school workers should know about mental illness or mental health problem in children?</u>

This question explores the perceptions of school administrators and teachers on mental health problems in school children. There were **2** theme identified in response to this question. All the respondents agreed that teachers should know about mental illness or mental health problems in children. Reasons given included for 'Identification', 'Referral' and 'Better performance'.

<u>Theme 1</u>

Identification

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'The teachers must know in order to easily identify such a child' (Male, School Board).

'Everybody (teachers) should be aware of that, as a trained teacher you should study your pupils, each pupils in the class, so that you know how they are doing and if you notice any strange behavior you have to report' (Female, Private school 1).

Theme 2

Referral

'When we see such symptoms in any child we will be able to call the attention of the parents. Yes, to take that children or learner to the hospital to treat him or her and to be prayerful too' (Female, public school 4).

Theme 2

Better performance

'So that our work as teachers will be easier and the child will be able to perform better' (Female, public school 2).

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Question 5

What sort of roles should teachers play in addressing mental health needs of children in schools and what sort of training will teachers need in order to be more competent and comfortable addressing mental health issues in schools?

This question explores the perceptions of school administrators and teachers on resources currently available to tackle mental health problems in school children. There were 4 themes identified in response to roles teachers can play in addressing mental health needs of children in schools. These included: 'Counselling' 'Monitoring the child' 'Discipline' and 'Mental health promotion activities'. There were 2 themes identified in response to the sort of training teachers need to be more competent in addressing mental health issues in schools. Many of the respondents expressed their concern on the limited knowledge primary school teachers has in handling mental health issues and they proffer solutions to included: 'Incorporating mental health concepts in teacher training curriculum' and 'Organising trainings on mental health for school personnel'.

Theme 1

Counselling the parents

'Should there be any one, you will invite the parent, give them guidelines and if the parent is not around you will find the guidance of such a child, whatever you discover you will relate to the parent so that when such child get back home they will know how to treat him/her' (Male, public school 4).

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Theme 2

Monitoring the child

'Yes, as a teacher we are a model to this children and an example. I think the teacher should be caring. In fact, I think the teacher can separate them, that is the approach we always use. Sometimes we separate the child from other children, place them beside the teacher so that the teacher has a regular monitor, monitor these children very very well, so that is the method we apply' (Male, Private school 2).

Theme 3

Discipline

'The role I think the teacher can play is maybe they should try their best to correct him/her when they are misbehaving' (Female, Public school 2).

Theme 4

Mental health promotion activities

'Well, teachers they are just like parents too it is just that their own is limited, it's confined to the environment of the school. They can play the role of a parent to the children by having a listening hear to them to see what is happening to that child and counsel the child properly.

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More so, teachers need to show love to them because if you need to catch someone that is or you have to work on someone with mental issues you have to show them love' (Male, Schools Board).

'I think what we should do is, like our school now this is a private school, after the assembly we gather in our various classes, we interact with the children, make them happy, and as you are making them happy you are watching them, you are watching their behaviour to know if there is anyone that feels somehow, as a mother, because we are their mothers, we are their everything. For me I will call the child, what happen, they will tell me, we should try to make them like our own children. So that they would be able to open up' (Female, private school 2).

The following themes were in response to the second part of the question on 'what sort of training will teachers need in order to be more competent and comfortable addressing mental health issues in schools'?

Theme 1

Incorporating mental health concept in teachers training curriculum

'I think the background should be from the teacher training school, this aspect should be introduced inside the curriculum, I think it should be a compulsory course for all teachers in training to take, not only in N.C.E lat level. No, it should be from level 1, 2 and 3, so that by the time they get to the field they will be able to perform perfectly' (Male, Private school 2)

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Theme 2

Organizing regular training on mental health for school personnel

'Teachers need adequate trainings that includes seminars, so they can know how to address issues affecting the children' (Female, Public school 2).

'Seminars, if government creates seminars to attend it can help us on what to do for the children' (Female, Private school 1)

'We need orientation from mental health experts, (Female, public school 2)

Question 6

Would you feel comfortable asking a child about mental illness or mental health problems?

This question explores the perceptions of school administrators and teachers about mental health problems in school children. There were 3 themes identified in response to this question. Some of the respondents described some level of comfort addressing mental health problems in school. Reasons given included: 'Part of teachers' responsibility and 'To assist the child''. Other respondents expressed feelings of not being comfortable. Reasons given included: 'Not exposing children to mental health issues at tender age' 'Shame / stigma' and 'Invoke parents wrath'..

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Theme 1

Parts of teachers' responsibility

'Once you observe that child or pupil, you just have to call, you let that child or pupil feel comfortable as well , you should feel comfortable as a mother and as a parent and as a teacher, in talking to that pupil' (Female, Public school 1).

'Well, you know one of the works of a teacher or a manager is to find out issues with your students. I think a teacher should be comfortable to ask the question 'how far about your life? Why is this thing still going on? In fact, we should be able to consult the parent also on what we discover' (Male, Private school 2).

'Yes, all teachers have to feel comfortable, you know teachers are local parents. So I think to ask a child about how he or she is feeling or passing through, you need to feel comfortable with the child. You know children to assess them you have to feel comfortable with them, you need to make them relax' (Male, Schools Board).

Theme 2

To assist the child

'Of course why not? It's part of our duty when you ask you will not labour in vain, you will be able to help the child (Female, private school 2).

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Reasons given for lack of comfort included:

<u>Theme 1</u>

Not exposing children to mental health issues at tender age

'I don't think I would at all, because they might not even know what we are talking about. So we don't need to expose the children to such a thing' (Female, Private school 1).

