# SECONDARY TEACHERS' EXPERIENCES IN DEALING WITH ADOLESCENT LEARNERS DISPLAYING MENTAL DISTRESS IN GABORONE

By

**MILDRED MASIGA**

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**SUPERVISOR:** Prof. J. Maritz

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# DEDICATION

This dissertation is dedicated to the Almighty God, for His wisdom and guidance in its accomplishment.

I also dedicate it to my husband Cecil, for his unwavering support and being my pillar. I am truly thankful to you for always uplifting my spirits to keep going in order to pursue my dreams and achieve my aspiration. I am also very grateful to my children Yaone, Omphemetse and Loago, for always being supportive. Thank you for the little things, like bringing me dinner and sitting at the computer with me when I worked late nights so that my work would go a little quicker.

To my late parents who instilled in me the value of education and hard work; your words still echo in my ears and continue to inspire me.

May God bless you all.

# DECLARATION

**Student Number 50795570**

I declare that **SECONDARY TEACHERS' EXPERIENCES IN DEALING WITH ADOLESCENT LEARNERS DISPLAYING MENTAL DISTRESS IN GABORONE** is my personal work and has not been submitted before for any other degree at any other institution. I confirm that all the sources that I have used or quoted have been indicated and acknowledged.

30/01/2020

**SIGNATURE** **DATE**

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## ABSTRACT

This qualitative, explorative, descriptive and contextual study was aimed at exploring and describing secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone. Moreover, recommendations were proposed for the support needed by secondary teachers who interact with adolescents learners in order to curb mental distress in schools.

The sampling method that was used to identify 21 secondary school teachers who participated in this study was purposive. Focus group discussions, as well as field notes, were used to collect data, which were analysed using a thematic analysis. An array of factors that could lead to delays in identifying adolescent learners with mental distress, such as large student numbers and insufficient resources to meet their needs, learners showing signs of mental distress not being taken seriously, lack of parental involvement, relegating parental duties and lack of trust were revealed by the findings. The researcher observed that approaches to support, such as policy guides, parental involvement, peer education and life skills training were best suited to address mental distress in schools as noted by participants. The participants shared the various ways they employed to deal with mental distress in adolescent learners, and suggested strategies that they, together with parents and other stakeholders, could engage in to address these factors. The identified strategies provided a contextual way of establishing recommendations to overcome adolescent mental distress. These included, but were not limitted to, the engagement by parents in mental health problems in schools, as well as policy reviews, and restructuring the referral system.



**Keywords:** Adolescence, Adolescent learner, Experience, Mental distress, Secondary Teacher

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# CHAPTER 1
# ORIENTATION TO THE STUDY

## 1.1 INTRODUCTION

Mental health problems affect everyone in society and no particular group is immune to mental health challenges. In the global village, approximately 20% of all youth are affected by these challenges annually (Bradshaw, Nguyen, Kane & Bass, 2014:6).

Mental health, mental distress and mental disorders are associated yet independent constructs (Payton 2009:223). The World Health Organisation (WHO) (2016:para 2) defines 'health' as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Mental distress (also known as psychological distress or mental health distress) is a mental health problem which includes short periods of altered thoughts, emotions, anxiety, or low mood (Ellis, Miller, Abdi, Barrett, Blood & Betancourt, 2013:132). This considerably affects the individual's self-worth, independence, competence, emotions and academic achievements (Asrat, Girma, Soboka & Tesfay, 2015:1).

Mental distress is currently viewed as a significant public health problem and a leading cause of disability globally, accounting for one-third of disability-adjusted life years (DALYs) (Insel, 2011:para 3). If this issue is not addressed and managed, mental distress can lead to mental disorders which include depression, anxiety, panic disorders, neurotic disorders and post-traumatic stress disorder (Nishida, Richards & Stafford, 2016:2).

Mental health problems in adolescents can be painful and, if left untreated, can have serious consequences. Studies have shown that mental health warning signs during adolescence could later develop into mental health problems in adulthood (Nishida, et al. 2016:2).

Kiefer, Ellerbrock and Alley (2014:2) declare that teachers have a weighty impact on the development of youth with their role extending beyond the school hours. However, this can be exacerbated when they are expected to manage youths' health problems

over and above the pivotal role they play in meeting the learners' needs and supporting their academic motivation. Teachers should perceive adolescents who show signs of mental distress as equally important as other learners as they are the custodians of learners during the school period. It is the teachers' responsibility to support and assist the learners in having their challenges addressed (Meldrum, Venn & Kutcher 2009:3).

## 1.2 STATEMENT OF THE RESEARCH PROBLEM

Adolescence is one of the critical changeovers in the life span of a person (Heller & Casey 2016:3). It is characterised by rapid growth and change, leading to sexual maturity that facilitates the transition from childhood to adolescence. Sawyer, Azzopardi, Wickremarathne and Patton (2018:5) purport that alongside biological changes, adolescence is characterised by the development of self-identity, independence, the development of social skills, and enhanced reasoning. This stage is also marked by alterations in emotions (Heller & Casey 2016:1). It is a time when children experience strong social influences, such as peer pressure to indulge in risky behaviours like sexual activities, alcohol and drug abuse (Goliath & Pretorius, 2016:116). Adolescents' ability to achieve and sustain a state of mental well-being is dependent on adequately addressing risk factors associated with mental health (WHO 2012:6).

The WHO (2012:para 5) report suggests that mental health problems can also be prompted by stress and difficulties adapting to school workloads, as well as engaging in risky behaviour with peers. If these problems go unnoticed and unattended, it may lead to difficulty in maintaining regular progress at school. According to the National Alliance on Mental Health (2016:1), almost half of students aged 14 and above who are diagnosed with mental distress quit school. This calls for effective ways of dealing with such learners whose conditions could otherwise worsen to include mental health disorders. Negative attitudes towards them are thus to be avoided at all cost.

As the number of stressful life challenges accumulates for young people, teachers are required to address these challenges within and outside the school setting. They have to observe issues and explore possible ways of effectively dealing with them. Teachers should thus be supported in embracing these adolescent learners as well

as working with families and other stakeholders. It is therefore necessary to understand how secondary teachers experience dealing with adolescent learners displaying mental distress.

## 1.3 RESEARCH AIM

The aim of this study was to understand how secondary teachers experience dealing with adolescent learners displaying mental distress in Gaborone.

## 1.4 RESEARCH OBJECTIVES

The study objectives were:

- To explore and describe secondary teachers' experiences dealing with adolescent learners displaying mental distress in Gaborone.
- To explore and describe the support needed by secondary teachers who interact with adolescent learners who display mental distress.

## 1.5 RESEARCH QUESTIONS

- What are the secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone?
- What support is needed by secondary teachers who interact with adolescent learners who display mental distress?

## 1.6 DEFINITIONS OF KEY CONCEPTS

### 1.6.1 Adolescence

Adolescence refers to the transitional period between puberty and adulthood in human development, extending mainly over the teen years and terminating legally when the age of majority is reached (WHO, 2016). In this study, the term 'adolescence' refers to the transition period between 14-16 years.

### 1.6.2 Adolescent learner

An adolescent refers to a young person who is developing into an adult (Merriam Webster Dictionary, 2019), and a learner is a pupil studying in a school setting. In this study, an adolescent learner refers to young learners between the ages of 14-16 years who are in selected junior secondary schools in Gaborone.

### 1.6.3 Mental distress

Mental distress is a mental health problem which includes short periods of altered thoughts, emotions, behaviour, anxiety, or low mood, which changes the individual's self-worth, independence, competence and intelligence (Payton, 2009:223). In this study, mental distress refers to alterations in thinking, mood, anxiety and problems in the way adolescent learners behave. These challenges have a negative impact on their belief in their ability to succeed or achieve personal and educational goals in a self-directed manner.

### 1.6.4 Experience

Experience refers to the process of living through an event or encountering a phenomenon; it influences how one thinks about something or the impression one has of a person or situation, as well as one's interpretation of and response to the situation (Merriam Webster Dictionary, 2019). In the context of this study, experience refers to the way secondary teachers encountered and thought about adolescent learners, or their impressions about these adolescent learners who display signs of mental distress and their responses to these learners' behaviours.

### 1.6.5 Secondary teacher

A secondary teacher is a person whose profession is to influence learners in terms of gaining knowledge, skills, and values in order to participate in a global community (Bala & Bashir, 2016:7). In this study, a secondary teacher is someone who imparts knowledge directly or indirectly to adolescent learners between the ages of 14-16 years in a junior secondary school setting in Gaborone.

## 1.7 RESEARCH APPROACH

The study followed an interpretivist qualitative approach (Polit & Beck, 2017:479). A full discussion follows in Chapter Two.

### 1.7.1 Research design

This study used a qualitative design with an exploratory, descriptive and contextual approach to determine how secondary teachers experience dealing with adolescent learners displaying mental distress in Gaborone (Polit & Beck, 2017:15). According to Polit and Beck (2017:15), exploratory qualitative designs unfold in a number of ways based on the nature of a phenomenon and how it is experienced and evolves. Polit and Beck (2017:726) further define descriptive research as depicting people's characteristics or circumstances and the frequency of occurrence of the phenomena. This research design facilitated a contextual understanding of secondary teachers' experiences in dealing with adolescent learners displaying mental distress. A full discussion follows in Chapter Two.

### 1.7.2 Setting and population

The study took place in four government junior secondary schools in Gaborone, Botswana. The country promotes access to primary and junior secondary education as basic education, with the successful completion of secondary education based on academic achievement. Basic education is composed of seven years' primary education and three years' junior secondary schooling according to the 1994 revised basic education policy. Senior secondary education runs for two years. The primary school years are referred to as standards, while secondary school years are called forms (Iloanya, 2014:1743).

The study population was secondary teachers in the selected junior secondary schools in Gaborone. There were approximately 360 teachers in all the selected junior schools according to the staff lists. Polit and Beck (2017:744) describe the sample frame as all the components in the population from which a study population can be selected. The sampling frame in this study was secondary teachers responsible for

imparting knowledge to adolescent learners, and interacting directly or indirectly with adolescent learners.

### 1.7.3 Sample and sampling strategy

The study used purposive sampling (Guetterman, 2015:4), which is a non-probability sampling method. The type of sampling allowed a selection of information-rich participants who voluntarily shared their views and experiences in an expressive and insightful manner (Polit & Beck, 2017:493). The sample was not concerned with generalising the results, but contextualising and understanding experiences through the selection of a few participants. The researcher deliberately approached secondary teachers who taught or dealt with adolescent learners who showed signs of mental distress or who frequently interacted with these adolescents, such as counselling teachers in the same school. A total of 21 participants were involved in this study. This sample size was guided by saturation of the data, where no new information was obtained (Polit & Beck, 2017:497).

### 1.7.4 Data collection

Data were collected through focus group discussions (Krueger & Casey, 2015:6), field and observational notes (Polit & Beck, 2017:534). The researcher piloted the data collection tool before conducting actual focus group discussions to eliminate spelling and grammar errors, as well as ambiguous questions. The pilot exercise also served to determine whether it measures what it intended to measure. The data collection tool was then revised basing on the gaps identified. A full discussion follows in Chapter Two.

### 1.7.5 Data analysis

Qualitative data analysis does not focus on numeric data but instead uses themes and concepts (Polit & Beck, 2017:535; Creswell, 2014:167). A thematic analysis was therefore used in this study. A full discussion follows in Chapter Two.

## 1.8 ETHICAL CONSIDERATIONS

The University of South Africa, Department of Health Studies, Research Ethics Committee (HSHDC/615/2017, Annexure A), the Health Research Unit at the Ministry of Health and Wellness (HPDME 13/18/1), and The Ministry of Basic Education (DPRS 7/1/5 XXX (66) SEO II – Research )(Annexure B & C) granted ethical clearance for this study.

Researchers and reviewers of research are ethically obliged to ascertain and safeguard the rights of the participants (Grove, Burns & Gray, 2013:163). The following human rights were therefore taken into consideration during the research.

### 1.8.1 Right to self-determination

According to Burns, et al. (2013:164), the right to self-determination infers that human beings are responsible for determining their own destiny, and should be given the freedom to independently lead their lives as they choose without external regulation. This was ensured by explaining the proposed study to the participants and permitting them to willingly choose whether or not to participate. Participants were not coerced and those who were not willing to participate did not suffer any harm. In addition, they were free to withdraw from the study at any time without any consequences.

### 1.8.2 Right to privacy

Privacy is an individual's right to decide when to share or withhold personal information, as well as the amount and circumstances under which the information could be shared or withheld (Grove, et al. 2013:194). No information was gathered without participants' awareness, and participants had the right to decide the extent of information to share or withhold. Non-disclosure of the participants' identity, including titles and events that could make them easily discernible, was exercised to protect their identity. Secluded venues were used for interviews. The participants' commitment to participate was noted through consent forms that included a clause on the non-violation of the privacy of others – including learners – which were signed by participants.

### 1.8.3 Right to fair treatment

Each participant received fair treatment. No monetary rewards were given for participating. Eligible participants were fairly selected and scheduled appointments were followed.

### 1.8.4 Right to protection from discomfort and harm

This right is based on the principle of beneficence, which holds that one should act kindly and not harm others (Grove, et al. 2013:199). The researcher acted with sensitivity to all matters that were shared. There was no covert data collection and there were limited risks anticipated for participating in this study. It was foreseen that participants could be tempted to make reference to particular students, thereby identifying them by name and condition, and disclosing personal information of the learners to the rest of the group who might subsequently marginalise such students. In this study, it was also expected that participants were likely to recall experiences that could trigger mental discomfort or apprehension. Plans were therefore made in case this occurred, for those in need to be attended by specialised personnel at no cost to the participants. However, the aforementioned anticipated risks were not experienced and there was no need to implement the planned interventions.

