



School Counsellors' Knowledge of Depression among Senior High School Students in Sekondi-Takoradi

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Abstract

This study sought to examine the school counsellors' knowledge of depression among senior high school students in Sekondi- Takoradi Metropolis. The study was a descriptive survey that adopted the positivist paradigm. The population for the study was 80 trained school counsellors in the metropolis. Census sampling technique was used in selecting the 80 trained school counsellors. Structured questionnaire was used to collect the data. Descriptive statistics of frequency counts and percentages were used to analyse the data. The study revealed that school counsellors have insufficient knowledge with regard to identification, assessment and intervention as well as referring students who are possibly experiencing depressive symptoms to the appropriate professionals. Based on the findings, it is therefore recommended that school counsellors' training programmes in the universities and other training institutions should include comprehensive training of counsellors on mental health disorders and use of therapeutic testing and assessment inventories during their training to provide counsellors with the requisites knowledge with regard to the identification, assessment and intervention of mental health school related disorders.

Keywords: School counsellors; knowledge; depression; identification; assessment; intervention.

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1. Introduction

The school environment is designed to cater for learning and academic growth. However, in order for all children to receive the maximum opportunities to learn, the school must first take responsibility of addressing issues that may hinder the emotional, social and academic development of students. To achieve these goals, the total development of the individual's cognitive, affective and psychomotor domains is paramount and therefore demands a well-resourced guidance services in schools to take care of that. Hence the introduction of guidance and counselling services in schools in order to enhance the personal, social, academic and career development of students and assist them to make realistic decisions [1]. The American School Counsellor Association [2] national model specifically states that school counsellors are to make an effort to help students focus on academic, personal/social and career development so they achieve success in school and are prepared to lead fulfilling lives as responsible members of society. This expectation of school counsellors is important, as they are often the first to respond to problematic behaviours via referrals from other school faculty and administrators, as well as students [3]. Children and adolescents spend the greater portion of their weeks in school and are faced with a lot of school related problems. It ranges from intellectual, emotional, social, physical and psychological problems. One of these school-related problems is depression among children and adolescents [4]. Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide [5]. Almost one million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day as a result of depression [6]. The burden of depression and other mental health conditions in our schools is on the rise globally. A World Health Assembly resolution passed in May, 2013 has called for a comprehensive, coordinated response to mental disorders at country level. According to [7], depression in children and adolescents is a serious and debilitating issue that is often overlooked. It has the potential to cause problems with social, emotional and behavioural functioning as well as places the school children at risk for engaging in suicidal behaviours [8]. On the prevalence of depression among university students globally, Ibrahim, Kelly, Adams and Glazebrook [9] in their literature, revealed that reported prevalence rates among students ranged from 10% to 85%. The authors of the same report suggested that depression rates as reported by students were far higher than those found in the general population [9]. Using the Centre for Epidemiological Studies Short Depression Scale (CES-D10), a study among students in Nigeria found a prevalence rate of 32.2% [10]. An earlier study on a sample of 200 medical students found that 23.3% had probable depression [11]. Among Kenyan students, moderate prevalence rate of 35.7% was found whilst 5.6% reported severe depressive symptoms [12]. An equally high level of depression was recorded by [9] in Egypt with 37% of the students scoring above the threshold for moderate depression. Although literature indicates that the number of children and adolescents being diagnosed with depression is steadily increasing, it is difficult to ascertain an unwavering amount of occurrences in this age group [8]. Accurate identification of depression amongst this age group affects the number of occurrences that are reported [4]. Factors such as socio-economic background, race, education, gender and population must also be considered when looking at the rate of depression in children and adolescents [8]. Reference [4] reports that prevalence in depressive symptomology increases with age and tends