<u>Theme 2</u>

Invoke parent's wrath

'We will not be comfortable in school. So if you ask, when the parent hears that you ask they will be furious with that teacher, why asking?' (Female, public school 4).

<u>Theme 3</u>

Shame and stigma

'Shame and stigma may be part of it because nobody will see somebody that is doing one kind and will want to associate with such person' (Female, Private school 1).

Question 7

<u>How do you think parents would feel about mental health issues being addressed in school?</u>

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This question explores the perceptions of school administrators and teachers about mental health problems in school children. There were 4 themes identified in response to this question. Some of the respondents felt parents should be co-operative / supportive. Reasons given included 'Means of relief or help to parents'. While others felt parents would feel bad / not receptive. Reasons given included: 'Mental health issues are better addressed in special schools' and 'Mental illness in children sounds inappropriate'. However, respondents from private schools felt the responses of the parents depend on the approach used by the school in handling such matter.

Theme 1

Means of relief / help to parents

'*Ah! In fact parents will be so much happy because this thing is as if is a stigma but if they see somebody that will help them to come out of this situation they find themselves. I think the parents will be very, very happy'* (Female, Schools Board).

'They need to feel very fine because not all of these signs and symptoms would be discovered at home so by the time any pupil is relating to the friends and teachers in the school, the teacher can discover such a thing and when you discover such a thing and you invite the parent, the parent suppose to feel okay, even to feel happy and thank such a teacher that I am very happy you can discover such a thing in my child' (Male, Public school 4).

Reasons why parents would not be happy included:

Theme 1

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Mental health issues are better address in special schools

'The parents will not take it lightly, they will not like it because this is not a special school, so it is better done in a special school rather than bring it to this type of school' (Female, Private school 1).

<u>Theme 2</u>

Mental illness in children sounds inappropriate

'Some parents will feel bad because it sounds somehow that a child have mental illness. They will feel bad, they will come to fight the teacher' (Male, public school 1).

<u>Theme 3</u>

It depends on the school's approach

'The behaviour of the parent depends on how the school handles it or give it (present) to parents. It's the matter of the school and the parent. It's not public. Invite the parent and sit with them in the office and you discuss with them one-on-one amicably not that coming to the assembly and announcing. No! It shouldn't be' (Female, private school 2).

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Question 8

<u>What resources do you feel would be necessary in order to address mental health issues in schools?</u>

This question explores the perceptions of school administrators and teachers on the resources needed to address mental health problems in school. There were 3 themes identified in response to this question. These included: 'Training' 'Mental health personnel' and 'Mental health promotion Facilities'.

<u>Theme 1</u>

Training

<u>Developing training programmes for parents and teachers</u>

'For me I think the first one should be like the school should organize a meeting or training for the parents even during PTA meetings, talk to them about mental health disorders. First thing is actually training. If you focus on materials, how many schools can get the materials? So I think the first thing is to train the parents, train the teachers, there should be regular training center like I said then' (Male, Private school 2).

'We need to conduct trainings in other for the teachers to be able to perform well, I mean to work effectively on these issues' (Female, Schools Board).

<u>Theme 2</u>

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Posting mental health personnel to schools

Participants mentioned mental health experts such as psychiatrists, counselors, nurses and social workers as important personnel necessary to address mental health issues in schools.

Posting mental health experts to schools

'Well, on a serious note every school need a mental health professional to be available with them, to be part of their counseling section in the school, so that it is going to help the school in moving forward and it will reduce some kind of inefficiency of the school' (Male, Schools Board).

'May be you can have a specialist on the mental something .....May be a psychiatrist doctors in the school to provide the drugs or examine the children on the type of problem they have in their mental something' (Female, Public school 3).

'I think the school can build a mini center and equip it with normal clinic, then find somebody who is in that line. Like in primary school, we don't have a counselor, most primary school, maybe we can also apply the idea of getting somebody in that aspect to focus on that, then the second thing is the material to use, I don't think we have the knowledge for now' (Male, Private school 2).

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Theme 3

Mental health promotion facilities

Participant mentioned mental health promotion materials and hospital equipment as resources necessary to address mental health issues in schools.

Providing mental health equipments

'Hmmm, anything they used in the hospital should be able to apply in the school as well but so far I am not a doctor, I am a teacher, I can't be monitoring those gadgets. Buy devices used in the hospitals. We mean what is good for the goose is good for the ganders. What is good for them in the hospitals is also good for us here (school), so that we can apply as first aid any way' (Male, Public school 4).

Mental health promotion materials

'I have even said it earlier, there should be a class or a block of building that can attract pupils or children. They should put in those classes various things that would boost the brain. Even when they come to school with problems, when they get to that place, they would feel lively again, so that one would not make them to be depressed' (Female, Public school 1).

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'May be posters or frequent information about mental health to pupils, may be class by class. When they are informed they will quickly come out when they are feeling strange' (Female, private school 2).

'Poster is the best, posters or use of charts then once a while you can give them audio-visual something (materials) to watch relating to the mental health' (Female, private school 2).

Question 9

<u>What resources are available in your community to address mental health issues in children?</u>

This question explores the resources currently available to tackle mental health problems in schools or communities. There were 6 themes identified in response to this question. These included: 'Special school' 'Hospitals' 'Mental health worker' 'Separate class' 'No resources' and 'Use of school rules'.

<u>Theme 1</u>

Special school

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'Like we did recently, we refer one to the Chesire School for the disability, once we discover it is not this type of school something, we have to refer them. There is another school in 'Gate' that also take care of such children' (Male, Private school 2).