### 1.8.5 The right to confidentiality

The participants' right to confidentiality was upheld. Confidentiality refers to the researcher's ability to protect the private information of a subject from being disclosed without the participant's consent (Grove, et al. 2013:196). However, internal confidentiality and anonymity (Sim & Waterfield, 2019:3009) cannot be guaranteed during focus groups. Participants were thus requested to keep information and identities private. Assurance regarding external confidentiality was also provided. All participants were requested to sign confidentiality agreement forms in addition to consent forms. Participants were further asked to respect the other participants and not share information outside the group.

#### 1.8.6 Informed consent

Prospective participants were requested to give informed consent for their participation while they were being recruited. The essence of the study was elaborately explained to allow them to calculate the possible threats and benefits of participation. Simple language, free of jargon and technical terms, was used to gain understanding from the prospective participants. It was emphasised that confidentiality would be exercised, participation was voluntary and withdrawal would be accepted at any point. Once participants understood, they were asked to sign the consent forms that were provided (Polit & Beck, 2017:145).

## 1.9 MEASURES OF TRUSTWORTHINESS

Lincoln and Guba (in Polit & Beck, 2017:559) suggest the following four measures to ensure the trustworthiness of a qualitative study: credibility, dependability, confirmability, and transferability. These measures are fully discussed in Chapter Two.

## 1.10 STRUCTURE OF THE DISSERTATION

**Chapter 1 – Orientation to the study**

This chapter provides an overview of the study as well as the introduction and background to the research problem. The chapter also outlines the aim of the study and research questions. Lastly, a definition of concepts and a summary of the methodology is provided.

**Chapter 2 – Research design and methods**

The research design and methodology of the study are discussed in depth in this chapter.

**Chapter 3 – Findings and discussion**

In this chapter, the findings of the study are discussed and validated within associated study findings and literature control.

**Chapter 4 – Recommendations, limitations and conclusion**

The implications and limitations of the study, suggestions for further research and final conclusion are presented in Chapter 4.

## 1.11 SUMMARY

This chapter outlined the introduction, background, research problem, purpose, objectives and significance of the study. Key terms were defined, and the research design and methodology, scope and structure of the study, as well as financial implications, anticipated risks and interventions were presented.

The next chapter will discuss the research methodology used in this study.

# CHAPTER 2
# RESEARCH DESIGN AND METHODS

## 2.1 INTRODUCTION

This chapter discusses and substantiates the research design and methods used in this study. It also explains the choice of the method used to answer the research question. Therefore, this chapter includes a discussion of the research purpose, research approach, strategy, data collection methods, and data analysis.

The research design and methods are a systematic way of using various techniques to answer the research question scientifically (Creswell, 2014:100). The chapter discusses the different steps taken in examining the research problem, including the thought processes involved. The design and methods deal with every course taken to ensure the success of the study. It is a detailed description of how the entire study was conducted.

## 2.2 RESEARCH APPROACH

The study followed an interpretivist approach (Polit & Beck, 2017:479). Interpretive approaches suggest that knowledge regarding reality is influenced by human action, including the researcher’s knowledge. Thus, there is no impartial reality which can be revealed by researchers and simulated by others, unlike the assumptions of positivist science (Creswell, 2014:75). Polit and Beck (2017:480) purport that interpretive descriptions generate new insights that can make qualitative evidence practicable. This study therefore sought to produce knowledge based on secondary teachers’ reality that could be used to shape the promotion of adolescent learners’ mental health.

## 2.3 RESEARCH DESIGN

A qualitative design (Polit & Beck, 2017:464) with an exploratory, descriptive and contextual approach was applied in order to understand how secondary teachers

experience dealing with adolescent learners displaying mental distress in Gaborone. The research sought to collect data from the real world or naturalistic settings (Polit & Beck, 2017:464) to establish how teachers experience dealing with adolescent learners displaying mental distress in Gaborone. The qualitative research design was suitable for this study as it allowed the researcher the flexibility of going back and forth between steps as new aspects emerged along the way. It did not require the researcher to conduct the study in a linear fashion, as is the case with a quantitative study (Polit & Beck, 2017:463). It was anticipated that the initial plan could unravel at any time as data were continuously being analysed.

An exploratory, contextual and descriptive qualitative research design was used in this study. This approach is carried out where there is a need to better comprehend the problem, thus breaking ground to offer new insights (Babbie & Mouton, 2014:117). The power of this research design lies in its ability to provide documented descriptions of teachers' experiences about a given issue; in this case, adolescent learners displaying mental distress. As purported by Polit and Beck (2017:479), the approach is also effective in identifying factors that are intangible, such as gender, religion, norms, socioeconomic status and culture, which are not readily apparent through the use of other designs. The current study applied the same approach to provide textual descriptions of teachers' experiences in dealing with adolescent learners displaying mental distress.

The study also used a descriptive research design which aimed to describe the teachers as the study population, their experiences, and the situation accurately and systematically, answering *what, when, where* and *how* questions without influencing any variables. According to Bradshaw, Atkinson and Doody (2017:1), the descriptive research design is used to gather information from those who directly experienced the investigated phenomenon.

The study sought to define and comprehend events within the real context in which they occurred. The exclusive context for conducting this research was to explore secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone. It was anticipated that focusing on this context would illuminate any existing gaps and make necessary recommendations to assist

adolescent learners with mental distress. The research therefore had to take place within the context of junior secondary schools in Gaborone in order to be contextual (Korstjens & Moser, 2017:275).

## 2.4 SETTING AND POPULATION OF THE STUDY

Data were collected in a naturalistic setting or field since the researcher was interested in the context of people's experiences. This allowed flexibility to either collect data from one data collection point or from multiple points over short or prolonged periods. The naturalistic setting sanctioned participants to remain as realistic as possible (Polit & Beck, 2017:464). Therefore, the schools with high potential for information richness, such as junior secondary schools, were used as the settings where focus group discussions were held.

The study took place in four selected government junior secondary schools in Gaborone. The selected schools were from high, medium and low-income settings.

## 2.5 SAMPLE AND SAMPLING METHODS

Polit and Beck (2017:491) explain that qualitative studies seek to discover the meaning and reality of phenomena being studied; it does not seek generalisability. Participants were thus recruited purposefully (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, 2015:2).

### 2.5.1 Inclusion criteria

The study involved teachers in junior secondary schools in Gaborone who:

- had experience in dealing with adolescent learners with mental distress,
- taught or interacted with adolescent learners who showed signs of mental distress; that is, they displayed periods of apprehension, altered moods, thoughts, emotions and behaviour, which significantly affected the normal functioning of individuals in areas of self-worth, independence, proficiency and academics.

### 2.5.2 Exclusion criteria

Teachers who taught at junior or secondary schools outside of the Gaborone area were excluded from the study.

Sampling ended at the point where there was data saturation, in other words, where there was a redundancy of information and no new information was forthcoming (Palinkas, et al. 2015:3).

## 2.6 DATA COLLECTION

Data were gathered through focus group discussions (Krueger & Casey, 2015:6), as well as field and observation notes (Polit & Beck, 2017:520). The design required the researcher to become the research instrument and be rigorously involved. The design did not restrict data collection to one point but also allowed multiple data collection points (Polit & Beck, 2017:47).

The method ensured there was an on-going analysis of data that determined how subsequent strategies and data collection were done. Due to the multiple tasks that the researcher was engaged in at the time, such as conducting interviews, reflecting intensively and retrospection, the researcher became what is known in qualitative research as a bricoleur (Polit & Beck, 2017:463).

### 2.6.1 Focus groups

Krueger and Casey (2015:6) defines a focus group as a special type of group used as a qualitative research tool that relies on well-coordinated group discussions intended to obtain perceptions and data on a defined area of concern determined by the researcher. After obtaining ethical clearance and approval to conduct the study, the researcher visited the selected schools to make appointments in order to conduct the focus group interviews. Informed consent was sought from the teachers who participated in the focus group discussions (Annexure F). On the letter requesting consent, the researcher gave a clear outline of the study and its process, including the anticipated threats and benefits of participation. The participants were made aware of

their rights. They were afforded the opportunity to seek clarification in order to make informed decisions. The participants were also made to affirm confidentiality (Annexure K).

Four focus group discussions were conducted by the researcher and a moderator who signed a confidentiality form. The participants – between five to eight secondary teachers per focus group (21 participants in total) – were invited to the school's offices each time to take part in the focus group discussions. The researcher asked questions, and the moderator recorded and ensured that the question guide was followed to gather as much information as possible from the participants. This method was suitable for the study as participants were homogeneous and therefore bound to share how they experienced adolescent learners showing signs of mental distress among themselves, and how they have been able to deal with challenging situations related to the phenomenon (Polit & Beck, 2017:511).

Since the moderator was trained to probe for responses and was well versed in the interview guide, it was comfortable to gather the views of many people in a short period of time. Moreover, as anticipated, comments from participants triggered responses by other group members.

A written topic guide was developed (Annexure L) in which all areas that needed to be addressed to solicit relevant information were listed. The guide consisted of questions that provided an opportunity for rich, detailed information from the participants, constructed in a logical sequence.

There were also probes in the guide to draw out more detailed information. The focus group interviews lasted approximately 40-60 minutes. The total time taken to conduct the interviews was 3 hours, 49 minutes and 22 seconds. Initially, three focus group interviews were planned, however, data saturation was not reached. Therefore, a fourth focus group interview was conducted at another junior secondary school to gain more information for a period of 1 hour 32 minutes. Since approval was given by the education authorities to conduct the interviews in three schools at the beginning of the data collection phase, further permission was sought to use an additional school to augment the collected data.

The focus groups were digitally recorded with permission from the participants. The researcher transcribed the audio materials verbatim, ensuring that the audio data did not contain any identifiers.

### 2.6.2 Field and observation notes

Descriptive and reflective field and observational notes were written to get a comprehensive picture of the whole data collection process (Polit & Beck, 2017:521). The notes helped the researcher to capture or record the behaviours, activities, events, and other features of the phenomenon being observed in a social setting without the participant being aware of observation. The observation provided the researcher with a means to check for expressions of feelings and interactions which were not verbalised, as well as any other communications made. The researcher had the opportunity to observe events that participants may have been unable or unwilling to share or found insensitive.

Through observation, the researcher was able to note situations described by participants in the focus groups, and gained insight into distortions or inaccuracies in the provided descriptions. The researcher asked questions during the focus group discussion to ensure that interpretations of her observations were consistent with what the participants shared. Effectively, observational notes assisted the researcher to cross-check situations described by participants in focus groups, and she thus became aware of misrepresentations or imprecision in information shared by the participants

## 2.7 DATA MANAGEMENT AND ANALYSIS

Collected data were stored in a safe place pending analysis. To uphold confidentiality, all data and records were stored in a locked cabinet in the researcher's office. The office was only accessible to the researcher. Information stored in a computer hard drive was password protected by the researcher and will later be deleted using commercial software designed to erase data from electronic storage devices after the publication of the findings. The flash drives will also be destroyed. A record stating the

type of records, period and manner in which records were destroyed will be kept. The researcher personally transcribed the information to ensure confidentiality.

Qualitative data analysis does not focus on numeric data but uses themes and concepts (Polit & Beck, 2017:535; Creswell, 2014:167). Data analysis was thus done alongside data collection to develop themes. Analysing data is a mammoth task that entails narrative material and requires creativity, substantiation and conceptual sensitivity (Polit & Beck, 2017:530). In this study, the following data analysis steps, suggested by Braun and Clarke (2013:50), were employed:

i. Step one is to **familiarise oneself with the data**. This involved reading and scrutinising the data to derive meaning and patterns, as well as taking notes for coding. It was at this stage that the recorded discussions were also transcribed verbatim.
ii. The second step is **generating initial codes**. This was where the codes were produced from the data. Codes categorise a feature of the data that generates the researcher’s interest, and refer to the most basic component of the raw data that can be evaluated in a meaningful way regarding the phenomenon.
iii. The third step involves **searching for themes**. This was the stage where various codes were organised into possible themes, and all related coded data were organised into main themes. Where necessary, some codes were sorted into subthemes.
iv. The fourth stage entails **reviewing the themes**. Identified themes were reconsidered so that those themes that were similar could be merged and others that were not necessarily themes could be returned, broken down or separated, and some were discarded if they were not valid. This involved two levels. Level one entailed analysing the main themes to identify if they formed a coherent pattern; that is, establishing a thematic map. For those that depicted a clear pattern, a second stage approach, which involved validating the themes according to the data and assessing the thematic map to ensure that it precisely reflects the entire data, was engaged.
v. The fifth stage involves **describing and assigning names to themes**. This is the stage where the researcher – once content with the thematic map of the data –

defined and polished the themes. This stage entailed classifying the themes according to their significance in relation to the data.

vi. The last stage is **producing the report**. This is the ultimate stage where the researcher wrote a full report of the analysed data.

vii. An autonomous co-coder, who shadowed the same steps as the researcher, was then engaged to analyse the data independently. Thereafter, a consensus discussion was held between the co-coder and researcher to conclude the categories and sub-categories. The research supervisor actively assisted in ensuring proper steps were taken to extract meaning from the collected data.

## 2.8 TRUSTWORTHINESS

As this is a qualitative study, rigour needed to be ensured throughout the research process (Babbie & Mouton, 2014:88). Qualitative research uses varied methods such as credibility, transferability, dependability and confirmability to guarantee the trustworthiness of the findings.