to increase even more around puberty. According to [7] teachers and counsellors have a poor grasp of the nature, causes and outcomes of depression, and they tend to have substantial misperceptions about appropriate interventions for the children with depression. This may be due to insufficient knowledge of depression. Children experiencing depression may start doing poorly in school, lose their friends and not get along with family members. When students have persistent difficulties, they may have attention-deficit hyperactivity disorder, or they may have lost or never had a bond with a significant caretaker. Older children who show sudden changes in behaviour may have been traumatized or become involved in substance abuse [4]. As such, this school related problems impose a threat to the social, emotional and academic success of the student. In the light of the seriousness of this disorder and the amount of time that the child spends at school, it is important to assess the accuracy of the school counsellors' knowledge of depression and the possible misperceptions they harbour in order to help and support children with depression in the best possible way in our schools. In Ghana it may come as a surprise to you, but by the end of the day, five or more people in Ghana would have taken their own lives due to depression, a phenomenon known as suicide according to the 2010 Ghana's population and housing census report by the Ghana Statistical Service [13]. The report provides an omnibus statistics of death by suicide, violence, accident, and homicide. The report shows 18,938 deaths recorded and categorized under deaths by accident, violence, homicide, or suicide within 12 months preceding the census. Also a journalistic report shows that about 1556 people (approximately five people daily) commit suicide annually in Ghana [14]. Analysis of police-recorded data by Network for Anti-suicide and Crisis Prevention [15] shows that 9.1% of all fatal and non-fatal suicides recorded between 2006 and 2008 involved adolescents (individuals aged between 10 and 19 years). Anecdotal statistics by the Network for Anti-Suicide and Crisis Prevention [15] shows that 531 youngsters (aged between 9 and 19) commit suicide annually in Ghana. Available statistics on suicide in Ghana put together by the Network for Anti-suicide and Crisis Prevention over a year indicate that Greater Accra region had the highest number of deaths by suicide, recording 431 and still counting. Below is the breakdown by region: Greater Accra Region 431, Northern Region 276, Ashanti Region 132, Upper West 118, Brong Ahafo Region 114, Upper East 102, Western Region 102, Eastern Region 98, Volta Region 97 and Central region 86. Per the data, an average of five out of every 10 people die every day in Ghana and this could even be worse should families or victims be bold enough to give information about some deaths that had been covered up and blamed on "illness".

1.1 Statement of the Problem

Some alarming information stumbled upon by The Globe newspaper reveal that the rate of suicide in Ghana is climbing at an incredible rate. According to a research conducted by Network for Anti-suicide and Crisis Prevention [15] over the study period from January 2012 through September 2014, a total of 44 adolescent suicides were reported on the websites of the selected media sources. Of this number, 40 cases, representing 90.9%, were completed suicides and 4 (9.1%) were attempted suicides. The incidence of adolescent suicide assumed an upward spiral increase in 2012 with more completed than attempted suicides. Seven cases were reported in 2012, representing 15.9% of all the 44 cases reported over the study period. Of the seven cases, six were completed suicides and one was an attempted case. In 2013, eight cases (representing 18.2%), all of which were completed suicides, were reported. As of the end of September 2014, 11 cases (representing 25% of all 44 cases) had been reported. Similarly, all the adolescents involved in these 11 cases died through the act

(completed suicides). On the educational background of adolescent suicides, according to Network for Anti-suicide and Crisis Prevention [15] more than half (63.6%) of all the media reported cases across the study period involved adolescents in school. Of this percentage, 15.9% were in primary school, 22.7% were in junior high school (JHS), and 25% were adolescents in senior high school (SHS). Overall, 4.5% of the reported cases involved dropout adolescents. The educational backgrounds of 14 (31.8%) were not reported. These staggering statistics appear to suggest that the school setting presents some pathways or risk factors to adolescent suicide in Ghana. Some adolescents (13.5%) engaged in the suicidal behaviour because of psychological distress. Some of the adolescents (9.0%) were reported to have shown signs of psychological distress prior to their suicidal behaviour, this can be described as the tip of the iceberg because the fear of social stigma could restrain families and other people from reporting a suicidal person to the police as well as giving a true verdict of the cause of death. This findings confirm the Ghana Psychiatric Center [16] reports that the increase in adolescent suicide due to depression is fast becoming the leading cause of death among children ages 10–19. School Counsellors are valuable sources of information with regard to diagnosis of depression because of their daily contact with children in a variety of settings (17). Experiencing depressive symptoms and not receiving appropriate treatment could potentially hinder the student's wellbeing. The ability for school counsellors to assess, identify and intervene when students are experiencing symptoms of depression is central to the academic success and overall wellbeing of the student. Although literature, especially those in Ghana and other parts of the world points out that children experiences depression, little is known about the school counsellors who are the first point of call in our schools, their knowledge level pertaining to identification, assessment and interventions of depression. This study attempts to look at these issues and fill the gap by researching into the knowledge and competent level of school counsellors with regard to identification, assessment and interventions of depression among student in order to help and support children with depression in the best possible way to improve their psychological well-being and subsequently their academic work.