<u>Theme 2</u>

Separate class

'The method we use is that we separate class with white boards where some of these children we take care of them.

<u>Theme 3</u>

Hospitals

'Many schools I don't think they have materials or any resources but I know the federal and state hospitals will have and may serve as resources' (Male, Schools Board)

'Sometimes we refer them to hospitals' (Male, Private school 2).

<u>Theme 4</u>

Mental health workers

'We have resources but not adequate or let me say it is not up to what is expected. Presently we have counselors, but we still need more counselors' (Female, Schools Board).

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Theme 5

No resources

'Presently in my school we don't have any resources' (Female, Private school 1).

'I don't think we have any resources for now, we don't have any resources' (Female, Public school 3).

Theme 6

Use of school rules

'There are rules and regulations for the pupils to follow, like do not fight, do not bully one another' (Female, private school 2).

Question 10

What barriers exist which prevent children receiving mental health treatment in schools and the community?

This question explores the perceptions of school administrators and teachers on the barriers to receiving mental health care in schools. There were 4 themes identified in response to this question. These included: 'Stigma / shame' 'ignorance' and 'No mental health in school curriculum'.

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<u>Theme 1</u>

Shame / Stigma

'Because of what happen to those children, people might not want to be very close to their parent and that may be the constrain' (Female, Private school 1).

'Yes, there are a lot of barriers. Number one, people are ashamed of these, right from the parents, some parents are ashamed of these children they don't want to be identify with the children that is been derailed. They are ashamed, apart from been ashamed they see it as a stigma on them. So people are ashamed of them which is not suppose to be so if they see people that will help them out the parent will be happy, such a child too will be happy' (Female, Schools Board).

<u>Theme 2</u>

Inadequate awareness

'Yes, the first thing for mental health something is that the orientation is as little as nothing, people don't have the knowledge about it. In fact, we don't consider it as anything that is part of the school at all' (Male, Private school 2).

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Theme 3

No mental health in school curriculum

'The governments by not putting even mental health in the school curriculum' (Female, Public school 1).

Question 11

If you were in charge of creating a school mental health programme what suggestions would you have for school administrators and policy makers?

This question explores the perceptions of school administrators and teachers about mental health problems in school children and as well explores the resources necessary to tackle mental health problems in schools. There were 7 themes identified in response to this question. These included: 'Organise training for school workers' 'Provision of mental health facilities/ equipments' 'Creating awareness or enlightgment programmes' 'Ensure continuity of school based mental health services' 'Educating parents' 'Stake holders involvements' and 'Provision of mental health personnel'.

Theme 1

Organise training for school workers

'My first suggestion should be that teachers should go for workshop on mental health, teach them, and give them apparatus to bring down to schools' (Female, Public school 1)

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Theme 2

Provision of Mental health facilities/equipment

'To equip schools with good medical equipment that is related to this mental something and to give us personnel that can help administer' (Male, Public school 4).

'Government should create a center for these children, a rehabilitation center for the affected children' (Female, public school 1).

Theme 3

Creating awareness / Enlightment programme

'Well, I think there should be a need for increase in awareness. It is only when you know there is a problem that is when you can tackle it, if you don't know then it cannot be tackled not to talk of been solved. (Male, Schools Board).

'My suggestions will be that we need seminars at first because we need to enlighten people, people are not more enlighten in these aspect. You know such a child they are been neglected, they do not see them as part of the society, so we have to start with training, we have to train the parents, yes let's start from the parent they have to bring the children out, they should not keep

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them in-door and the children too, let's tell them this is not the end of the world they can still achieve whatever they want to achieve. Training is the number one thing. They have to conduct training for the parents, for the teachers and also for the children that are concern' (Female, Schools Board).

Theme 4

Provision of mental health experts

Government should also provide for us to put mental health experts in schools and to organize school mental health programmes so as to help all these children' (Male, Schools Board).

Theme 5

Ensure continuity of school based mental health services

'What I will say is that it should be a continuous exercise, if it's not a continuous something, you know another government will change it, they can abandon it for like a year or six months' (Female, Urban Public school 1).

Theme 6

Provision of mental health personnel

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'Government should employ personnel, professionals and guidance counselors, they should provide the needs of these children' (Male, public school 1).

'We have to have personnel, doctors or something to treat it like if I have my own school, a special doctor that knows about it, specialist the school should have one in case of emergences' (Female, private school 2).

Theme 7

Stakeholders' involvements

'A forum that each school administrator has to be present and where the issues will be addressed generally' (Female, private school 2).

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4.3 PUPILS PERCEPTIONS ON THE NEED FOR MENTAL HEALTH PROGRAMMES IN PRIMARY SCHOOLS.

Question 1

What can you say about mental illness or mental health problems in children?

This question explores the perceptions of pupils about common mental health problems in school children. There were 4 themes identified in response to this question. These included: 'Stigmatizing words' 'Brain injury / malfunction' 'Bullying' and 'Abnormal behaviour / strange behaviour'.

Theme 1

Stigmatizing words

Participants from public schools used stigmatizing word like 'madness' to describe their first thought of mental illness unlike pupils from private school who did not.

Madness

'It means the person behaves madly' (Female, Urban public school).

'It means the person is mad' (Female, Rural public school).

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Theme 2

Abnormal/ Strange behaviour

'It means the person behaves abnormally or strangely' (Female, Rural public school).

'I think it's like the person doesn't know what he or she is doing again, like what is wrong and what is right' (Female, Urban private school).