### 2.8.1 Credibility

The credibility of the project was ensured as follows: **lengthy engagement**; the researcher was at the data collection site until the required sample was met and she was satisfied that the research question had been answered, without necessarily using her own bias. Usually, after each focus group discussion, the researcher would remain in the school's reception area for approximately 30 minutes to observe teachers and learners as they enter and leave the administration block, over and above watching the unspoken communication and listening to their interactions. The researcher was observant to both the verbal and non-verbal prompts so that a coherent report could be produced **(persistent observation)**. **Triangulation**, which is a plan of action whereby researchers gather data from various sources using different methods to avoid personal biases that result from single methodologies, was also done. This was facilitated by comparing the individual views of participants during the focus groups as well as arguments from different authors in the literature review. Depoy and Gitlin (2011:280) suggest that triangulation helps the researcher to confirm a particular finding by exploring if different sources provide similar information. Therefore, the

researcher analytically reflected participants' responses linking them to the findings from other sources in the reviewed literature and the theoretical framework for accuracy and credibility. To ensure the **referential adequacy**, field notes, as well as audio-recordings, were used for future referral, despite the fact that audio recording is said to be obtrusive.

### 2.8.2 Transferability

This aspect refers to the extent to which findings can be applied in different situations or settings. Transferability was ensured through the use of thick descriptions as well as purposive sampling. The researcher gathered sufficient and concrete data and gave a comprehensive report of the findings for readers to draw their own conclusions regarding the findings' transferability.

### 2.8.3 Dependability

According to Babbie and Mouton (2014:112), there is no credibility without dependability. The researcher ensured dependability by collecting data among participants who met the selection criteria. Moreover, the research findings were used to write the final report.

### 2.8.4 Confirmability

Babbie and Mouton (2014:278) define confirmability as the extent to which the study is objective, so the findings are not biased by the researcher. Therefore, the researcher used the participants' responses to interpret data, draw conclusions, as well as make recommendations. Raw data such as field notes and audio-recordings were also available for confirmation.

## 2.9 SUMMARY

The study design, research approach and methods were described in this chapter. The research methodology, which includes sampling, the setting, procedures for data

collection and analysis, as well as protection of human subjects in research, was discussed.

The following chapter presents and discusses the study findings.

# CHAPTER 3
# FINDINGS AND DISCUSSION

## 3.1 INTRODUCTION

The previous chapter discussed the research design and the methods used in the study. This chapter presents the study's findings in terms of secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone. The chapter gives a picture of the demographic profile of participants and presents and discusses the findings. The findings are provided as an outline of themes, categories and codes derived from verbatim transcriptions of focus group discussions, as well as observations and field notes.

## 3.2 DESCRIPTION OF THE DEMOGRAPHIC DATA OF PARTICIPANTS

The population of the study were secondary teachers in Gaborone who teach or interact with adolescent learners who show signs of mental distress; that is, periods of altered feelings, behaviour, anxiety, or low mood which noticeably disturbs the normal functioning of the individuals' self-worth, independence, proficiency, emotions and academic prospects.

The subsequent table reflects the participants' demographic profile.

**Table 3.1: Participants' demographic information**

| CHARACTERISTIC | | VALUE |
|---|---|---|
| Gender | Female | 16 |
| | Male | 5 |
| Age (years) | Range | 22-55 |
| | Mean | 38 |
| Educational Level | Diploma | 4 |
| | ii) Bachelor's Degree | 16 |
| | iii) Other (specify) PGDE | 1 |

| CHARACTERISTIC | | | VALUE |
|---|---|---|---|
| Number of years working as a teacher | i) | 1- 4 years | 6 |
| | ii) | 5-9 years | 3 |
| | iii) | 10-14 years | 4 |
| | iv) | 15+ years | 8 |

The participants were predominantly female (76%), and their ages varied from 22 to 55 years, with a mean age of 38. The level of education of the participants varied. All teachers in the focus groups held a teaching qualification which ranged from Diploma to Post-Graduate diploma level. A total of 76% of the participants were degree holders with the highest qualified teacher holding a Post-Graduate Diploma in Education (PGDE). Just over half (57%) of the participants had over 10 years' work experience.

## 3.3 DISCUSSION OF THE FINDINGS

Secondary school teachers had various experiences in dealing with adolescent learners who showed signs of mental distress. Identifying these adolescents was often delayed for various reasons. Participants alluded to a variety of potential causes of mental distress in adolescents. They were able to identify a number of signs of mental distress as well as some approaches to support. Participants also shared possible strategies for remediation.

From the interview transcripts, themes, categories and codes emerged during analysis, as summarised in Table 3.2. Each theme is discussed with emphasis from verbatim quotes by participants in *italics*.

**Table 3.2: Themes and categories on secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone**

<table>
<tr><td colspan="3">Central storyline<br>Identifying adolescents with mental distress was often delayed for various reasons. Participants were able to describe numerous signs of mental distress as well as some approaches to support. Participants also shared possible strategies for remediation.</td></tr>
<tr><th>THEME</th><th>CATEGORY</th><th>CODES</th></tr>
<tr><td rowspan="5">Identifying adolescents with mental distress was often delayed</td><td rowspan="5">Potential causes of the delayed identification of mental distress and support</td><td>Large student numbers and insufficient resources to meet their needs</td></tr>
<tr><td>Learners showing signs of mental distress are not taken seriously</td></tr>
<tr><td>Lack of parental involvement</td></tr>
<tr><td>Relegating parental duties</td></tr>
<tr><td>Lack of trust</td></tr>
<tr><td rowspan="4">Signs of mental distress</td><td>Weakened school performance</td><td></td></tr>
<tr><td>Social withdrawal</td><td></td></tr>
<tr><td>Changes in behaviour</td><td>Tantrums</td></tr>
<tr><td>Use of drugs and substances</td><td></td></tr>
<tr><td rowspan="5">Currently available support</td><td>Policy guides</td><td></td></tr>
<tr><td rowspan="2">Involvement</td><td>Involving parents</td></tr>
<tr><td>Involving other stakeholders</td></tr>
<tr><td>Peer education and Life Skills Training</td><td>Student talks</td></tr>
<tr><td></td><td>Boot camp</td></tr>
<tr><td rowspan="3">Future strategies for remediation</td><td>Being more vigilant</td><td></td></tr>
<tr><td rowspan="2">Working collectively</td><td>Parental involvement</td></tr>
<tr><td>Involving other stakeholders</td></tr>
</table>

| | | Political support |
|---|---|---|
| | Community sensitisation on mental health issues | |
| | Policy review | |
| | Referral | |

### 3.3.1 Theme 1: Identifying adolescents with mental distress was often delayed

The first theme relates to teachers' identification of adolescents with mental distress. It is evident from the participants' responses that identifying adolescents with mental distress is often delayed or takes some time. This results in the learner experiencing anguish.

> *"… from experience you find that it usually takes quite a long for a teacher to actually realise that a child has mental distress" P1*

> *"I feel mental distress in adolescents is a problem because they come across a lot of stressors which go unnoticed or unaddressed and they suffer quietly if the teacher does not pick it" P2*

According to Miller (2014:1), young people who display early signs of mental health disorders often receive treatment late because of a lack of information and stigma attached to mental illness. In an article by The Guardian (2018), it is reported that delays in early identification and treatment are upsetting to the person experiencing mental distress as well as their families. It is ultimately also costly and has a negative impact on their learning, relationships, and overall health.

#### 3.3.1.1 Potential causes of the delayed identification of mental distress and support

All the participants were able to mention the causes of delayed identification and support of adolescent learners with mental distress. These causes related to factors such as large student numbers and insufficient resources to meet their needs, learners

showing signs of mental distress not being taken seriously, lack of parental involvement, relegating parental duties, and lack of trust. Each will be discussed in the sections that follow.

**a) Large student numbers and insufficient resources to meet their needs**

Identifying adolescents who show signs of mental distress was often hindered due to large student numbers, with the teacher-learner ratio being problematic. This frequently resulted in further anguish for the adolescent.

> "*The length of time is due to the fact that our students are many, as they are about 750 plus, so, it's normally difficult to tell because of the high numbers. The student's teacher ratio is too high*" *P1*
>
> *"Now because they are many students some of them will struggle like that without their problem being noticed and in the meantime they become distressed" P2*
>
> *"… the challenge is that the students are many as they are more than the ideal number per class" P3*
>
> *"…teachers don't have much time given the large numbers of classes that they teach and the workload. This does not give teachers uhmm… ample time to know individual students very well" P10*

A study conducted by Jakobsson, Persson and Svensson (2013:250) discovered that fewer learners per class have beneficial effects on learning and health outcomes. However, a smaller class size was found to have equal positive and negative effects on the mental health of learners as a larger class size. Palmer, Connor, Newton, Patterson and Birchwood (2015:472) argue that teachers often have burnout due to an increased workload and job demands impeding their ability to identify mental health problems in learners. Teachers are also expected to provide effective early intervention, referral and support to learners with mental distress.

Participants mentioned that there is a shortage of professionally trained persons to deal with adolescents' mental health problems. They went on to say the work is overwhelming for the guidance and counselling teacher as she is alone and has to attend to as many as 800 learners. The teachers may intervene, having noticed the distressed learner, but the intervention is often only superficial and teachers felt there was a need for training to enable them in the identification of mental problems in adolescents.

> *"But the work is overwhelming for her at guidance and counselling as she is just alone and has to attend to 800 learners. You just can't do much in this situation. But what I would do as a teacher, given then the situation that we are in, shortage of professional counsellors, I would talk to the child ehh… on the surface" P3*

> *"…the guidance and counselling office is overwhelmed since there are many students we refer to it, and it is manned operated by only two officers. So children uhmmm… end up being distressed to an extent that they adopt negative behaviour" P10*

These statements corroborate the findings of Savasci and Tomul (2013:121), who cited a lack of resources – including staff – as an impediment to learners' academic achievement. Macklem (2014:2) argues that a shortage of trained personnel, among others, is a deterrent to early identification of psychological health problems in children, including adolescents.

**b) Learners showing signs of mental distress are not taken seriously**

Learners showing signs of mental distress were often not taken seriously. Participants felt that mental distress in adolescents was problematic because adolescents come across many stressors that usually go unnoticed or unaddressed, resulting in them suffering quietly if the teacher does not recognise the problem. Even if the learner was able to verbalise their distress, they would often still be dismissed or punished.

> "*I think it's something that adults take for granted. We would just feel that this child want to draw attention, is naughty and so forth. We would not want to find out the root cause of the change in behaviour, attitudes or mannerism. At times we would even dismiss the change in behaviour as childish they are actually growing and are bound to silly often times. That is, we would brush it off just like that" P3*

> *"Most of the time you will find that he has a problem sometimes from home that has not been addressed or is not known and as long as it is not addressed he will be depressed or distressed and will act funny like calling himself silly names so that you give him attention" P4*

> *"So uhmm… adolescents are often taken lightly even if they explain their actions. They are usually dismissed and punished anyway" P5*

This is corroborated by Peake and Mullings (2016:262), who found that students were recognised as being serious only if they displayed a psychiatric condition which required clinical intervention. In the same study, students who experienced signs of mental distress such as anxiety, panic attacks, feelings of worthlessness and lack of energy were often dismissed as being disorganised or lazy.

Khan (2016:10) suggests that a lack of mental health literacy compromises the ability of parents and teachers to recognise mental health problems in children. She argues that their limited knowledge on symptoms of mental health problems, risks, causes and effective interventions often cause them to dismiss any possible symptoms as not being serious. This then results in missed opportunities for early detection and intervention for these learners.

**c) Lack of parental involvement**

Participants felt that parents did not give adolescent learners the support they needed to perform well academically. A lack of parental involvement was also viewed as a trigger for mental distress in adolescent learners.

*"Support from parents is very minimal and disappointing. Some parents would not even bother to come when called to address their children's problems and would even ehh… feel their children are ill-treated" P1*

*"We can't have a mother or father saying "when are the school holidays ending so that you can start school and I can have peace of mind." That is very irresponsible for a parent to think and say that. It shows how they are just not interested in their children's performance and this really distresses students." P2*

*"Parents are not forthcoming in sharing responsibility of grooming children with us, we are never going to make desirable change" P3*

Westerlund, Rajaleid, Virtanen, Gustafsson, Nummi and Hammarström (2015:9) observed that involving parents in their children's academics may safeguard poor mental health in adolescents, which has the potential of trailing into adulthood. Wilder (2014:377) opines that teachers, executives, and policy-makers have realised the positive effects of involving parents in students' academic performance since it reduces learners' risky behaviour, enhances morale and regulates their emotions. Humphrey-Taylor (2015:69) also confirms that parents whose children have behavioural challenges are unlikely to be involved in their education. Parental involvement, executed in an organised manner, is likely to improve learners' behaviour, promote academic achievement, and improve the welfare of the family and community (Hall & Quinn, 2014:20).

**d) Relegating parental duties**

The teachers who participated in the study cited abandoning or transferring parental roles to domestic workers at home and teachers at school as one of the contributing factors that delay the identification of adolescent learners with mental distress. This delegation of duty compromised the time parents spent with their children and the adolescents often felt unable to approach their parents when they were experiencing difficulties.

"*One other cause is abandoning parental duties to maids. Yah… that's what some parents do. Some maids even engage in sexual relationships with children because they spend more time with them than their parents would. The sexual relationship can go unnoticed by parents for a very long time and would only be realised if pregnancy or sexually transmitted disease occurs. Now, you see, when problems arise these children now become reserved and distressed because they can't face their parents or anybody for help." P1*

*"You know sometimes mental stress, ehh… distress starts at home and the parents just push the responsibility of counselling the child to the teachers, eh.. they will relegate the duties of counselling the kids to teachers and other children." P2*

*"I have also noted that some parents in Gaborone turn schools into places where their children can be taken care of even when school is over. They use schools as child care centres so much so that they can drop off a child as early as six am and pick them up way after seven pm or 8. This can be depressing for children. That is why they end up with mental distress. I feel mental distress in adolescents is a problem because they come across a lot of stressors which go unnoticed or unaddressed and they suffer quietly if the teacher does not pick it" P5*

*"Dedicating child care solely to teachers and helpers at home. Yes that is true. Some helpers or even relatives, like she was saying, engage in sexual activities with children without their parents knowing, I mean these days we have absent parents something that really depresses children who dearly need their parents' guidance, care and attention" P6*

Studies have demonstrated the negative mental health effects on adolescents of parents delegating their duties. Wang, La Salle, Do, Wu and Sullivan (2019:222) argue that parents who have a keen interest in their children's academic work instil positive norms and influence better outcomes for adolescent mental health. They further state that a conducive home environment promotes emotional growth and reduces risk factors for adolescent mental distress.