1.2 Purpose of the Study

The purpose of this study was to determine the knowledge level of school counsellors' in identifying both external and internal characteristics of depression, assessing, and intervention of students who are possibly experiencing depressive symptoms.

1.3 Research Question

What is the knowledge level of school counsellors with regard to identification, assessment and intervention of depression among students?

1.4 Significant of the Study

The findings of the study will contribute to literature on school counsellors' knowledge level of depression among students and help them adopt ways of supporting students in times of depression. It is anticipated that the results of this study will be used by the school counsellors, the Ghana education service, counsellors training institutions, Universities, as well as other education policy makers in Ghana to plan depression management

programs for students. This is necessary because numerous studies have proved that when depression is not well managed it can lead to health problems, suicidal cases and poor academic performance of the students.

2. Methodology

This study was a descriptive cross – sectional survey design which employed the quantitative approach as the required information could only be obtained through the use of questionnaires.

2.1 Population, sample and sampling techniques

The population of this study, was 80 trained school counsellors in the Sekondi-Takoradi Metropolis, comprising 33 males and 47 females. All the 80 trained school counsellors were selected through census sampling procedure. All the trained counsellors were selected because of their population and the homogeneity of their training received.

2.2 Instrumentation

Structured questionnaire was employed as the instrument for the study. The questionnaire for this study, was adapted [18] with a few modifications to suit the Ghanaian context and the objectives of the study. The questionnaire comprised 20 items. The 20 items were taken from the Beck Depression Inventory II (BDI II) and the Adolescent Depression Knowledge Questionnaire (ADKQ). In ensuring the validity and reliability of the questionnaires, the test-retest method was used and yielded an internal consistency of 0.87.

2.3 Data Analysis

Research questions were analysed using descriptive statistics frequency counts, percentages and mean

3. Results of the Study

3.1 School Counsellors' Knowledge on Depression

The research question sought to find out the knowledge level of school counsellors with regards to identification, assessment and intervention as well as referrals of students who might be experiencing depression. The data were analysed in terms of the responses using frequency counts and percentages as presented in Table 1.

3.2

Table 1: Knowledge of Counsellors with regards to identification, assessment and intervention

Statement	Correct item	Incorrect items
	Freq.	Freq.
1 A person with depression always feels sad	22 (28)*	58 (72)*
2 Children who are depressed only experience internalized symptoms	32 (40)	48 (60)
3 Children with externalizing problems are referred to the school counsellor more often than children with internalizing problems	47 (59)	33 (41)
4 Children with depression often exhibit co-morbid disorders	18 (23)	62 (77)
5 Childhood on-set of depression naturally diminishes over time	23 (29)	57 (71)
6 Bipolar disorder is more common than Major depression	21 (26)	59 (74)
7 There are certain groups of people who are immune to depression	21 (26)	59 (74)
8 Common symptoms of depression in school children are Suicidal ideations and Socially withdrawal	28 (35)	52 (65)
9 Lack of motivation to complete tasks, Poor academic performance, Easily annoyed are symptoms or behaviours that are consistent with adolescent Depression.	22 (28)	58 (72)
10 Children who are depressed may experience difficulties in peer relationships	29 (36)	51 (64)
11 There is no empirical evidence indicating that children experience depressive symptoms	31 (39)	49 (61)
12 A changed in behavior is a symptom of depression	23 (29)	57 (71)
13 Someone who has a major stress always develops a depressive illness	38 (48)	42 (52)
14 Boys are diagnosed with depression more often than girls	32 (40)	48 (60)
15 The prevalence rates for depression in school children is between 15% and 30%	17 (21)	63 (79)
16 Most estimates suggest that depression occurs in approximately 15% of school age children	19 (24)	61 (76)
17 Individual psychotherapy is usually sufficient for the treatment of most children with depression	25 (31)	55 (69)
18 Cognitive behavioural therapy is not effective with depressive symptoms	24 (30)	56 (70)
19 Electroconvulsive Therapy (i.e. shock treatment) has been found to be an effective treatment for severe cases of depression	19 (24)	61 (76)
20 Major depression is a treatable medical illness	21 (26)	59 (74)