Theme 3

Brain injury or malfunction

'It means an injury to the brain' (Male, Urban public school).

'May be the brain of the person is not working very well' (Male, Urban private school).

Theme 4

Bullying others

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'When a person is threatening, (bullying) another person without any reason' (Male, Urban private school).

Question 2

Do you see children with mental illness or mental health problems in your class or school? If yes, how do you identify these children?

This question explores the perceptions of pupils about common mental health problems in school children. There were 4 themes identified in response to this question. All respondents agreed that they see children with mental health problems in their school. Reasons given are more of externalizing behavior. These included: 'Poor academic performance' 'Abnormal behaviour' 'Physical appearance' and 'Bullying'.

Theme 1

Poor academic achievement

'Low performance in the classroom' (Male, Urban private school).

'When a child doesn't understand what is been taught in the classroom' (Female, Urban public school).

Theme 2

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Physical appearance

'Yes we have, he drools and vomits on himself most times, he comes to school dirty, (Female, Rural public school).

Theme 3

Abnormal Behavior

'When a person is sitting down and talking to him or herself' (Male, Urban private school).

'In his action, a child that behaves abnormally. In the class if the teacher says stand up, he will sit down, if the teacher says sit down he will stand up' (Female, Rural public school).

Theme 4

Bullying

'By bullying other persons (pupils) in the school without anyone offending' (Female, Urban private school).

Question 3

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What means do your teachers or school administrators use to help children with mental illness or mental health problems in your school?

This question explores the perceptions of pupils on the resources currently available to tackle mental health problems in schools. There were 4 themes identified in response to this question. These included: 'Counselling' 'Provision of extra assistance' 'Corporal punishments' and 'Inviting the parents'.

Theme 1

Counselling the child

'The teacher can counsel the child' (Female, Urban public school).

'By admitting (referring) them to the school counselor' (Female, Urban private school).

'They advise pupils to relate well with one another and he advise those that are not performing well in their studies' (Male, Urban private school).

Theme 2

Provision of extra assistance

'Helping them in their studies, asking them questions' (Female, Urban private school).

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'When it's break time by calling the child to teacher's table and explain some things to the child' (Male, Urban private school).

Theme 3

Flogging / Corporal punishments

'They use cane or punishment' (Female, Rural public school).

'Yes, there is use of cane or punishment like to kneel down' (Female, Urban private school).

Theme 4

Inviting the parents

'They will ask the child to call the parents' (Female, Urban public school).

'To call the parents' attention during parent teacher's meeting' (Female, Urban public school).

'By inviting the parent of the child' (Female, Urban private school).

Question 4

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Do you think other children and teachers in your school should know about mental illness or mental health problems in children? If yes, why?

This question explores the perceptions of pupils about mental health problems in school children. There is only one theme identified in response to this question. All the pupils agreed that children and teachers should know about mental health problems in children. Reason given included: 'To provide help'

Theme 1

To provide help

The respondents agreed that their teachers and other school personnel can help children with mental health problems if they are aware of such illnesses. Participant used her personal experience as an example.

'I remember when I was in Titilope Memorial College, I did not do well in my studies, I copied my colleagues. If my teacher beats me, I do run away from school. I do run sometime to the back of the class to eat. One day a teacher beats me and later took me to a clinic around UI to test what is wrong with my brain' (Female, Urban public school).

Question 5

Can you ask a child in your class or school about his or her mental health or mental health problems?

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This question explores the perceptions of pupils about mental health problems in school children. There is only one theme identified in response to this question. Pupils' focus group participants expressed not to feel comfortable asking a child about his / her mental health. Reasons included: 'Stigma'.

<u>Theme 1</u>

Stigma

'The child may be feeling as if am abusing him or her' (Male, Urban private school).

'Some children may not respond and some may respond negatively with abuse' (Male, Urban private school).

Question 6

<u>How do you think your parents would feel if mental health issues are being addressed in school?</u>

This question explores the perceptions of pupils about mental health problems in school children. There is only one theme identified in response to this question. Respondents felt parents would feel Apprehensive / Angry / Bad' if mental health issues are been addressed in schools. Reasons given included: 'for stigma'

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Theme 1

Stigma

'My parent will be angry. They will feel somehow, like they are addressing their children badly' (Male, Urban private school).

'They will feel bad if they know their children is having mental problem, they will want to withdraw the child and put him in another school' (Male, Urban private school).

Question 7

What resources or equipment do you feel would be important to treat or address mental health issues in school?

This question explores the perceptions of pupil on resources needed to address mental health problems in schools. There were 2 themes identified in response to this question. These included: 'mental health personnel'' and 'Mental health materials / facilities'

Theme 1

Mental health personnel

Respondents perceived that medical personnel such as doctors and counsellors are of great importance in tackling mental health issues in schools.

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'To have a psychiatrist in the school' (Male, Urban private school).

'To invite a doctor to come and talk about it' (Female, Urban private school).

'To have a school guidance counselor' (Female, Urban private school).

Theme 2

Mental health materials/facility

'They will need resources like posters that talks about the mental health' (Female, Urban public school).

'They will need a room and a chair for the doctors and counsellors that would come to help us' (Male, Urban public school).

Question 8

What are the barriers that can prevent children from receiving mental health treatments in school and the community?

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This question explores the perceptions of pupils on the barriers to receiving mental health care in schools. There is 1 theme identified in response to this question. These included: 'Shame/ stigma/ insult'. Pupils focus group participants had concern about other pupils who could be aware of their mental health issues if mental health problems are been address in schools and they perceived that such knowledge could be used against them in future.