According to Khalifa and Nasser (2015:260), relegating parental duties has led to psychological disorders and traumatic experiences among adolescents. Further studies indicate that such poor parental practices are related to lower school achievement, as well as mental and emotional distress among adolescents. The study further explains that parents who relegate their parental duties are largely those with white-collar jobs who have stressful workloads, as well as parents in the low socioeconomic bracket who have to work long hours to earn a living. Talib, Mohamad and Mamat (2015:14) argue that the economic status of lower-class parents make them less supportive and sensitive to their children's needs.

**e) Lack of trust**

Participants also felt that a lack of trust by adolescent learners could be a hindrance in the identification and support of adolescent learners. According to them, adolescent learners prefer to open up to their peers when they have problems rather than teachers for fear of being victimised.

> *"However, uhhmm… even when we do our best to ensure that learners are assisted when they have mental distress, they will be uhmm… trust issues. I mean uhmm… children prefer to talk freely with their friends or classmates than teachers" P1*

> *"They would feel if they share their problems with ma'am, they will be victimised and I wouldn't know how to make them share with me" P2*

A study by Jensen and Minke (2017:177) found that adolescents displayed a decreased willingness to disclose information to their parents. Moreover, parents were less informed about adolescents' whereabouts, friends, and social activities. Adolescents seemed to be conservative in sharing information with their parents and maintained their privacy and autonomy. Similarly, parents responded to this trend by decreasing their solicitation of information. Macklem (2014:2) agrees that adolescents are less eager to share their problems. This lack of trust by adolescents hinders early identification and intervention in their mental distress.

### 3.3.2 Signs of mental distress

Signs of mental distress refer to symptoms that indicate adolescents are experiencing mental strain. Arvidsdotter, Marklund, Kylen, Taft and Ekman (2015:687) explain that signs of mental distress often coexist and share similar risk factors. Participants cited weakened school performance, social withdrawal, changes in behaviour, and the use of drugs and substances as signs of mental distress.

#### 3.3.2.1 Weakened school performance

Weakened school performance was cited as an indicator of mental distress in adolescents. Participants felt that a sudden decline in learners' results illustrates changes in their mental stability. They went on to sight risky practices such as drug use, the consumption of alcohol and inadequate support by parents as contributory to the distress experienced by learners, and ultimately their poor academic outcomes.

> *"It is mostly usually shown in the decline of their performance" P1*

> *"Another is sudden drop in level of performance" P3*

A decline in school performance was said to be associated with mental depression among children and adolescent learners (Murphy, Guzmán, McCarthy, Squicciarini, George, Canenguez, et al. 2015:2). According to Murphy et al (2015:2), the probability of dropping out of school and attaining poor educational outcomes is greater among children who experience mental health problems than their peers who are not mentally challenged. These findings are buttressed by Ritika and Kaur (2018:290), who state that learners' mental health affects their academic achievement.

#### 3.3.2.2 Social withdrawal

Participants mentioned social withdrawal as a sign of mental distress, citing that learners would be unusually quiet and participate less in class.

*"Also lack of participation in class. If a child was very active you will realise by withdrawal mm…mmm… not wanting to talk to anyone and they can became quite, especially when you know that this child is usually talkative. Others isolate themselves from the rest of the students. Yah, those are the signs" P1*

*"And they can become quite, especially when you know that this child is usually talkative. Others isolate themselves from the rest of the students" P5*

*"Social withdrawal, ok a child becomes withdrawn. For example a child who is normally disruptive or hyperactive or contributes actively in class would uhmmm…suddenly be reserved and wouldn't participate or answer questions or display the disruptive behaviour he or she is usually displaying. I mean the child would be like he doesn't care. That is, when you would realise something wrong is going on with the child" P9*

These views are confirmed by Arvidsdotter, et al. (2015:687) who purport social withdrawal as one of the signs of mental distress. According to the authors (Arvidsdotter, et al. 2015:687), a socially withdrawn person has difficulty coping under adverse situations and becomes socially isolated. Macklem (2014:1) also cites, among others, social withdrawal as a sign of mental distress in children. Macklem further claims that teachers and support staff need to be vigilant in order to identify warning signs and symptoms such as social withdrawal among students at an early stage.

#### 3.3.2.3 Changes in behaviour

Participants described changes in behaviour as one of the signs of mental distress in adolescent learners. They explained that learners would display all sorts of undesirable conduct. Learners with signs of mental distress were said to be disruptive, truant, bullies, noisy, disrespectful, inattentive, attention seekers and late-comers.

*"Change in behaviour, some children would just decide to start being naughty or truant and most times he would be trying to act out his frustrations. Usually, we would ignore the child and term him/her as lacking respect, uhmm…when actually there is an underlying factor that is compelling the child to behave in a*

*particular manner that is of concern. Some can be quite especially when you know that they like talking and making noise during lessons or when they are with their friends. "A child can also be disruptive in class" P4*

*"At times a child can develop a disruptive behaviour, making others lose concentration in class. To add on to that, some of them would just decide to start coming to school late. Others miss school for no apparent reason, yah… become naughty and truant". P6*

The findings support Murphy, et al. (2015:12), who discovered that poor mental health has the potential to influence children's academic achievement and quality of life negatively. The authors also found that adverse effects of mental health problems in children include negative behaviour, poor academic achievement, and school dropouts.

#### 3.3.2.4 Use of drugs and substances

Participants reported that learners use drugs and indulge in alcohol to ease the stressful states in which they find themselves. Some of the learners were said to engage in drug and substance use simply because they have the money to do so; this results in mental problems. Participants felt that adolescent learners are negatively impacted by these risky behaviours and they perform badly academically.

*"Our students engage in drugs, uhmm. Marijuana and other intoxicating stuff. Yes, that's true. A lot of children, ehh.. I have observed are disrupted by alcohol and drugs. These end up making them perform badly as they usually don't care much about their studies" P8*

*"Actually with me I once came across a learner who explained to me that uhmm…for him to start smoking he was having problems at home such that he couldn't concentrate in class and he resorted to smoking. He told me that after smoking he felt much better" P5*

A study by Blair (2017:155) found that risky behaviour, such as tobacco use and alcohol consumption, was negatively associated with adolescent school performance. The findings are consistent with Oats' (2018:747) findings that substance abuse negatively affects students' academic performance. This notion is also supported by Ngware, Mahuro, Hungi, Abuya, Nyariro and Mutisya (2016:15), who purport that if adolescents' undesirable behaviour is not addressed, it could result in poor educational outcomes, absenteeism, school dropouts, and failure to socialise well with peers and the community at large.

### 3.3.3 Currently available support

Participants highlighted some interventions that are currently used to help support students with mental distress. They referred to policy guides, the involvement of parents and stakeholders, as well as peer education and life skills training.

#### 3.3.3.1 Policy guides

Participants affirmed the use of policy guiding instruments such as the pastoral policy in assisting adolescents with mental distress. This policy was said to be instrumental in directing the governance and conduct in schools (Government of Botswana, 2008:3). According to participants, the policy included guidance and counselling guidelines which were developed to assist learners who needed counselling. In addition to the policy, they mentioned the use of the Child Protection Act (Botswana Government Gazette, 2009:A.59), which was said to be a key guiding document, and the Parents and Teachers Association (PTA) guidelines as additional strategies that focus on creating positive, safe and supportive learning environments.

> *"There is a pastoral policy which includes guidance and counselling guidelines. We also have PTA guidelines. I find the pastoral policy more useful in guiding on uhmm…" P5*

> *"Well, there is a pastoral policy within which guidance and counselling guidelines are incorporated. We also have PTA guidelines. The school also has discipline policy which guides on how to go about disciplining children" P2*

> *"At guidance and counselling we have Child Protection Act. That is what we use to guide us. There is also the pastoral policy those are the guiding documents that I use". P3*

School policies are the means by which the school's values are reflected, and guidance for good governance is stipulated. They also facilitate actions that have a positive influence on learners' behaviour and academic performance. Palmer, et al. (2015:477) suggest that policies and strategies that focus on building teachers' capacity allow for early identification, support and effective interventions.

#### 3.3.3.2 Involvement of parents and stakeholders

Involvement from parents and stakeholders was seen to be a crucial element in the development and academic growth of learners that the schools use. Participants expressed the need for stakeholder and parental involvement in developing learners academically. There was, however, a concern about parents not being supportive as there was usually low turn up to school meetings. Parents were said not to attend meetings at times, which the participants found to be disturbing as it has a negative impact in terms of responding to the needs of learners.

> *"You cannot tackle mental distress on children without involving parents. So the best strategy is to engage parents so that whatever uhmmm…you do with the child the parent should be involved" P6*

> *"We actually call parents to meetings to discuss matters relating to students performance and their welfare, though there is usually low turn up" P2*

> *"Parents are not supportive. They can even go to the extent of shielding children or denying that their children have problems. Uhmm. Sometimes they don't even come to school when called. The support should be there but ahh…parents are not supportive" P7*

*“I have taught in rural schools, and I have learnt that educating parents on the importance of taking special interest in the learning of students really helps to address issues such as mental distress. At times, we would take the initiative of following them to the cattle post to lure them into school work.” P5*

*“At times we invite people externally to address students on issues of concern” P6*

*“We also involve external stakeholders, such as social workers, and psychologists, at times we do call the police to address them on the dangers of substance abuse” P4*

Active participation by parents in their children’s education creates awareness of any negative occurrences and the subsequent poor academic and health outcomes that their children may encounter. Early parental intervention could alleviate the detrimental effects of stressors on adolescents’ mental health (Wang, et al. 2019:223).

Wang, et al. (2019:230) further argue that there are barriers to parental involvement such as low socioeconomic background and ethnicity. They claim these barriers could be overcome by implementing targeted interventions to lure these particular groups into active involvement in initiatives that promote the mental health of learners.

#### 3.3.3.3 Peer education and life skill training

According to Frantz (2015:1), peer education refers to the use of knowledgeable individuals from the same social backgrounds or life experiences, with similar concerns (rather than health professionals), to empower, share health information and encourage healthy behaviour among each other.

It was evident from the discussions that peer education had a positive impact on changing the behaviours, values and the mental status of learners as they tended to interact freely with their counterparts.

*“We also uhmm…encourage peer education. We uhmm…teach them life skills and make students share what they have learnt with others. So when they experience problems they easily relate them to their peers who can in turn easily relate them to their peers who can in turn assist them to come up with solutions” P8*

*“Peer education actually works for those children who are uhmm…reserved and fear speaking to teachers or their parents” P10*

*“The ones we find effective are classroom talks and one on one because you can actually see the change afterwards. We at times address a small number of students, say maybe one class as a group of teachers. Yah, there it becomes effective because they can even ask questions and share their concerns as well as learn from others within the same group” P10*

*“During school holidays we organise camps for children to learn social and life skills” P11*

“*Uhmm… we also organise boot camps during school holidays. Uhmm… at boot camps we have children from various schools and backgrounds. We also invite uhmm.. many stakeholders from police, health, sport association, religious groups and many others to come and talk to our children on the dangers of some activities such as drug abuse and pregnancy. Now, you see, at boot camps, children interact with other in a more relaxed manner and they are able to share a lot of things including what they experience. Uhmm.. you will find out that they even discover solutions as they share without even asking for any help from us. Yah, at boot camps we also make them play many games that help them relax their minds and keep them away from any bad practices that they might have adopted. One other thing is that at boot camps students are encouraged to consult counsellors from other schools or even pastors” P11*

Abdi and Masoumeh Simbar (2013:1200) describe a peer as a person who is of the same social background, status, interest and of equal age to another. According to them, peers assist in the psychosocial development of most adolescents through the

provision of a social bond. Therefore, peer education is an exchange of information and experiences between peers.

Research suggests that peer education on harm reduction, prevention, and early intervention could possibly change attitudes and behaviours among adolescents since it is done by individuals whose concerns and distresses are similar (Ghasemi, Simbar, Fakari, Naz & Kiani, 2019:9140). According to Ghasemi, et al. (2019:9140), peer education can be an effective strategy in improving knowledge and attitudes, preventing risky behaviours, and enhancing self-efficacy as well as psychological well-being.

Frantz (2015:1) explains that health education strategies led by peers are a common and effective health education method, as peers positively influence those who are at risk.

### 3.3.4 Future strategies for remediation

Participants mentioned that there are a number of possible strategies for remediation. These included being more vigilant, working collectively, community sensitisation on mental health issues, policy reviews and referral as effective means of addressing mental health issues among adolescent learners.

#### 3.3.4.1 Being more vigilant

Participants articulated the need for teachers to keep a watchful eye on the behaviour and conduct of learners so that any notable change can be identified and addressed at the earliest possible time.

> *"I think we have to be vigilant and always remember that we are raising children. For any change noted with a child we need to be forth right and the child to share what is bothering them or maybe that is, when a child would open up and share problems resulting in their distress. But if the child doesn't open up then you would refer to a guidance and counselling teacher or any other person that*

*the child might feel comfortable discussing the issues with, or better still involve parents" P6*

The provision of quality education is key, which calls for students to be healthy and stable in mind. Teachers should thus be vigilant and monitor learners closely to detect any notable changes in their behaviours and mental health. Marshall, Jackman and Fongkong-Mungal (2018:163) promote the active engagement of students by tailor-making learning activities to suit the individual needs of students and monitor learners' health. They emphasise the use of positive behaviour management strategies, child-centred classrooms, parental and community involvement, protective school environments, health and family life, as well as enhanced student participation.