***Percentages are in parentheses.**

Table 1 presents the results on the knowledge level of school counsellors with regard to identification, assessment and intervention of depression among students, 26 participants representing 33% responded

correctly to the items showing evidence of having knowledge in depression while 54 participants representing 67% responded incorrectly to the items indicating evidence of lack of knowledge/misperceptions about depression among students. Again 29 participants representing 36% responded correctly to the items showing knowledge regarding identification of symptoms of depression while 51 participants representing 64% responded incorrectly to the items on symptoms of depression. This shows that majority of the school counsellors have insufficient knowledge in identifying symptoms of depression among their students. Also, 21 participants representing 26% responded correctly to knowledge level of school counsellors with regard to assessment and intervention of depression among students, while 60 participants representing 74% responded incorrectly to the items on intervention and assessment of depression among students. The results indicate that respondents have little or insufficient knowledge with regard to identification, assessment and intervention of depression among student, examination of individual items indicate difficulty differentiating between internal and external symptoms. To determine whether there is significant difference between the correct response items and incorrect response items the mean percentages difference was calculated and the results summarized in the Table 2.

3.3

Table 2: Means percentage score of correct item response and incorrect item responses

Mean percentage for correct item response (+)	Mean percentage for incorrect item response (-)	Means percentage difference
32%	68%	36%

Table 2 shows the result of mean percentage score of correct item response and incorrect item response. The result shows that, the mean percentage for correct response items is 32% whilst the mean percentage for the incorrect response items is 68%. The mean percentage difference of 36% was calculated to determine the knowledge level of the school counsellors with regard to identification, assessment and intervention of depression among senior high school students. The result shows that there is a statistical differences between correct response items and incorrect response items.

4. Discussion of Results

This study examined school counsellors' knowledge level of depression among senior high school students. The results indicate that 32% of the respondents responded correctly to items on knowledge of school counsellors' with regard to identification, assessment and intervention whilst 68% responded incorrectly to the same items. The mean percentage difference between the correct items respondents (+32%) and incorrect items respondents (-68%) shows difference of 36%. The findings indicate that there is a high level of school counsellors' lack or insufficient knowledge with regard to identification, assessment and intervention of depression among senior high school student, examination of individual items indicate difficulty differentiating between internal and external symptoms. This confirm the findings of [4,17] that counsellors lack knowledge of depression in adolescents. The study also revealed that the overall knowledge of depression of the respondents who took part

in the study was low which is also in consistent with the findings of Cash [19]. This is a matter of concern since counsellors play a pivotal role in the recognition, referral and intervention of depression.

5. Conclusion

In conclusion, the findings from this study revealed that, there is a clear lack of knowledge about the identification, assessment and intervention of depression among students. A substantial percentage of respondents indicated insufficient ability in identifying both external and internal characteristics of depression, assessing and intervention as well as referring students who are possibly experiencing depressive symptoms. This indicates that counsellors were not trained in identifying, assessing and intervening of school related disorders but rather they were only introduced to the school related problems during their training programme.

6. Recommendations

Based on the results of the study and conclusions drawn, the following recommendations were made:

1. Based on the findings there is the need for counsellors in schools to be well trained in mental health in general and depression diagnosis and management in particular. These would help them to be able to make correct identification and assessment of school related problems like depression, anxiety, attention deficit hyperactivity disorder, etc among students in their schools.
2. Also Comprehensive clinical or mental disorders should be introduced into the Guidance and Counselling and Counselling psychology course component in the training universities and institutions in Ghana to provide counsellors with the requisites knowledge with regards to the identification, assessment and intervention of these mental disorders.
3. There should be regular continuous professional development training workshops for all school counsellors who are serving in our schools to help upgrade their level of competence in identifying, assessing or intervening as well as referring students who might be experiencing school related emotional or psychological disorders.

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