Theme 1

Shame / Stigma / Insult

'His friends may be making jest of him' (Female, Urban private school).

'Some may be spreading the secrets around' (Male, Urban private school).

'Some other children may be insulting him or her' (Female, Rural public school).

'He might be threatened by someone (other children) who knows' (Male, Urban private school).

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CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS AND CONCLUSION

5.1 Discussion

This study was a cross-sectional qualitative study carried out in Ibadan metropolises to explore the perceptions of pupils, teachers and school administrators on the need for mental health programmes in primary schools.

This section discussed the results in the light of socio-demographic characteristics of the respondents, perceptions of mental health problems among primary school children, current approaches and resources available to tackle mental health problems within the school community, barriers to delivery of mental health services in schools and the proposed solutions.

5.1.1 Socio-demographic characteristics of the respondents

The mean age of teachers who participated in the teachers' focus group discussion was 37. 8 years (SD: 7.5) with a range of 5 to 32 years teaching experience. A Similar study carried out by Ibeziako *et al.,* obtained a mean age of 39.5 years (SD: 8.9) with a range of 2 to 34 years of teaching experiences. This also corroborate with a study carried out in East England by Loadeskiki, on teachers' recognition of children's mental health problems which found a mean age of 38.3 years (SD: 10.99) with a range of 5 to 20 years teaching experience (Loadeskiki, 2010). The similarities in age range and years of teaching experiences in these studies could probably be due to the fact that these ages are within the active service years (Okechukwe *et al.*, 2011).

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The observation that more females participated in this study was similar to the findings from Peterson, on perceived barriers to developing a successful school based mental health programmes were 77.6% females who were more of school administrators and teachers participated in the study (Peterson, 2018). This also aligned with the study by Loadeskiki, were more than 50% of the participants were females and primary school teachers (Loadeskiki, 2010). This may be due to the fact that women engage in care giver services than men as teaching is one of the jobs that involve care giving (Medina *et al*., 1999).

As concerned the Pupils participants, 51.7% were 10 years and below, and 58.6% were female. This was similar to that of a study carried out among young people in Niger-Delta, Nigeria, where 55% Male children and 57% female children participated (Jack-Ide, 2013). This also corroborate with another study in Uyo, Nigeria were 62.8% of the participants were below 10years and 50.5% were female (Akpan *et al*., 2010). This can be explained by the changes in pre-school entry age, as most children enters pre-primary before the age of 3 and finish primary education before 10 years or by 10 years (Olaniyan, 2011).

5.1.2 Perceptions of mental health problems in children

Mental health problems in children generated a similar perceptive among the various participants of this study. The views of the school administrators on mental illness or mental health problems are quite similar to that of the primary school pupils and teachers too. Participants used a wide range of terms such as 'madness', 'sick up stairs', 'not ok', 'brain injury', 'insanity', 'mentally retarded,' and 'abnormal behaviour' to express their understanding of mental illness in children. This was similar to the findings from Ibeziako *et al,* on needs assessment for child mental health

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programmes in primary schools (Ibeziako *et al*., 2008). This was also in line with the findings from Ronzoni *et al,* on stigmatization of mental illness among Nigeria school children (Ronzoni *et a*l., 2010). This study revealed that Primary school pupils from the urban private school were less likely to use stigmatizing terms. The type of mental health information (either truth or myth) received by the pupils could have contributed to their attitudes or responses towards mental health disorders (Jack-Ide, 2016).

School administrators from urban private schools were less likely to use stigmatizing expressions and their responses suggested greater mental health awareness, especially among school children. This may be explained by the higher level of education attained by these administrators and diversity in their courses of study (Halpern-Manners *et al.,* 2016). This was in line with a study by Aghukwa, which reported that higher level of education among school teachers is significantly related to their positive perceptions towards mental illness (Aghukwa, 2009). This study also found that teachers' focus group participants from urban private school used stigmatizing words more than participants from public schools. This may be explained by the workload on private school teachers coupled with the interference of these behaviour with academic activites (Ofili *et al*., 2009; Habtamu *et al*., 2016).

Head teachers and teachers' focus group participants identified child family problems and school environmental problems as possible factors that could be responsible for mental illness among children. A similar study by Habtamu *et al*, on perceptions of primary school teachers to school children's mental health problems in Southwest Ethiopia reported that teachers rated problems with primary support and poor school environment as cause of child mental health problems (Habtamu *et al*., 2016). This was in line with the Ibeziako *et al* study, were problems with primary support is highlighted as one of the possible causes of mental illness among

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children (Ibeziako *et a*l., 2008). This also corroborates with a study in Germany, which reported that poor school environment increases the risk for children developing mental health problems (Gerd, 2016).

Respondents from this study used informal methods such as observing changes in child's behaviour and academic performance to identify different symptoms of mental health problems in children. The symptoms mentioned included; behavioural problems, problems with academics, emotional problems (such as depression and isolation) and physical appearance. This was also similar to the findings from Ibeziako *et al* study, were respondents (teachers) identified poor academic performances as a major sign of mental illnesses in children. This also aligned with the finding from Pederson *et al*, on school functioning and internalizing problems in young school children which reported behavioural and academic problems as signs of mental health problems in school children (Pederson *et al*, 2019). This finding is consistent with studies that have shown that there are similarities between the range of disorders in developed countries and Sub-Sahara Africa (Michael Ogundele., 2018: Gerd, 2016; Center for Disease Control CDC, 2011).