#### 3.3.4.2 Working collectively

Collective efforts by teachers, parents, the community at large, stakeholders, the education sector and health entities were viewed as being important by participants. They explained that the support they received from management positively impacted on the mental health of students.

Health education by the Ministry of Health was said to be a welcome development. Addresses by the police on the dangers of drug and substance abuse were also found to be effective in bringing positive change in the behaviour and mental health of adolescent learners. Participants felt that there was a need for stronger political support in establishing instruments that would address mental health needs in schools.

> *"I agree with her that parents, teachers and the community at large need to collectively work together to address any sign of mental distress to ensure that they worsen and lower children's performance" P5*

> *"We are very fortunate that parents do respond positively to our calls, making it easy to find solutions together. Therefore working collaboratively with parents to solve students' problem really works for us" P6*

*"Management works collaboratively with teachers and parents to find resolve of students' problems" P6*

*"We also involve external stakeholders, such as social workers, and psychologists, at times we do call the police to address them on the dangers of substance abuse" P6*

*"Ehh.. we also need as teachers, support from the politicians" P5*

*"People in influential positions should use their weight to encourage students to grow into responsible citizens by addressing them or interacting with them in a manner that could demonstrate what they really mean" P6*

*"Ministry of health should join hands with other stakeholders to bring information to the school through various forums. In addition, everyone should take the responsibility of joining hands to help students undertake, ehh… their education without barriers" P6*

*"We need political support. Even spiritual. Yes, we need to have a whole package that supports the school, councillors, priests, chiefs and others should all be involved" P6*

*"We need to look at the bigger picture and say, where are parents, where is the government, where are the church organisations, what is our culture saying? You see as long as we don't allow everyone to play their role, we are always going to fail our children" P9*

*"The health sector should be in the fore front. They should visit schools to talk to students. Yah, they should also make sure that they give us more information to pass on to learners. Politicians should have a greater influence in forcing parents to participate in the learning of their children" P6*

Nadeau, Lecompte, Johnson-Lafleur, Pontbriand and Rousseau (2016:5) explain that several issues contribute to adolescent mental health problems, including school and

home environments, and they suggest that collaborative efforts are most appropriate for promoting learners' mental health. They further state that health professionals are best placed to lead in information sharing that would assist in resolving mental health problems in schools.

LaVeist, Thorpe, Pierre, Mance and Williams (2014:8) call for collaborative efforts by researchers, policy-makers, and health practitioners to eliminate discrepancies through a multidisciplinary approach that addresses social and environmental risk factors, as well as cultural expectations and norms.

#### 3.3.4.3 Community sensitisation on mental health issues

Community sensitisation was viewed as a vital step in promoting mental health; participants explained that learners grow up in communities who greatly influence their development.

> *"Public uhmm.. education on mental health issues should be done to sensitise the community at large that since children grow up within communities, we ehh… all need to take responsibility of seeing to it that children are guided properly, and assisted to make the right choices and adopt good behaviours" P12*

> *"...the health sector has to play its part in educating the public on health issues" P12*

Kohrt, Asher, Bhardwaj, Fazel, Jordans, Mutamba, et al. (2018:10) argue that public education, implementing child and adolescent mental health programmes, community-based rehabilitation, awareness-raising about risk factors, as well as workplace stress reduction programmes are key in addressing the mental health of children and adolescents.

#### 3.3.4.4 Policy review

The need for robust policies that address mental health problems in schools was expressed by participants who felt that strong political will was a key in developing and reviewing such policies.

> *"Politicians should also look into policies that speak to the welfare of children when they have health problems. That spell out how children can be assisted in the shortest possible time without traumatising them" P12*

> *"Policies should be made to allow action to be taken against those who shift the responsibility of their children to others" P11*

Well-developed and executed mental health policies can be vital and potent in improving mental health and reducing disease burden (Zhou, Yu, Yang, Chen & Xiao, 2018:2). According to Zhou, et al. (2018:2), the espousal of the Comprehensive Mental Health Action Plan 2013–2020 by the 66$^{th}$ World Health Assembly promotes the further formulation of global mental health policies.

#### 3.3.4.5 Referral

Participants explained the significance of referral in tackling adolescent mental health problems in schools. They felt it was essential to refer learners with mental problems to experts at the earliest possible time in order to alleviate and address mental health problems in schools.

> *"Now, uhmm… when you come across a child who doesn't want to open up before their teacher, you refer to guidance and counselling department where specially trained teachers attend to them" P6*

> *"… we refer where we feel ehh… someone else with expertise should intervene. You are right, but sometimes we refer because we do not have time to get to the root cause of the problem as we have limited time to finish the curriculum. Children need variations in the way you approach them". P4*

According to Patalay, Gondek, Moltrecht, Giese, Curtin, Stanković and Savka (2017:2), school mental health interventions are mostly reactive, addressing already existing mental health problems. Therefore, learners are only referred once mental health problems are noticeable. Patalay, et al. (2017:6) suggest that the employment of specialised personnel for early identification, referral, support and interventions for mental health problems would help prevent these challenges in schools.

## 3.4 SUMMARY

This chapter described the demographic outline of participants and discussed the themes and categories that emerged from the data relative to the existing literature.

The next chapter presents the recommendations, limitations and conclusions of this study. Further recommendations for addressing adolescent mental distress in schools are also submitted.

# CHAPTER 4
# RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

## 4.1 INTRODUCTION

The first objective of this study, to explore and describe secondary teachers' experiences dealing with adolescent learners displaying mental distress in Gaborone, was realised. Participants identified different reasons that delayed early identification of mental distress among adolescent learners, namely large student numbers and insufficient resources to meet their needs, learners showing signs of mental distress not being taken seriously, lack of parental involvement, relegating parental duties, and lack of trust. They were also able to mention several signs of mental distress.

The participants indicated that identifying adolescents with mental distress was often delayed or took some time, resulting in the learners experiencing anguish. This delay negatively impacts on the academic performance and overall health of the learners. Participants felt that large class sizes hindered early identification of mentally distressed adolescent learners. They claimed that in these instances, teachers do not have sufficient time to interact closely with individual learners, making it difficult to identify problems with individuals. Lack of parental involvement and a reliance on the school to take care of learners was viewed as a cause for delayed identification of mental distress in adolescent learners. In addition, participants stated that adolescents are often dismissed as being childish or attention seekers when they display unusual behaviour. On the other hand, the learners also feel insecure about discussing their personal issues with either their parents or teachers as they find it difficult to trust them.

The second objective was to explore and describe the support needed by secondary teachers who interact with adolescent learners who display mental distress. The recommendations to support teachers, as discussed in the next section, are aligned to challenges encountered by the participants, their suggestions, as well as relevant literature.

As the concluding chapter, shortfalls of the study are discussed and recommendations for support needed by secondary teachers who interact with adolescents learners who display mental distress and further research are cited.

## 4.2 RECOMMENDATIONS

The participants declared numerous challenges which included a lack of parental involvement, lack of peer education, inadequate life skills training, inadequate collaboration with stakeholders, lack of political support, lack of community sensitisation, outdated policies, and lack of a well-structured referral structure. They proposed the following interventions to address these challenges in order to curb mental distress among adolescent learners; parental involvement, peer education, life skills training, stakeholder engagement, political support, community sensitisation on mental health issues, policy review, and structuring the referral system.

According to the WHO (2017:3), half of all global mental health conditions start in the adolescent stage, most of which go untreated. The result of not addressing adolescent mental health conditions thus leads to an impossibility of living a fulfilling life given the circumstances.

### 4.2.1 Parental involvement

Participants noted with concern that parents were not eager to partake in adolescent learners' academic work. This lack of involvement was said to impact negatively on the educational outcomes of learners.

> *"We actually call parents to meetings to discuss matters relating to students performance and their welfare, though there is usually low turn up" P2*

> *"Even though we involve parents, there are those who are just not responsive. Only a few do come when called" P3*

Hall and Quinn (2014:13) explain that parental involvement improves learners' academic performance and strengthens school programmes. Westerlund, et al.

(2015:2) argue that involving parents in their children's education may cushion mental health problems in adolescence that could lead to complications in adulthood. Moreover, parents' participation incites the learners' personal interest and inspiration in their academic work, thus improving their mental health and promoting good academic achievement. Westerlund, et al. (2015:9) further declare that improved public health outcomes and reduced burden of mental health are a result of interventions that strengthen parental involvement. Therefore, parental involvement is critical in addressing adolescent mental health. In view of the above, the researcher recommends active involvement of parents at all times in the schooling of their children. This could be done by holding meetings at the beginning of the school term to set the tone of joint efforts to support learners, as well as at mid-term and the end of term to discuss learners' progress and map ways to improve learning together. One-on-one meetings should also be held for isolated cases that require parents' attention.

### 4.2.2 Peer education

Participants highlighted the importance of peer education in schools as an intervention to educate and potentially assist in altering adolescent learners' risky behaviour.

> *"We also uhmm… encourage peer education. We uhmm… teach them life skills and make students share what they have learnt with others. So when they experience problems they can easily relate them to their peers who can in turn assist them to come up with solutions" P8*

Most teachers felt that adolescent learners express their challenges more freely to peers than they would with teachers. Therefore, peer education is a better means of assisting learners to speak out and be assisted early, before their problems result in mental distress. Peers have a great influence on each others' behaviours, hence peer education employs peer influence to develop positive behaviour among youth (Frantz, 2015:1). It is therefore recommended that peer education be used in schools as peers tend to effect each other's behaviour, feelings and personal relationship. This will greatly assist in closing the gap that currently seems to exist with students being unable to open up to teachers as much as they would to their peers.

### 4.2.3 Life skills training

Adolescents, because of their developing bodies and minds, face challenges which they sometimes fail to overcome due to an inability to make immediate and effective responses. This then calls for empowerment and skills development to make the right choices and show appropriate behaviour.

According to Prajapati, Sharma and Sharma (2017:1), capacity building in life skills is an effective psychosocial strategy aimed at enhancing the mental health of adolescents through reinforcement of coping strategies, confidence and the development of positive emotions, as well as enhancing intellectual skills.

> *"We uhmm… teach them life skills and make students share what they have learnt with others. So when they experience problems they can easily relate them to their peers who can in turn assist them to come up with solutions" P4*

Prajapati, et al. (2017:4) posit that as important as education is, life skills education is imperative as it links basic functioning with competencies and assists in supporting better standards of living. They further explain that life skills training strengthens individuals' capacity to deal with life stressors and aids in the attainment of desired behaviours.

Participants felt that capacity building in life skills is a powerful way of curbing risk factors for mental distress in adolescent learners, and better furnishes them with skills to overcome life's obstacles. A conclusion could thus be reached that life skills education is important and very meaningful in learners' overall growth and the researcher recommends that it be incorporated in the school curriculum.

### 4.2.4 Stakeholder engagement

Participants strongly felt that there was a need for stakeholder engagement in addressing adolescent learners' mental health issues.

*"At times we invite people externally to address students on issues of concern". P1*

*"We also involve external stakeholders, such as social workers, and psychologists, at times we do call the police to address them on the dangers of substance abuse". P2*

*"In addition, everyone should take the responsibility of joining hands to help students undertake, ehh… their education without barriers". P4*

*"The education sector should dialogue with uhmm…other sectors regarding how a child can be assisted when there is a problem without hurdles. For example if a child is referred to a psychologists or police, they should be assisted without being stigmatised or criminalised". P3*

Stakeholder engagement is the involvement of individuals, groups and communities, who have vested interest in an organisation to dialogue, address and influence decisions on issues to affect positive change (Erkul, Yitmen & Tahir, 2016:707).

The Mental Health Action Plan 2013-2020 calls for stakeholder engagement as a means of strengthening mental health promotion throughout government departments and other sectors. The plea is prompted by the fact that poor mental health is largely subjective to an array of social and economic factors, which include education level, living standard, health status, unity, discrimination, violations of human rights and exposure to unpleasant life events, such as sexual violence, gender-based violence, neglect and child abuse (WHO, 2013:17).

More than half of the participants expressed the need to engage stakeholders, arguing that they cannot address mental health issues for learners alone as a number of factors outside school settings impact on their mental health. The participants' concern resonates with literature regarding the positive effects of involving parents in addressing mental health problems experienced by adolescent learners. Involving stakeholders is therefore key in curbing adolescent learners' mental distress. The researcher therefore recommends stakeholder engagement in the development of

learners; many factors, some of which are outside the school environment, contribute to mental distress in adolescent learners.

### 4.2.5 Political support

Some participants expressed the need for support by politicians, whom they felt had the power to influence and approve policies and other guiding instruments for the improvement of mental health. They also suggested that politicians should visit schools or address learners in any appropriate forum to motivate them to adopt good behaviour that could ultimately help them avoid mental health risk factors.

> *"Ehh… we also need as teachers, support from the politicians. I am referring to the councillors and MPs. Maybe they could be involved in issues that are beyond our jurisdiction where law has to be applied to assist mentally distressed children". P6*

> *"Uhmm… they are influential figures who could help arresting some situations". P6*

> *"People in influential positions should use their weight to encourage students to grow into responsible citizens by addressing them or interacting with them in a manner that could demonstrate what they really mean". P4*

The need for political support to influence both behaviour and legislation was seen to be vital in shaping adolescent mental health. The researcher recommends that officers in political positions should therefore use their power to establish laws and policies that address the mental health of learners in line with human rights instruments that are crucial for adolescents.

### 4.2.6 Community sensitisation on mental health issues

Looking at the responses that follow, it would seem that the community needs to be sensitised on mental health concerns to capacitate them in detecting and dealing with mental health problems experienced among adolescent learners.

*“Public uhmm…education on mental health issues should be done to sensitise the community at large that since children grow up within communities, we ehh… all need to take responsibility of seeing to it that children are guided properly, and assisted to make the right choices and adopt good behaviours”. P12*

*“Parents or say, the public need education on mental health issues in order to guide children properly, and assisted to make the right choices and adopt good behaviours”. P12*

The participants explained that learners spend significantly more time in school than any other setting, and benefit from school-based interventions aimed at improving adolescent mental health. However, they felt that there is a need to sensitise the community on mental health in order to increase knowledge and support to learners and reduce risk factors to mental health.

Castillo, Ijadi-Maghsoodi, Shadravan, Moore, Mensah, Docherty, et al. (2019:6) argue that the community is denoted in diverse ways, including individuals, settings such as churches, leaders and multi-sector groupings. Having said that, it is therefore important to tailor-make sensitisation and mental health interventions for specific community levels. According to Castillo, et al. (2019:7), the Bronfenbrenner’s socio-ecological model of human development is a good model to follow when sensitising the community on adolescent mental health issues as it places the individual central to the surrounding systems. The model illustrates how the individuals’ interaction with the community, physical, social, and political environment affects their health. Therefore, for community sensitisation to have a positive impact, it should address social and environmental inequities. The researcher recommends deliberate efforts by health and education professionals to sensitise the community on mental health issues with special emphasis on support for learners.

### 4.2.7 Policy review

Participants felt that policies ought to be revised on a regular basis to ensure they remain relevant and current. They also felt that politicians should have the upper hand in ensuring that policies are developed, especially those that address the welfare of learners and promote their mental and general health.

> *"Policies should be made to allow action to be taken against those who shift the responsibility of their children to others". P11*

> *"Politicians should also look into policies that speak to the welfare of children when they have health problems". P12*

Zhou, et al. (2018:2) argue that a mental health policy that is well developed and implemented has the potential to promote mental health and reduce disease burden. Therefore, the development and execution of mental health policies are vital in promoting adolescent learners' mental health.

The WHO, Mental Health Action Plan 2013-2020 (2013:12) emphasises the integration of mental health into other health programmes and policies, as well as partnerships with relevant sectors. The Action Plan stresses the need for governments and sector leadership to strengthen preventive and curative measures for mental health. In this vein, the researcher therefore recommends that mental health be integrated into the school curriculum and mental health policies should be reviewed periodically to address emerging issues in the development of learners.

### 4.2.8 Structuring the referral system

The teachers' obligation of realising the academic achievement of their learners, as well as monitoring and promoting learners' mental health, is difficult unless capacity is built for teachers to assist them in these dual accountabilities. This lack of adequate skills to address mental health problems among learners results in them being referred for expert assistance, thus taking their time away from the school schedule. Participants felt that the referral system needs to be structured to accommodate

learners' needs. Most participants expressed the need to strengthen the referral system. They felt that the current arrangement in the health sector referral system does not allow for learners to be attended to as a matter of priority, thus forcing them to spend time in long queues, missing out on school lessons and being more distressed. According to the participants, learners would benefit from special dispensation and being prioritised when they seek mental health services.

> *"We also refer, because hey, it is not always the case that you come across easy to solve cases. So we refer where we feel ehh… someone else with expertise should intervene. You are right, but sometimes we refer because we do not have time to get to the root cause of the problem as we have limited time to finish the curriculum. Children need variations in the way you approach them. Otherwise if you keep on talking to them about something, ha, they eventually dismiss you". P5*

> *"Oh, with me when I see that I a child is uncomfortable sharing with me, I refer her secretly so that she doesn't get upset. I will ask the guidance teacher to approach her without involving me". P6*

> *"Now, uhmm… when you come across a child who doesn't want to open up before their teacher, you refer to guidance and counselling department where specially trained teachers attend to them" P4.*

> *"Uhmm… when you refer a student to see a social worker, for example, the student misses a lot of material covered because it takes long to be assisted. Yah, maybe each school should have a resident social worker and psychologist for easy access." P5*

Participants explained that there were limited options for referrals, with most cases directed to the guidance and counselling teachers. They felt that more professionals, such as psychologists, should be accessible to learners in their time of need. There was also an outcry for special arrangements and clear lines of referral for learners with mental health problems without necessarily taking a lot of their time away from school. The researcher therefore recommends that professional mental health personnel be

deployed in the education sector for easy access by learners in times of need. Guidance and counselling units in schools should be adequately resourced to allow referral of learners with mental health problems.

## 4.3 LIMITATIONS OF THE STUDY

The study was conducted in Gaborone, Botswana, among participants from selected public secondary schools who teach learners in the adolescent stage. This criterion excluded those in private schools in the same category. This posed a limitation as the sample size was too small to allow the results to be generalised. However, the acquired sample size was adequate for a qualitative study of this nature as data saturation was reached.

Medical terms were used during the data collection process. This became a bottleneck as the terms had to be explained in order for participants to understand what was being referred to, thus extending the anticipated duration of the interviews.

Moreover, mental distress is a sensitive and complex topic which has the potential risk of participants failing to appropriately articulate and withholding information. This may have resulted in social desirability bias that could have been avoided through the use of self-administered questionnaires (Clifford & Jerit, 2015:790).

Literature regarding the study is limited both locally and globally, as few studies were conducted on teachers' perception of adolescents with mental distress. This made it difficult to establish issues surrounding adolescent learners with mental distress and their teachers.

To minimise the effects of some of these limitations, the researcher explained the medical terms in simple language to assist everyone in understanding the subject and participating effectively. The researcher also made use of general mental health literature to enhance understanding of mental health.

## 4.4 FURTHER RESEARCH

Based on the results of the study and existing research, more studies should be conducted to address the following:

- Replication of the current study with the inclusion of private secondary schools to allow generalisation.

- Undertake more studies to examine the causative factors for adolescent mental distress in schools.

- Conduct future research on adolescent mental health interventions in schools based on proposed recommendations.

In conclusion, other data gathering methods like drawings could be incorporated in future studies to augment the data, as well as the research findings.

## 4.5 CONCLUSION

This chapter presented a summary of the study, its limitations and recommendations, including suggestions for further areas of research that seek to address contributing factors to mental distress in adolescent learners.

The researcher established that an array of factors contributes to delays in identifying adolescent learners with mental distress. The most common possible causes of delayed identification acknowledged by participants were large student numbers and insufficient resources to meet their needs, learners showing signs of mental distress not being taken seriously, lack of parental involvement, relegating parental duties, and a lack of trust. From this study, which focused on secondary teachers' experiences in dealing with adolescent learners displaying mental distress, it emerged that the factors led to delayed identification of signs of mental distress, resulting in the onset of mental distress in adolescent learners. The researcher observed that approaches

to support, such as the use of policy guides, parental involvement, peer education and life skills training, were best suited to address mental distress in schools.

Furthermore, the researcher determined that parental and stakeholder involvement, community sensitisation on mental health issues, political support, policy review and restructuring the referral system were possible remediation strategies for adolescent mental distress.

It is worth noting, that teachers are duty-bound to work hard to ensure the good academic achievement of learners while also monitoring their mental health. The added role of supporting learners' mental health is therefore less viable lest teachers are given sufficient training and time to perform these duties. More often than not, mental health interventions in schools are offered by teachers, most of whom have limited training in mental health. Their educational targets, coupled with educational policy and curriculum, also force them to prioritise the educational needs of learners over any other need. This means that they refer learners with mental health challenges to health facilities for intervention, even if there is little they can offer.

Recommendations were made based on the mentioned bottlenecks encountered by the participants, as well as relevant literature. The cited strategies used in addressing adolescent mental distress provided the basis for recommendations regarding the role of parents, stakeholders, and policy-makers in developing instruments that address adolescent mental health problems, as well as in reviewing policies and restructuring the referral system.

The experiences shared by the participants demonstrate that there are existing gaps that need concerted efforts by all stakeholders, including the education sector, parents, the health sector, teachers, policy-makers, learners and communities to collectively implement recommendations and further strategies to address mental distress among adolescent learners. It is worth noting that there is a tremendous need to implement and evaluate the proposed recommendations made in this study to address mental distress in adolescent learners.

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# ANNEXURE A: ETHICAL CLEARANCE CERTIFICATE FROM UNIVERSITY OF SOUTH AFRICA

**RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES**
**REC-012714-039 (NHERC)**

15 February 2017

| **HSHDC/615/2017** | |
|---|---|
| Mrs MO Masiga | |
| Student: | 5079-557-0 |
| Supervisor: | Prof J Maritz |
| Qualification: | PhD |
| Joint Supervisor: | - |

Dear Mrs MO Masiga

**Decision: Ethics Approval**

---

**Name:** Mrs MO Masiga

**Proposal:** Secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone.

**Qualification:** MPCHS94

---

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

*The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 15 February 2017.*

*The proposed research may now commence with the proviso that:*

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*

2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*

Open Rubric

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

*Note:*
*The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.*

Kind regards,

pp Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za

pp Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

## ANNEXURE B: LETTER TO REQUEST PERMISSION FROM MINISTRY OF HEALTH AND WELLNESS, BOTSWANA

P. O. Box 3475
Gaborone

22nd February, 2017

The Director

Department of Health Policy Development Monitoring & Evaluation

Ministry of Health & Wellness

Botswana.

Dear sir/madam,

I am pursuing Master's degree programme in Public Health at University of South Africa. I would like to conduct a study in Junior Secondary schools whose primary goal is to demonstrate mastery and integration of the knowledge that has been acquired during the programme and its fulfilment. The study will involve interviewing teachers on their experiences in dealing with adolescent learners displaying mental distress. If feasible, I would like to interview about six teachers for approximately 60 minutes through a focus group discussion at a time in three schools.

The study findings will help determine the support needed by adolescent learners who show signs of mental distress. Prospective participants will be asked to sign an informed consent form, which will be available in English. Confidentiality will be strictly maintained. No name or identifying information will be written on any of the data collection forms. All data will be kept in a locked file cabinet.

I therefore request for a permit to conduct the study for which I have acquired an ethical clearance letter attached from UNISA.

Yours sincerely,

______________

Mildred Masiga

Contact Number: 00 267 71704774

# ANNEXURE C: ETHICAL APPROVAL FROM THE MINISTRY OF HEALTH AND WELLNESS

PRIVATE BAG 0038
GABORONE
BOTSWANA
REFERENCE:

TEL: (+267) 363 2500
FAX: (+267) 391 0647
TELEGRAMS: RABONGAKA
TELEX: 2818 CARE BD

REPUBLIC OF BOTSWANA

MINISTRY OF HEALTH AND WELLNESS

**REFERENCE NO: HPDME 13/18/1** **26 June 2017**

Health Research and Development Division

Notification of IRB Review:**New application**

Mildred Masiga
P O Box 3475
Gaborone
Botswana

Dear Mildred Masiga

**Protocol Title: SECONDARY TEACHERS' EXPERIENCES IN DEALING WITH ADOLESCENT LEARNERS DISPLAYING MENTAL DISTRESS IN GABORONE**

HRU Approval Date: 26 June 2017
HRU Expiration Date: 25 June 2018
HRU Review Type: Health Research Unit
HRU Review Determination: Approved
Risk Determination: Minimal risk

Thank you for submitting new application for the above referenced protocol. The permission is granted to conduct the study.

This permit does not however give you authority to collect data from the selected sites without prior approval from the management. Consent from the identified individuals should be obtained at all times.

The research should be conducted as outlined in the approved proposal. Any changes to the approved proposal must be submitted to the Health Research and Development Division in the Ministry of Health for consideration and approval.

Furthermore, you are requested to submit at least one hardcopy and an electronic copy of the report to the Health Research, Ministry of Health and Wellness within 3 months of completion of the study. Approval is for academic fulfillment only. Copies should also be submitted to all other relevant authorities.

**Vision:** *A Healthy Nation by 2036.*
**Values:** *Botho, Equity, Timeliness, Customer Focus, Teamwork, Acountability*

## ANNEXURE D: LETTER TO REQUEST PERMISSION FROM MINISTRY OF BASIC EDUCATION

P. O. Box 3475
Gaboronе

27th June, 2017
The Director
Department of Secondary Education
Ministry of Basic Education
Gaborone.

Dear sir/madam,

I am a student pursuing Master's degree programme in Public Health at University of South Africa (UNISA). I would like to conduct a study in Junior Secondary schools whose primary goal is to demonstrate mastery and integration of the knowledge that has been acquired during the programme and its fulfilment. The study will involve interviewing teachers on their experiences in dealing with adolescent learners displaying mental distress. If feasible, I would like to interview about six teachers for approximately 45-60 minutes through a focus group discussion.

The study findings will help determine the support needed by adolescent learners who show signs of mental distress.Your schools would be desirable sites for research because of the availability of adolescent students who might show signs of mental distress. Prospective participants will be asked to sign an informed consent form, which will be available in English. Confidentiality will be strictly maintained. No name or identifying information will be written on any of the data collection forms. All data will be kept in a locked file cabinet.

Attached please find clearance letters from Ministry of Health & Wellness and UNISA.