Head teachers and teachers' focus group participants mentioned more of internalizing child mental health behavioural problems (social withdrawal, sad or unhappy, self-isolation, depression, inactiveness) while pupils' focus group participants mentioned more of externalizing child mental health behavioural problems (bullying, physical appearance such as dirty and drooling, over activeness). Head teachers and teachers responses may be due to the interference of these behaviours with the learning process as studies shows that teachers are quick to highlight problems that obviously interferes with the teaching-learning process (Pederson *et al.*, 2019; Riglin *et al.*, 2014; Habtamu *et al.*, 2008 ; Mansour *et al.*, 2002 as cited by Ibeziako *et al.*,

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2008). The findings from all respondents (School administrators, Teachers' Focus Group Participants, TFGP and Pupils' focus group participants, PFGP) aligned with the findings from a study by Smolleck *et al*, which reported behavioural issues (both internalizing and externalizing behaviours) to negatively affect all aspects (academics, social or emotional development) of a child's life both in and out of school settings (Smolleck *et al*., 2017).

5.1.3 Current approaches and resources available to tackle mental health problems among primary school children.

Respondents from this study highlighted the fact that there is a general lack of formal mental health intervention programmes within the schools but they however mentioned different informal methods or approaches as current means of managing mental health problems among school children. These included child and parent focus approach ranging from provision of individual counsel to the child, inviting child's parent for counsel, mentoring the child, to provision of extra assistance to the pupils. The importance of providing timely interventions (formal or informal) to children in dire need of mental health services within their normal daily environment as long been established (Centers for Disease Control and Prevention CDC, 2011; Association for Children's Mental Health ACMH, 2018). This also aligned with the findings from a study by Nicolia *et al*, which reported that using a wide variety of formal or informal approaches for children with mental health problems is an important first step in promoting mental health among school children (Nicolia *et al*, 2003).

Mental health promotion strategies (including activities, materials and facilities) were mentioned in this study as resources necessary to tackle mental health problems among school children.

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Respondents mentioned the use of visual (poster), audio-visual materials, building mental health facilities in schools as well as incorporating mental health concept in primary school curriculum. This findings aligned with systematic review of 16 interventions on effectiveness of school based mental health promotion activities which found mental health promotional activities to be effective among school children with mental health problems (Wells *et al*., 2003). This was similar to the findings by Pinfold *et al,* on the impact of awareness programmes in schools which reported that print and electronic media could serve as mental health promotion materials to school children (Pinfold *et al*., 2005). The findings from this study was also in line with a study on advancing school mental health globally by Weist and Murray, which reported that the inclusion of school mental health promotional programmes in schools curricula and policies is a lifelong solution to inadequate mental health services in the country (Weist and Murray, 2008). The findings from this study also corroborates the findings by Burton *et al,* which reported that mental health promotion activities strengthens and increases the well being of children and help them to stay mentally healthy and to cope with difficulties that they may face in future (Burton *et al*., 2014).

Key informants' and teachers' focus group participants from this study felt they were aware of mental health problems in children but that they however lack the required knowledge to address mental health problems in school children. Participants mentioned that having enough knowledge on mental health issues will bring about better improvement in pupils academic performances. Participants however, requested for a more formal training on mental health in form of seminars, conferences and workshops. Also, they requested that mental health concept be included in teachers training curriculum. This aligned with the findings from a study by Bella *et al,* which reported limited teachers' knowledge of child mental health and advocated for

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incorporation of child and adolescent mental health care into teachers education curricula as a means of integrating school teachers as school mental health programmes collaborators (Bella *et al*., 2011). Similarly, findings from a study by Walter *et al,* found that teachers' knowledge about mental health issues are limited and that it affects their ability to manage mental health issues/problems adequately in their respective classrooms (Walter *et al*., 2006). The findings of this study also corroborates the finding from Oshodi *et al*, on perceived needs for school mental health among stakeholders which reported that having prior knowledge of mental health and school based mental health services influences positive attitude towards the implementation of school based mental health services (Oshodi *et al*., 2013)

Key informants and teachers respondents from this study felt parent disposition to school mental health services will be positive as teachers will be able to identify children who requires mental health services since not all symptoms of mental illness will be displayed by the children in their respective homes. This corroborates with the finding from Ford and Nikapota, which revealed that teachers have the opportunity to detect majority of problems in school as children spend several hours in teachers' custody (Ford and Nikapoti, 2000). This was in contrast with the perspectives of pupils focus group participants who felt parents would be apprehensive if mental health issues are been addressed in school. Pupils' participants felt addressing mental health issues in schools is accusing children wrongly. This finding necessitates the need for more increase mental health awareness among primary school pupils in this part of the world. A study by Corrigan *et al*, reported that providing correct information on issues relating to mental health help reduces the fear, myth and stigma associated with mental health (Corrigan *et al.,* 2002). This aligned with the findings from Naylor e*t al,* which found that educating young people in

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school about mental health and mental health problems will influence positive perceptions on mental health (Naylor *et al*., 2009)

Respondents from this study perceived the need for mental health experts in their schools. This may however remain impossible due to shortage of mental health experts in the country presently but task shifting these roles to school personnel's through adequate, appropriate and continuous training will help a great deal (Bella *et al*., 2011; Ibeziako *et al*., 2008). Key informants and teachers respondents felt school based mental health services are essential and therefore, perceived a need for such services in their schools. This was similar to a findings from Oshodi *et al*, were students perceived the need for school mental health services (Oshodi *et al*., 2013).