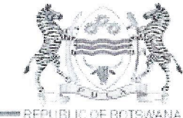
Yours sincerely,

_____________

Mildred Masiga
Contact Number: 00 267 71704774

## ANNEXURE E: ETHICAL APPROVAL FROM THE MINISTRY OF BASIC EDUCATION, BOTSWANA

TELEPHONE: 3655400/3655483
TELEX: 2944 THUTO BD
FAX: 3914271




MINISTRY OF BASIC EDUCATION
PRIVATE BAG 005
GABORONE, BOTSWANA

REF: DPRS 7/1/5 XXX (66) SEO II-Research

05th July 2017

Mildred Oreeditse Masiga
P O Box 3475
Gaborone

Dear Madam

**RE: PERMIT TO CONDUCT A RESEARCH STUDY**

This serves to grant you permission to conduct your study in the sampled areas in Botswana to address the following research objectives/questions /topic:

**Secondary Techers' Experiences in Dealing With Adolescent Learners Displaying Mental Distress in Gaborone.**

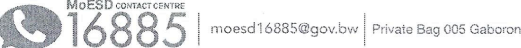
It is of paramount importance to seek **Assent** and **Consent** from the Director of South East region, School Heads and Teachers of sampled Junior Secondary Schools that you are going to collect data from. We hope that you will conduct your study as stated in your proposal and that you will adhere to research ethics. Failure to comply with the above stated, will result in immediate termination of the research permit. The validity of the permit is from **05nd July 2017 to 05nd July 2018.**

**You are requested to submit a copy of your final report of the study as stated in the Research Guidelines (para 4.5 - 4.6, 2007) to the Ministry of Education and Skills Development, in the Department of Educational Planning and Research Services, Botswana.**

Thank you.

Yours faithfully

Shadreck Majwabe
For/Permanent Secretary



## ANNEXURE F: LETTER TO REQUEST PERMISSION FROM SOUTH EAST REGION, MINISTRY OF BASIC EDUCATION, BOTSWANA

P. O. Box 3475
Gaborone

7th July, 2017
The Director
South East Region
Ministry of Basic Education
Gaborone.

Dear sir/madam,

I am Ministry of Health employee pursuing Master's degree programme in Public Health at University of South Africa. I would like to conduct a study in Junior Secondary schools whose primary goal is to demonstrate mastery and integration of the knowledge that has been acquired during the programme and its fulfilment. The study will involve interviewing teachers on their experiences in dealing with adolescent learners displaying mental distress. If feasible, I would like to interview about six teachers for approximately 60 minutes through a focus group discussion at a time in three schools.

The study findings will help determine the support needed by adolescent learners who show signs of mental distress. Prospective participants will be asked to sign an informed consent form, which will be available in English. Confidentiality will be strictly maintained. No name or identifying information will be written on any of the data collection forms.

I therefore request for assent to conduct the study in 3 Junior Secondary Schools in South East region for which I have acquired attached permit from DPRS.

Attached please also find clearance letters from Ministry of Health & Wellness and UNISA.

Yours sincerely,

______________
Mildred Masiga
Contact Number: 00 267 71704774

## ANNEXURE G: ETHICAL APPROVAL FROM THE SOUTH EAST REGION, MINISTRY OF BASIC EDUCATION, BOTSWANA

MINISTRY OF BASIC EDUCATION

TELEPHONE: (267) 3908263
FAX: (267) 3975899

Director, Regional Operations
South East
Private Bag 00343
GABORONE
BOTSWANA

REF: SER 1/15/2 IX (215)

11 July 2017

Mildred Masiga
Private Bag 3475
GABORONE

Dear Sir/Madam,

**PERMISSION TO CONDUCT A RESEARCH STUDY**

Reference is made to your letter dated **7 July 2017** requesting to carry out research study in the Ministry of Education and Skills Development- South East Region. The research will be carried out in **Bokemoso, Moselewapula** and **Kgale Hill Junior Secondary Schools** with effect from **05July 2017 to 05 July 2018.**

Permission is hereby granted for you to carry out research as per your request. The schools have been notified of your intent and you are advised to contact them directly.

Thank you.

Yours faithfully,

A.Z. Ernest

For/ Director, Regional Operations, South East Region

BOTSWANA

# ANNEXURE H: LETTER TO REQUEST PERMISSION TO CONDUCT FOCUS GROUP DISCUSSIONS IN SCHOOLS

P. O. Box 3475
Gaborone

Date

The Head teacher
…………………………. Junior Secondary School
Gaborone.

Dear sir/madam,

I am a student pursuing Master's degree programme in Public Health at University of South Africa. I would like to conduct a study in your school whose primary goal is to demonstrate mastery and integration of the knowledge that has been acquired during the programme and its fulfilment. The study will involve interviewing teachers on their experiences in dealing with adolescent learners displaying mental distress. If feasible, I would like to interview about six teachers for approximately 60 minutes through a focus group discussion.

The study findings will help determine the support needed by adolescent learners who show signs of mental distress.Your school would be a desirable site for research because of the availability of adolescent students who might show signs of mental distress. Prospective participants will be asked to sign an informed consent form, which will be available in English. Confidentiality will be strictly maintained. No name or identifying information will be written on any of the data collection forms. All data will be kept in a locked file cabinet.

If it is possible, I would like to schedule an appointment with you in order to discuss the possibility of conducting this research at your school.

Yours sincerely,

______________
Mildred Masiga
Contact Number: 00 267 71704774

## ANNEXURE I: CONSENT LETTER FOR PATICIPANTS

Dear sir/madam,

This letter is an invitation to consider participating in a study I am conducting as part of my Master's degree programme in Public Health at University of South Africa. The study's primary goal is to demonstrate mastery and integration of the knowledge that has been acquired during the programme and its fulfilment. The study will involve interviewing teachers on their experiences with adolescents who show signs of mental distress. If feasible, I would like to interview you alongside other teachers for approximately 60 minutes through a focus group discussion.

The study findings will help determine the support needed by adolescent learners who are displaying mental distress. I believe that because you interact with adolescent students who might show signs of mental distress, you are best suited to speak to the various issues regarding that.

Participation in this study is voluntary. As mentioned earlier, it will involve an interview of approximately 60 minutes in length to take place in a mutually agreed upon location. You may decline to answer any of the interview questions if you so wish. Further, you may decide to withdraw from this study at any time without any negative consequences by advising the researcher.

With your permission, the interview will be tape-recorded to facilitate collection of information, and later transcribed for analysis. All information you provide will be considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. Data collected during this study will be retained in locked cabinet in office accessible to the researcher only. There are no known or anticipated risks to you as a participant in this study.

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me at mobile number; **+267 71704774)** or by e-mail at **(milliemasiga@gmail.com).**

Should you have concerns about the way in which the research has been conducted, you may contact Professor L Roets, Ethics Chair of the Department of Health Studies at roetsl@unisa.ac.za.

Yours sincerely,

______________

Mildred Masiga

## ANNEXURE J: CERTIFICATE OF CONSENT BY PARTICIPANTS

I understand that I am being asked to participate in a research study undertaken by a student, M O Masiga, as fulfilment for a Master's programme in Public Health. This study will explore and describe secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone

I agree to participate in the study. I will be interviewed alongside other teachers for approximately 60 minutes about my experience as a teacher. The interview will be recorded and take place in a private office at my school. No identifying information will be included when the interview is transcribed. I understand that I will not be paid for participating in the study. There are minimal known risks associated with this study.

I realise that knowledge gained from the study may help me or other teachers as well as students in the future. I also appreciate that my participation in this study is entirely voluntary and I may withdraw from the study at any time I wish. If I decide to discontinue my participation in this study, I will continue to be treated in the usual and customary fashion.

I understand that the study data will be kept confidential should I have concerns about the way in which the research has been conducted, I may contact Professor L Roets, Ethics Chair of the Department of Health Studies at roetsl@unisa.ac.za.

The study has been explained to me. I have read and understood this consent form, all questions have been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.

____________________ ________________
Signature of participant Date

____________________ _________________
Signature of researcher Date

# ANNEXURE K: CONFIDENTIALITY LETTER

I, ________________________________________________

hereby agree to maintain the confidentiality of information disclosed during focus group as follows:

1. I will hold in confidence any and all information disclosed during the discussions.
2. I understand that any ideas, developments, inventions conceived or suggestions contributed by others and myself during the discussion, shall be solely used for this research.
3. I shall at all times hold in trust, keep confidential and not disclose to any third party or make any use of the confidential information beyond the Focus Group.
4. I shall at all times hold in trust, keep confidential and not disclose to any third party or make any use of personally identifiable information of any participant involved in the Focus Group.
5. I acknowledge that I will not be compensated for my participation in this Focus Group and that all information and opinions I provide are solely my own and are in no way reflective of my employer.
6. I hereby give permission to the researcher for an audio recording to be made of this session.
7. I understand a transcription of the tape will be used by the researcher for research purposes only.
8. I understand that because of this study there could be violations of my privacy. To prevent violations of my own or others' privacy, I have been asked not to talk about any of my own or other private experiences that I would consider too personal or revealing.
9. I also understand that I have an obligation to respect the privacy of the other members of the group by not disclosing any personal information that they share during our discussion.
10. I understand that all information I give will be kept confidential to the extent permitted by law, and the names of all people in the study will be kept confidential by the researcher and sponsor.

By submitting this form I will be entering a Non-Disclosure agreement with the researcher.

Participant Name: ________________________________________

Participant Signature_____________________________________

Date: ________________________________________

# ANNEXURE L: DATA COLLECTION INTRUMENT

**Introduction**

My name is Mildred Oreeditse Masiga,

I am a University of South Africa (UNISA) student undertaking a Masters degree in Public Health. As a requirement in my final year, I am conducting a research titled **"Secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone."** Therefore, I kindly ask you to fill in the half page form that will require no more than two or three minutes to complete before we answer questions as a group, which will be helpful in my research. All information collected will be confidential and will only be used for this research.
Thank you for your corporation.

**Background information**

1. **Sex of participant**

   i) Male ☐ (ii) Female ☐

2. **Age of the respondent** ☐

3. **Educational Level**

   i) Diploma ☐
   ii) Bachelor Degree ☐
   iii) Other (specify) ☐

4. **Number of years working as a teacher?**
   v) 1- 4 years ☐
   vi) 5-9 years ☐
   vii) 10-14 years ☐
   viii) 15+ years ☐

5. **Marital status**
   i) Single ☐
   ii) Cohabitation ☐
   iii) Married ☐
   iv) Divorced ☐

........................................................................................................

Thank you for agreeing to be part of the focus group. I will be with a colleague who will be assisting me to make recordings. We appreciate your willingness to participate. We might need to set ground rules that will assist us to conduct our focus group discussion smoothly.

The reason we are having these focus groups is to explore and describe Secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone. We need your input and want you to share your honest and open thoughts with us.

**GROUND RULES**

a) WE WANT YOU TO DO THE TALKING.
   i) We would like everyone to participate.
   ii) I may call on you if I haven't heard from you in a while.
   iii) In respect for each other, we ask that only one individual speaks at a time in the group.

b) THERE ARE NO RIGHT OR WRONG ANSWERS
   i) Every person's experiences and opinions are important.
   ii) Speak up whether you agree or disagree.
   iii) We want to hear a wide range of opinions.

c) WHAT IS SAID IN THIS ROOM STAYS HERE
   i) We want you to feel comfortable sharing even when sensitive issues come up as information gathered here will not be disclosed to anyone or used for any other purpose but academic work.
   ii) We request that responses made by all participants be kept confidential.

d) WE WILL BE TAPE RECORDING THE GROUP
   i) We want to capture everything you have to say. Although the focus group will be tape recorded, your responses will remain anonymous.
   ii) We don't identify anyone by name in our report. You will remain anonymous.

…………………………………………………………………………………………………

**6. Training**

a) Have you been trained to manage mental distress?
b) How long was the training? (Probe: On job training or included in the pre-employment training curriculum).
c) Which areas of mental health were covered in the training?
d) How effective was the training?
e) Do you feel you need any training on mental health?

**7. Perceptions**

What are your views of adolescents who show signs of mental distress?

**Probes**

a) Are you able to identify an adolescent with signs of mental distress? **Yes/No**
b) What are some of the signs of mental distress among adolescent?
c) What do think about mental distress in adolescents? (**Probe: Is it a big problem**)
d) What are some of the factors that cause mental distress among adolescents?
e) Do you think mental distress affects learning of adolescents? (**Probe: Give more details?**)
f) How confident are you in managing mental health and behavioural problems among adolescents?

**8. Support**

If an adolescent shows signs of mental distress what support do you provide to him/her?

Probes

a) What guides you in providing support to adolescents who show signs of mental distress? (**Probe: Policy/Curriculum**).
b) What strategies do you use to help adolescents who show signs of mental distress?
c) How effective are the strategies in addressing mental distress among adolescent?
d) Do you get support from school management? (**Probe: Is Effective, challenges**)
e) Do you get support from parents of adolescents?

f) Do you think enough is done to support adolescents who show signs of mental distress in your school?

Thank you for participating in the focus group discussion.

# ANNEXURE M: SAMPLE INTERVIEW TRANSCRIPT

TRANSCRIPT 13/07/2017 48 minutes 12 seconds

KEY: R Researcher
P Participant

| Speaker | Dialogue | Non-verbal response |
|---|---|---|
| R | *Good morning. My name is Mildred Masiga, I am a part time student at the University of South Africa (UNISA) undertaking a Masters degree in Public Health. As a requirement in my final year, I am conducting a research titled "Secondary teachers' experiences in dealing with adolescent learners displaying mental distress in Gaborone." Thank you for agreeing to participate in the focus group discussion that will be helpful in my research and will last approximately 60 minutes.*<br><br>*I am accompanied by Ms. Y who will be assisting me to make recordings. With your permission, the interview will be tape-recorded to facilitate collection of information, and later transcribed for analysis. All information you provide will be considered completely confidential. Your name will not appear in any thesis or report resulting from this study.*<br><br>*Uhmm… before we start, may I kindly ask you to fill in the half page form that will require no more than two or three minutes to complete before we answer questions as a group. Please feel free to contribute as all information collected will be kept confidential and will only be used for this research.*<br><br>*You are free to withdraw from the study at any time without any negative consequences if you so wish.* | |
| | **TRAINING** | |
| R | A) Have you been trained to manage mental distress? | |
| P | Yes, I think that during our training mental health was, was uhmm… covered under topics that were taught as educational foundations.<br>*Which topics were they? Would you like to elaborate more on them?*<br>For me I did counseling and Psychology following my uhmm… basic training. Well since these courses covered mental health issues extensively, I would say to some extent I have been uhmm… trained to manage mental distress and other Psychological issues. | Silence |

| | | |
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| | *Lets here from others*.<br>Uhmm… in my PGD programme we also covered guidance and counseling which I feel is relevant to what we are discussing today and that is where I got and skills to deal with mental health issues affecting learners. Uhmm… we learnt about behaviors of students.<br><br>Basically my training uhmm… is a training that dealt with students with behavioral and social problems which obviously include mental distress. | |
| R | b) How was long the training? | |
| P | Well at PGD it covered the whole semester. Mine was part of a module which took ehh… about four weeks. Well, my course had aspects of, of mental health throughout. You see in psychology you learn about human behavoiur in all respects. So mental health was really uhmm… the core. | |
| R | c) Which areas of the mental health were covered in the training? | |
| P | Actually, I have uhmm… already mentioned earlier that the training covered counseling and Psychology... general psychology. We did human behavior. Learning how people think, react or respond to different situations and all those things. I liked it most because it taught us about everyday life and was not the concepts that had formulas. Ha ha ha… | laughing |
| R | d) How effective was the training? | |
| P | Uhmm… on my part because it was a degree course and not a module which ran for a period of two years, I feel it was effective because it teaches one about the holistic nature of uhm…a person, or child so much that I think we have come to a stage where may be the government could uhmm…. May be plan to, to have Psychologists either based in schools or designated to a cluster of schools who would consult with teachers regarding the welfare of students as well as their physical and educational development.<br><br>OH, well, contrary to what she has been saying, I feel the training was inadequate as it was just a semester course which did not empower me to adequately deal with mental health issues such that I personally would not know how to deal with a mentally distressed child. I think I will ehh…need in-service training to be able to handle mental distress cases.<br><br>For me it was it was theory and not practice therefore I don't have the experience yet to handle a mentally distressed child. Children can be tricky at, at times. So they need someone who knows exactly what they are doing when dealing with them. I don't think I have adequate skills just from my training. | Clearing throat |
| R | e) Do you think you need any training on mental health? | |

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| P | I believe from what we have all shared we need in-service training on mental health, at least for most teachers. We tend to forget some things that, that were taught during training and therefore need to be constantly reminded through refresher courses sort of.<br><br>Uhm...Yes we need training on mental health as student face a lot of challenges for which they have to be assisted largely by us teachers who spend most of the time with them. | |
| | **PERCEPTIONS** | |
| R | a) Are you able to identify an adolescent with signs of mental distress? **YES/NO** | |
| P | Uhmm… Yes from experience you find that it usually takes quite a long for a teacher to actually realize that a child has mental distress.<br><br>Ah... Because ehh… it is mostly usually shown in the decline of their performance. Yah that's when the teacher realizes that uhm… a child has something or a problem that's troubling her or him and its usually after a very long time.<br><br>Also to add on to what he is saying the length of time is also due to the fact that our students are many, as they are about 750 plus, so, so, it's normally difficult to tell because of the high numbers. The student teacher ratio is too high. | Coughing<br><br>Clearing throat |
| R | b) What are some of the signs of mental distress among adolescent? | |
| P | OK, a child becomes withdrawn. For example a child who is normally disruptive or hyperactive or contributes actively in class would uhmm…suddenly be reserved and wouldn't participate or answer questions or display the disruptive behavior he or she is usually displaying. I mean the child would be like he doesn't care. That is when you would realize something wrong is going on with the child.<br><br>To add on to that, some of them would just decide to start being naughty or truant and most times he would be trying to act out his frustrations. Usually, we would ignore the child and term him or her as lacking respect, uhmm… when actually there is an underlying factor that is compelling the child to behave in a particular manner that is of concern. | coughing |
| R | c) What do you think about mental distress in adolescents? | |
| P | I think it's something that adults take for granted. We would just feel that this child want to draw attention, is naughty and so forth. We would not want to find out the root cause of the change in behavior, attitudes or mannerism. At times we would even dismiss the change in behavior as childish they are actually growing and are bound to silly often times. That is we would brush it off just like that. | |

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| | I think we have to be vigilant and always remember that we are raising children. For any change noted with a child we need to be forth right and the child to share what is bothering them or maybe that is when the child would open up and share problems resulting in their distress. But if the child doesn't open up then you would refer to a guidance and counseling teacher or any other person that the child might feel comfortable discussing the issues with, or better still involve parents.<br><br>Yes mental distress is a problem among adolescents and I agree with her that parents, teachers and the community at large needs to collectively work together to address any sign of mental distress to ensure that they worsen and lower children's performance. | Clearing throat |
| R | d) What are some of the factors that cause mental distress among adolescents? | |
| P | Mostly its family issues which contribute largely to mental distress. Uhmm..I mean a lot of us Batswana we need to have a paradigm shift because these children are born at a time when there are a lot of social ills. Uhmm… there is a lot of social destructions. This is to say for us to be able to solve some of these ills we need to move from the old approach where the child would have no say in their up upbringing and engaging them in making plans and decisions. I am not saying we should dismiss our culture and not use corporal punishment as a way of disciplining children. We should instead use new strategies investigating, managing, monitoring and supervising children.<br><br>*Yes sir, what is you take on this?*<br>Yes, actually like she has rightly put it, family issues are a major contributory factor. Ehh…You find that a lot of times we tend to forget that they have rights, feelings; they have eh…aspirations and dreams. A lot of times uhmm… dreams can be thwarted by the elders not paying attention to the needs of the child and the child can uhmm…can feel ignored. In the past there is a situation where children showed some distress, just being uhmm… troublesome, only to realize that separation of family members was the cause. The child had to go and stay with relatives when parents separated and it disturbed her. The environment in which she lived in was also not, not uhmm… conducive to learning and the child had to deal with these stressors alone. Well, we had to intervene and engage social workers and parents to help the child.<br><br>Adding to that, uhm… peer pressure also contributes to causing mental distress. Children find themselves pressurized by their peers to do outward things such as | Clearing throat<br><br>Clearing throat |

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| | alcohol and drug abuse. For instance, we have had cases in our school where we had to call the police the drug and narcotics squad to intervene and also address the students regarding the dangers of using alcohol and other substances. It was disturbing as actually to give an example, there was an instance where a child was uhmm… drowsy in class and the teacher was forced to search his bag only to find suspicious packages that were like balls in his math instrument case. When police were called they took him for testing. The packages were found to contain drugs. Can you imagine? This happened to a child who got pressure from peers in the location he lived in. So the environment where substances are easily accessible, family issues and peer pressure are really the pains that contribute to mental distress.<br><br>Eh.. the other contributing factor is the automatic promotion of students to upper classes regardless of their poor performance. Uhmm…you will realize that as things get complex, as they move up the students who did not perform well get distressed as they fail to grasp concepts which their peers excel in.<br><br>Uhmm... another factor is the issue of rights. Everyone has a right to choose where they want to send their child for education. Some schools are more preferred than others because of the good results they produce, uhmm… therefore you find children commuting from neighbouring villages to attend schools in the city. This has a negative bearing on the child as it requires them to get up uhmm… as early as 4am and get back home late in the evening, this doesn't give the child time to study and rest and would result in mental distress. | |
| R | e) Do you think mental distress affects learning of adolescents? | |
| P | Yes it does, it does, like a couple of years I had a very intelligent in my class, he did well in Form 1 and his performance dropped in form 2 where he turned into a troublesome boy who cared less about his school work. It turned out that he got distress from not being able to cope with the pressure from peers and resorted to this rowdy behavior. Fortunately he was uhmmm… assisted and his performance picked and he passed his Junior Certificate with ''A''.<br><br>Like he was saying regarding separation nowadays it is important for parents to bond with children and monitor them closely. This is important because teachers don't have much time given the large numbers of classes that they teach and | |

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| | the workload. This does not give teachers uhmm… ample time to know individual students very well. | |
| R | f) How confident are you in managing mental healthy and behavioral problems among adolescents? | |
| P | We cannot say we are experts especially that there are a lot of contributing factors that we mentioned earlier such as student /teacher ratio, that is, high numbers of students in class, separation and peer pressure. That is why I was saying uhmm… we need a high level of parental involvement. We think we need to be assisted by experts in the field. | |
| | **SUPPORT** | |
| R | a) What guides in providing support to adolescents who show signs of mental distress? | |
| P | Well, uhmm… there is a pastoral policy which includes guidance and counseling guidelines. We also have PTA guidelines. I find the Pastoral policy more useful in guiding on uhmm… how to handle a child with social problems. Yah, social problems can cause mental distress. So you can actually uhmm…help the child using those guidelines before their problems grow big. Yes normally you wouldn't want to just refer a child. So you try talking to them first and the Pastoral policy can show what steps to ehh… take. | |
| R | b) What strategies do you use to help adolescents who show signs of mental distress? | |
| P | Truly speaking uhmm… there is no how you can tackle mental distress on children without involving parents. So the best strategy is to engage parents so that whatever uhmmm… you do with the child the parent should be involved so that they continue with the agreed solution at home. Say for instance you keep on monitoring how a child is coping and give them assurance; the parent can do the same at home until a child is ok. Even though we involve parents, there are those who are just not responsive. Only a few do come when called. With me, I involve the guidance and counseling office and heads of department because they are the ones assigned to handle such cases. We also uhmm… encourage peer education. We uhmm… teach them life skills and make students share what they have learnt with others. So when they experience problems they can easily relate them to their peers who can in turn assist them to come up with solutions. | |
| R | c) How effective are the strategies in addressing mental distress among adolescents? | |
| P | To some extent the strategies we use do help, but like we were saying, parents, ehhh… are not playing their role and it makes it difficult for us to put children back on track. Again the guidance and counseling office is overwhelmed since there are many students we refer to it, and it is manned operated by only two officers. So children uhmmm… end up | |

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| | being distressed to an extent that they adopt negative behaviour. They would ehh… even write graffiti on the classroom walls just to display their frustrations and get attention. Others end up indulging in alcohol. Actually, one child even wrote on the wall with paint that “school is a prison”. We had to dig out the root cause of this behaviour and discovered that he was staying with relatives and missed his parents. The child was eventually transferred to another school and his performance at the new school ehh… improved ’coz he was united with his parents and no longer had stress. Peer education actually works for those children who are uhmm…reserved and fear speaking to teachers or their parents. | |
| R | d) Do you get support from school management? | |
| P | Yes. The management is very supportive such that they, uhmm… would even take over cases to allow us carry on with our core business, uhmm… teaching. They also help follow up parents who don’t show up when called. | |
| R | e) Do you get support from parents of adolescents? | |
| P | Support from parents is very minimal and disappointing. Some parents would not even bother to come when called to address their children’s problems and would even ehh… feel their children are ill-treated. | |
| R | f) Do you think enough is done to support adolescents who signs of mental distress in your school? | |
| P | Uhmm… I personally think a lot still needs to be done. Public uhmm.. education on mental health issues should be done to sensitize the community at large that since children grow up within communities, we ehh… all need to take responsibility of seeing to it that children are guided properly, and assisted to make the right choices and adopt good behaviours. You are right, but parents also need to be shown the importance of parenting role. Honestly, they really have to be as close to their children as possible, especially in this error, so that they can be able to notice any change in behaviour as well as physical change and act appropriately on time. Uhmm… you find that after bringing children for the first time to school, parents disappear only to resurface when final school leaving exam result are published. They would uhmmm… expect teachers to account for their children’s bad performance. It also pains us to see children doing badly, especially when you know that some children could have done better had their problems been addressed collectively. Uhmmm… whatever ehh… is the outcome of the school performance, the society only looks at the teacher and would not even think parents are equally to blame. Everyone uhmm… forgets that parents are partners in education as well as the community, including business and other stakeholders in both private and government. Again ehh... parents have to be made to know and ensure that they look | |

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|  | at the whole package. That is, how the child progresses, their challenges and strengths and not only look at the results at the end of the year when nothing can be done to reverse or change the attainment. They need to take interest in their children's curriculum including sporting activities.<br><br>Ehh.. we also need as teachers, support from the politicians. Uhmm… we hardly ever see them in the school, really. I am referring to the councilors and MPs. Maybe they could be involved in issues that are beyond our jurisdiction where law has to be applied to assist mentally distressed children. PTA is the only body that tries to assist but we hardly see the political support. Uhmm… they are influential figures who could help arresting some situations. |  |
| R | Thank you for taking time to participate in this focus group discussion. Your contribution will help me realize my goal of completing my Masters programme and most importantly help determine the support needed by adolescent learners who are displaying mental distress. |  |

# ANNEXURE N: EDITING CERTIFICATE

Leatitia Romero
Professional Copy Editor, Translator and Proofreader
(BA HONS)

Cell: 083 236 4536
leatitiaromero@gmail.com
www.betweenthelinesediting.co.za

28 January 2020

To whom it may concern:

I hereby confirm that I have edited the dissertation entitled: "SECONDARY TEACHERS' EXPERIENCES IN DEALING WITH ADOLESCENT LEARNERS DISPLAYING MENTAL DISTRESS IN GABORONE". Any amendments introduced by the author hereafter are not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations made by the editor, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work.

Leatitia Romero

Affiliations

PEG: Professional Editors Group (ROM001)
EASA: English Academy of South Africa
SATI: South African Translators' Institute (1003002)
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# ANNEXURE O: TURNITIN REPORT

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SECONDARY TEACHERS' EXPERIENCES IN DEALING WITH ADOLESCENT LEARNERS DISPLAYING MENTAL DISTRESS IN GABORONE

By

MILDRED MASIGA

submitted in partial fulfilment of the requirements for the degree of

MASTER OF PUBLIC HEALTH

in the

DEPARTMENT OF HEALTH STUDIES

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: Prof. J. Maritz

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