5.1.4 Barriers to delivery of mental health services in schools.

Respondents mentioned a variety of barriers to the implementation of school based mental health services and highlighted stigma as a higher barrier. Respondents described the effect of stigma on children suffering from mental health problems as one that remains with the child through the journey of life. Pupils' focus group participants mentioned more of shame, stigma and insult as an aftermath of mental health diagnosis in schools. The relationship between stigma and school based mental health services has long been established. A study on the perceptions of young people in relation to stigma in school based mental health services found that young people perceived stigma as a significant barrier to accessing school based mental health services (Bowers *et al* ., 2013). This was in line with the findings from Peterson, on perceived barriers to developing a successful school based mental health programmes which identifies stigma as the largest barrier to implementation of school based mental health programs (Peterson, 2018).

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Extensive efforts are needed to overcome stigma and shames that could interfere with the implementation of school based mental health services (Jack-Ide, 2012). Inadequate awareness and ignorance was mentioned by the respondents as another barrier to delivery of school based mental health services. Key informants were of the opinion that there is little orientation on mental health and many school administrators did not view it as important part of the school. This was similar to a study on perceived barriers to developing successful school-based mental health programmes, which mentioned that inadequate orientation/training for school personnel forms a barrier to implementing school based mental health programmes (Peterson, 2018). This study also reported the non inclusion of mental health concepts in school curriculum as another barrier to implementation of school based mental health services.

5.1.5 Proposed solutions

Majority of the key informants and teachers focused group respondents mentioned school as an appropriate place to tackle mental health problems in children and that teachers can help a great deal to identify mental health issues in children if teachers and other school personnel are enlightened more on mental illness or mental health problems in children. Many of the respondents felt children spent more time in school with teachers and other school personnel (who serves as educators, carer, role models and surrogate parents) than they often do with their parents since most parents spend large part of their day trying to make ends meet, due the financial situation of the country. Respondents emphasised the importance of involving stakeholders including school administrators (proprietors and government officials) in the development of a school based mental health services. The need for stakeholders' involvement is

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paramount in achieving a functional school based mental health services (Adelman, 2006). Key informants emphasised the need for continuity of mental health services in schools with strong support from the government once the programme is initiated. Key informants participants from this study represent rural and urban local school administrators who can influence their immediate environment a great deal. They can be instrumental in ensuring the establishment and continuity of such programmes within the school as they determine new activities that can take place within the schools.

Respondents provided useful suggestions to overcome existing barriers to delivery of mental health services within the school settings. They identified enlightenment campaign, mental health promotion materials (visual and audio-visual) and activities, trainings of school personnel and financial resources for successful implementation of mental health services in schools. Most of the respondents felt further trainings on child mental health to school personnel especially teachers will help as most teachers reported to have inadequate knowledge about mental health in children. The Key Informants' and teachers' perceptions of the reception of school mental health services in the community and with parents were very positive. Nevertheless, most of the respondents suggested ways to reduce stigma and shame associated with provision of mental health services within the school settings by appropriate packaging of the programme and management of the programme by competent hands. Respondents emphasised on public awareness of mental health issues in children to the general public especially parents.

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5.1.6 Study limitation

This study is one of the few to explore the views of primary school pupils regarding school based mental health programmes in a low and middle income country. However, as pupils were sampled from only three primary schools, the small sample of schools used in this study may not have fully represented the entire state and, thus, views may not be generalized to all other primary school pupils in this region. A larger population would have given greater and better insight into some of the opinions expressed by the pupils. This study does not include parents who could potentially provide additional insight into the mental health needs of children.

5.2 Conclusion

This study explored the perceptions of school administrators, teachers and pupils on the need for child mental health programmes in primary schools in Ibadan, Southwest Nigeria. The findings from this study revealed a general lack of formal mental health interventions in schools, although, respondents described informal means of managing children with mental health problems. This is suggestive that a lot of mental health awareness programmes are on-going in schools. Key findings from this study included the need for more formal training among stakeholders, increased teachers knowledge on mental health and child mental health problems and inclusion of all education stakeholders in planning a functioning and lasting school based mental health programmes.

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5.3 Recommendations

5.3.1 Recommendations for pupils

Based on the findings of this study, the followings are recommended:

1. Mental health literacy should be incorporated into the educational system most important at the primary school level. This can include age appropriate lessons that introduce mental health to primary pupils and that will help to increase their knowledge as they progress.
2. Provisions of mental health promotion materials that will aid the understanding of mental health concept. Visual (posters) and audio-visual materials about various mental health issues among school children should be provided.

5.3.2 Recommendation for teachers and school administrators

Based on the findings of this study, the following are recommended:

1. Teachers education curricula should be re-design to incorporate basic mental health courses so that all teachers in training will have basic knowledge of child mental health problems that will prepare them for the task ahead of them.
2. Regular conferences, seminars and workshops on child mental health should be organized for all teachers and school administrators on regular basis.

5.3.3 Recommendations to Government officials

Based on the findings of this study, the following are recommended:

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1. Government should involve education stakeholders in the development of a functioning school based mental health services.
2. Government should assign trained mental health professionals to school so as to help the pupils with mental health issues and give more mental health insight to the teachers.
3. Government should embark on more community mental health awareness/campaigns.

(Word count: 3319)

Total word count: 23,702

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APPENDIX 1

PERCEPTIONS OF PUPILS, TEACHERS AND SCHOOL ADMINISTRATORS ABOUT MENTAL HEALTH NEEDS IN PRIMARY SCHOOLS IN IBADAN, NIGERIA

CONSENT FORM

I ------------------------------ of the Centre for Child and Adolescent Mental Health wish to carry out a study to determine the perception of mental health problems, needs of children and feasible ways to address these within the school system.

The project involves holding interviews with key informants, teachers and pupils. Each focus group/interview will last approximately an hour during which we would be asking questions to elicit your views. Your responses will be recorded on audiotape. All information will be confidential as to who provided it and the tapes will not be shared with any of your administrators. We will not disclose who actually participated in any of the focus group interviews. If you are a teacher or work in the school, your information will not be shared with administrators or colleagues.

There are no foreseeable risks involved. A potential benefit of this project is that we hope the written report will be used to guide the development of a comprehensive programme of school based mental health services for primary schools in Ibadan.

Your participation is completely voluntary and you may choose to end the interview at any stage.

Do you agree to take part **yes** **no**

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Consent : The study has been well explained to me and I fully understand the process involved. I agree to take part in this study.

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Participant signature\date **Interviewer signature\date**

Principal investigator's signature

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APPENDIX 2A

PERCEPTIONS OF PUPILS, TEACHERS AND SCHOOL ADMINISTRATORS ABOUT MENTAL HEALTH NEEDS IN PRIMARY SCHOOLS IN IBADAN, NIGERIA

SOCIO-DEMOGRAPHIC QUESTIONNARE

Today's Date: ___ ___/___ ___/___ ___

SCHOOL HEALTH QUESTIONNAIRE IN ENGLISH & YORUBA

Please write the answers to the questions or draw a circle where it applies to you. This is not an examination it is only to find out about you and your health.

Jọwọ kọ idahun si awọn ibeere ti o jẹmọ ọ, tabi ki o faigisi abẹ eyi to o jẹmọ ọ. Eleyii kiişe idanwo; a kan fẹ mọ nipa rẹ ati ilerarẹ ni.

SECTION I

Personal Information

1. Name of School (1. Orukọile-iwe):

2. Class (2. Kilaasi):

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3. How old are you? 5. Ọmọọdunmeloni ọ? ____

4. Are you a boy or a girl? (a) boy (b) girl

5. Şeọkunrintabiobinrin? (a) Ọkunrin (b) Obinrin

6. Do you practise any religion? No Yes

6. Nję ę manse ęsinkankan? BęękọBęęni

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APPENDIX 2B

PERCEPTIONS OF PUPILS, TEACHERS AND SCHOOL ADMINISTRATORS ABOUT MENTAL HEALTH NEEDS IN PRIMARY SCHOOLS IN IBADAN, NIGERIA

FOCUS GROUP AND KEY INFORMANT DISCUSSION GUIDE

1. What comes to your mind when you hear mental illness or mental health problems in children?

2. What are the common signs and symptoms of mental illness or mental health problem in children in this environment?

3. How would you identify children in your class or school who have mental illness/mental health problems?

Probes

Do you see these children in your school?

Mental health problems

Emotional problems

Problems with behaviour or conduct

Psychosocial issues

Are there differences in the above?

4. What approaches and resources currently exist to address mental illness or mental health problems in your school?

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Probe

Approaches:

Do you use disciplinary measures? Expulsion, suspension, use of cane, other punishments.

Resources:

Guidance Counsellor

Religious personnel

If available what exactly do they do to help the children?

5. How much do you feel teachers and other school workers should know about mental illness or mental health problems in children?

Probes

Do you think they know about mental illness or mental health problems presently?

6. What sort of roles should teachers play in addressing mental health needs of children in schools?

Probes

What sort of training would teachers need in order to bemore competent and comfortable addressing mental health issues in school?

7. Would you feel comfortable asking a child about mental illness or mental health problems?

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Probes

If yes why

If no why

Shame

Stigma

Stimulating a problem with the school authorities other teachers parents community

8 How do you think parents would feel about mental health issues being addressed in school?

Probes

Supportive

Angry

Suspicion

Inappropriate settings

9 What resources do you feel would be necessary in order to address mental health issues in school?

Probes

Promote mental health

Prevent mental illness

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Treat mental illness

Rehabilitate those who have suffered mental illness

10 What resources are available in your community to address mental health issues in children?

Probes

Traditional practice

NGOs

Agencies

Other

11 What barriers exist which prevent children from receiving mental health treatment in schools and the community?

Probes

Stigma

Poverty

Ignorance

Lack of services

12 If you were in charge of creating a school mental health program what suggestion would you have for school administrators and policy makers?

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APPENDIX 2C

PERCEPTIONS OF PUPILS, TEACHERS AND SCHOOL ADMINISTRATORS ABOUT MENTAL HEALTH NEEDS IN PRIMARY SCHOOLS IN IBADAN, NIGERIA

PUPILS FOCUS GROUP DISCUSSION GUIDE

1. What can you say about mental illness or mental health problems in children?
2. Do you see children with mental illness or mental health problems in your class or school?
3. If yes, how do you identify these children? What are the common signs and symptoms that children with mental illness or mental health problems shows?
4. What means do your teachers or school administrators use to help children with mental illness or mental health problems?
5. Do you feel other children and teachers in your school should know about mental illness or mental health problems?

   Probe

   If yes, to what extend?
6. How do you think teachers and other school personnel can help children with mental illness or mental health problems?
7. Can you ask a child in your class or school about his or her mental health or mental health problems?
8. How do you think your parents would feel if mental health issues is been addressed in school?

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9. What resources or equipment do you feel would be important to address or to treat mental health issues in schools?
10. What are the barriers that can prevent children from receiving mental health treatment in schools and in the community?

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